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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HAMPSTEAD HOSPITAL & RESIDENTIAL TREATMENT FACILITY

Lori A. Weaver
Commissioner

Justin M. Looser
Chief Executive Officer

218 EAST ROAD, HAMPSTEAD, NH 03841
603-329-5311 Fax: 603-329-5529 www.dhhs.nh.gov

October 16, 2024

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Hampstead Hospital & Residential Treatment Facility, to **retroactively** make unencumbered payments to Waste Management of New Hampshire, Inc. (vendor #177561), Foxboro, MA, in the amount of \$14,832.64 for solid waste removal and recycling services provided in August, September and October 2024, effective upon Governor and Council approval. 33.33% General Funds and 66.67% Other Funds (Agency income funds).

Funding to support this request is available in the following account in State Fiscal Year 2025.

05-95-98-980010-2648 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: Hampstead Hospital, Hampstead Hospital Operations

| State Fiscal Year | Class / Account | Class Title | Job Number | Total Amount |
|-------------------|-----------------|------------------------|------------|--------------------|
| SFY 2025 | 102-500731 | Contract for Prog Svcs | 98009805 | \$14,832.64 |
| Total | | | | \$14,832.64 |

EXPLANATION

This request is **retroactive** because Hampstead Hospital & Residential Treatment Facility received solid waste removal services from Waste Management of New Hampshire that were paid through our previous contractor, Wellpath. The contract with Wellpath expired effective June 30, 2024. Services have continued with Waste Management until Hampstead could be added onto a statewide contract. The current statewide contract is set to expire as of October 31, 2024, and has gone out to bid with an effective date as of November 1, 2024. Hampstead Hospital will be added to that statewide contract once it has been awarded. In the interim, payment for services will need to be rendered to Waste Management for the months of August thru October 2024.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
October 16, 2024
Page 2 of 2

Should the Governor and Executive Council not authorize this request, Hampstead Hospital will lose its solid waste removal and recycling services which consist of three (3), 10-yard containers that are emptied twice a week.

Area serviced: Statewide

Source of Funds: Source of funds is 33.33% General Funds and 66.67% Other Funds (Agency income funds).

Respectfully Submitted,



for:

Lori A. Weaver
Commissioner



INVOICE

Customer ID: 3-37337-42002
 Customer Name: HAMPSTEAD HOSPITAL/WELLPATH LLC
 Service Period: 08/01/24-08/31/24
 Invoice Date: 07/25/2024
 Invoice Number: 2632116-2192-9

How to Contact Us

Visit wm.com/MyWM

Create a My WM profile for easy access to your pickup schedule, service alerts and online tools for billing and more. Have a question? Check our support center or start a chat.



Customer Service: (800) 847-5303

Your Payment is Due

Aug 24, 2024

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of \$5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

\$4,942.37

If payment is received after 08/24/2024: \$ 5,065.93

| | | | | | | | | |
|-------------------------|---|-----------------|---|--------------------|---|--------------------------------|---|----------------------------------|
| Previous Balance | + | Payments | + | Adjustments | + | Current Invoice Charges | = | Total Account Balance Due |
| 4,946.27 | | (4,946.27) | | 0.00 | | 4,942.37 | | 4,942.37 |

DETAILS OF SERVICE

Details for Service Location: Hampstead Hospital, 218 East Rd, Hampstead NH 03841-6303 **Customer ID:** 3-37337-42002

| Description | Date | Ticket | Quantity | Amount |
|--|----------|--------|----------|-----------------|
| Recyclable Material Offset | | | | 82.27 |
| 10 Yard Dumpster Service - Recycle Materials | 08/01/24 | | 1.00 | 532.80 |
| 10 Yard Dumpster Service | 08/01/24 | | 2.00 | 3,880.05 |
| Energy Surcharge | | | | 637.95 |
| Administrative Charge | | | | 8.50 |
| Total Current Charges | | | | 4,942.37 |

pay



✂ ----- Please detach and send the lower portion with payment ----- (no cash or staples) -----

WMM

WASTE MANAGEMENT OF NEW HAMPSHIRE, INC.
 ROCHESTER NH HAULING
 PO BOX 3020
 MONROE, WI 53566-8320
 (800) 847-5303
 (800) 872-4645

| | | |
|------------------------------|-----------------------|--------------------|
| Invoice Date | Invoice Number | Customer ID |
| 07/25/2024 | 2632116-2192-9 | 3-37337-42002 |
| Payment Terms | Total Due | Amount |
| Total Due by 08/24/2024 | \$4,942.37 | |
| If Received after 08/24/2024 | \$5,065.93 | |

2192000033733742002026321160000049423700000494237 7

10447069

HAMPSTEAD HOSPITAL/WELLPATH LLC
 218 EAST RD
 HAMPSTEAD NH 03841-6303

Remit To: WM CORPORATE SERVICES, INC.
 AS PAYMENT AGENT
 PO BOX 13648
 PHILADELPHIA, PA 19101-3648



278-0020889-2192-4



INVOICE

To view your Insert
Click the link below:
[INSERT1](#)

Customer ID: 3-37337-42002
Customer Name: HAMPSTEAD HOSPITAL/WELLPATH LLC
Service Period: 09/01/24-09/30/24
Invoice Date: 08/27/2024
Invoice Number: 2638915-2192-8

How to Contact Us

Visit wm.com/MyWM

Create a My WM profile for easy access to your pickup schedule, service alerts and online tools for billing and more. Have a question? Check our support center or start a chat.



Customer Service: (800) 847-5303

Your Payment is Due

Sep 26, 2024

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of \$5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

\$9,866.05

If payment is received after 09/26/2024: \$ 10,112.70

| | | | | | | | | |
|-------------------------|---|-----------------|---|--------------------|---|--------------------------------|---|----------------------------------|
| Previous Balance | + | Payments | + | Adjustments | + | Current Invoice Charges | = | Total Account Balance Due |
| 4,942.37 | | 0.00 | | 0.00 | | 4,923.68 | | 9,866.05 |

DETAILS OF SERVICE

Details for Service Location: Hampstead Hospital, 218 East Rd, Hampstead NH 03841-5303 **Customer ID:** 3-37337-42002

| Description | Date | Ticket | Quantity | Amount |
|--|----------|--------|----------|-----------------|
| Recyclable Material Offset | | | | 92.66 |
| 10 Yard Dumpster Service - Recycle Materials | 09/01/24 | | 1.00 | 632.80 |
| 10 Yard Dumpster Service | 09/01/24 | | 2.00 | 3,680.85 |
| Energy Surcharge | | | | 608.87 |
| Administrative Charge | | | | 8.50 |
| Total Current Charges | | | | 4,923.68 |

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WASTE MANAGEMENT OF NEW HAMPSHIRE, INC.
ROCHESTER NH HAULING
PO BOX 3020
MONROE, NH 03566-0320
(800) 847-5303
(800) 872-4545

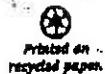
| | | |
|------------------------------|-----------------------|---|
| Invoice Date | Invoice Number | Customer ID (Include with your payment) |
| 08/27/2024 | 2638915-2192-8 | 3-37337-42002 |
| Payment Terms | Total Due | Amount |
| Total Due by 09/26/2024 | \$9,866.05 | |
| If Received after 09/26/2024 | \$10,112.70 | |

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10447C78

HAMPSTEAD HOSPITAL/WELLPATH LLC
218 EAST RD
HAMPSTEAD NH 03841-5303

Remit To: WM CORPORATE SERVICES, INC.
AS PAYMENT AGENT
PO BOX 13648
PHILADELPHIA, PA 19101-3648



276-0020889-2192-4



INVOICE

Customer ID: **3-37337-42002**
 Customer Name: **HAMPSTEAD HOSPITAL/WELLPATH LLC**
 Service Period: **10/01/24-10/31/24**
 Invoice Date: **09/27/2024**
 Invoice Number: **2848591-2192-5**

How to Contact Us

Visit wm.com/MyWM

Create a My WM profile for easy access to your pickup schedule, service alerts and online tools for billing and more. Have a question? Check our support center or start a chat.



Customer Service: (800) 847-5303

Your Payment is Due

Oct 27, 2024

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of \$5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

\$14,313.79

If payment is received after 10/27/2024: **\$ 14,865.48**

| | | | | | | | | |
|-------------------------|---|-----------------|---|--------------------|---|--------------------------------|---|----------------------------------|
| Previous Balance | + | Payments | + | Adjustments | + | Current Invoice Charges | = | Total Account Balance Due |
| 9,866.05 | | 0.00 | | 0.00 | | 4,447.74 | | 14,313.79 |

DETAILS OF SERVICE

Details for Service Location: **Hampstead Hospital, 218 East Rd, Hampstead NH 03841-5303** Customer ID: **3-37337-42002**

| Description | Date | Ticket | Quantity | Amount |
|--|----------|--------|----------|-------------------|
| 10 Yard Dumpster Service | 10/01/24 | | 2.00 | 3,680.85 |
| Energy Surcharge | | | | 511.27 |
| Administrative Charge | | | | 8.50 |
| Late Payment Charge for 07/25/2024 Invoice 2632118 | 08/24/24 | | | 123.50 |
| Late Payment Charge for 07/25/2024 Invoice 2632118 | 09/23/24 | | | 123.50 |
| Total Current Charges | | | | 4,447.74 |

total \$ 4,200.62



Please detach and send the lower portion with payment --- (no cash or staples)



WASTE MANAGEMENT OF NEW HAMPSHIRE, INC.
 ROCHESTER NH HAULING
 PO BOX 3020
 MONROE, WI 53586-8320
 (800) 847-5303
 (800) 972-4545

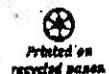
| | | |
|------------------------------|-----------------------|---|
| Invoice Date | Invoice Number | Customer ID (include with your payment) |
| 09/27/2024 | 2648591-2192-5 | 3-37337-42002 |
| Payment Terms | Total Due | Amount |
| Total Due by 10/27/2024 | \$14,313.79 | |
| If Received after 10/27/2024 | \$14,865.48 | |

2192000033733742002026485910000044477400001431379 1

10447C82

HAMPSTEAD HOSPITAL/WELLPATH LLC
 218 EAST RD
 HAMPSTEAD NH 03841-5303

Remit To: WM CORPORATE SERVICES, INC.
 AS PAYMENT AGENT
 PO BOX 13648
 PHILADELPHIA, PA 19101-3648



276-0020889-2192-4



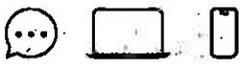
INVOICE

Customer ID: 31-49299-63009
Customer Name: HAMPSTEAD HOSPITAL/WELLPATH LL
Service Period: 10/01/24-10/31/24
Invoice Date: 09/27/2024
Invoice Number: 2650513-2192-4

How to Contact Us

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Create a My WM profile for easy access to your pickup schedule, service alerts and online tools for billing and more. Have a question? Check our support center or start a chat.



Customer Service: (800) 847-6303

Your Payment is Due

Oct 27, 2024

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of \$5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

\$1,188.71

If payment is received after 10/27/2024: \$ 1,218.43

| | | | | | | | | |
|-------------------------|---|-----------------|---|--------------------|---|--------------------------------|---|----------------------------------|
| Previous Balance | + | Payments | + | Adjustments | + | Current Invoice Charges | = | Total Account Balance Due |
| 0.00 | | 0.00 | | 0.00 | | 1,188.71 | | 1,188.71 |

DETAILS OF SERVICE

Details for Service Location: Hampstead Hospital, 218 East Rd, Hampstead NH 03841-2305
Customer ID: 31-49299-63009

| Description | Date | Ticket | Quantity | Amount |
|---|----------|--------|----------|---|
| Prorated charges for Service Restoration - 10 Yard Dumpster Service - Recycle Materials Effective from 09/11/24 through 09/30/24 | 09/11/24 | | 1.00 | -955.20 |
| Prorated Recycle Material Offset Recyclable Material Offset 10 Yard Dumpster Service - Recycle Materials Energy Surcharge Administrative Charge | 10/01/24 | | 1.00 | 67.54 101.32 532.80 123.35 8.50 |
| Total Current Charges | | | | 1,188.71 |

Total 765.97

✂ Please detach and send the lower portion with payment --- (no cash or staples) ---



WASTE MANAGEMENT OF NEW HAMPSHIRE, INC.
 ROCHESTER NH HAULING
 PO BOX 3020
 MONROE, WI 53586-8320
 (800) 847-5303
 (800) 972-4545

| | | |
|------------------------------|-----------------------|---|
| Invoice Date | Invoice Number | Customer ID (Include with your payment) |
| 09/27/2024 | 2650513-2192-4 | 31-49299-63009 |
| Payment Terms | Total Due | Amount |
| Total Due by 10/27/2024 | \$1,188.71 | |
| If Received after 10/27/2024 | \$1,218.43 | |

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HAMPSTEAD HOSPITAL/WELLPATH LL
 218 EAST RD
 HAMPSTEAD NH 03841-2305

Remit To: WM CORPORATE SERVICES, INC.
 AS PAYMENT AGENT
 PO BOX 13848
 PHILADELPHIA, PA 19101-3848



276-0081848-2192-1