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Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
25 Hall Street  
Concord, N.H. 03301  
TEL. (603) 271-6133  
FAX (603) 271-1953

June 6, 2025

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the New Hampshire Department of Education to amend a contract by exercising a renewal option with Surge Temps, LLC. of Chandler, AZ (Vendor Code 305573) to provide employment services for the New Hampshire Disability Determination Service (DDS), by extending the expiration date from June 30, 2025, to June 30, 2026, and increasing the price limitation by \$3,000,000 from \$5,000,000 to \$8,000,000, effective upon Governor and Council approval through June 30, 2026. The original contract was approved by Governor and Council on June 28, 2023 (Item # 224). 100% Federal Funds.

Funding for this contract is anticipated to be available in FY26 in the following account upon the availability and continued appropriation of funds in the future operating budget.

06-56-56-565010-056-25500000

Fiscal Year	Class/Account	Class Title	Amount
2026	046-500462	Consultants	\$3,000,000
Total			\$3,000,000

### EXPLANATION

The Division of Workforce Innovation uses medical and psychological consultants to review and advise staff in the determination of eligibility for clients applying for Social Security disability benefits, who also may qualify to receive assists from the Vocational Rehabilitation program. Per Federal Regulation 20 CFR 404.1620: "The State will provide...consultant services...sufficient to ensure that disability determinations are made accurately and promptly."

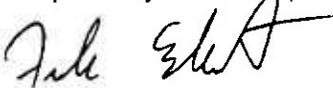
The DDS Serves under the Division of Workforce Innovation at the Department of Education to ensure an opportunity to have educational preparation and opportunity for employment rather than relying solely in a beneficiary program within DHHS. Forty-two percent of Vocational Rehabilitation clients are Social Security Beneficiaries preparing for employment and potentially decreasing reliance on public benefits. Vocational Rehabilitation serves people with disabilities by providing services that lead to gaining and retaining employment.

The Division is required to have consultants to evaluate medical evidence and to determine its adequacy for making disability decisions. The consultants prepare an assessment of the individual's functional limitations imposed by the impairment(s). They also provide consultation in the development of internal forms, reviewing the quality of examination reports from independent vendors who are paid to provide reports to the Division concerning clients. The consultants do not perform examinations nor do they meet the disability applicant.

The Department of Education, Disability Determination Service prepared and published a Request for Proposals (RFP) in the Union Leader and the Concord Monitor, for the period of January 16-17, 2023. A review committee consisting of the Administrator IV, Accountant IV and Program Specialist I, reviewed the (8) proposals received by the deadline. Surge Temps, LLC. proposal met the criteria of the Request for Proposal.

The Department of Education would like to renew the contract with Surge Temps, LLC. This payroll service vendor has provided service with excellent turn-around time and responsiveness to both agency and consultant requests for several years.

Respectfully submitted,



Frank Edelblut  
Commissioner of Education

**AMENDMENT TO  
PROFESSIONAL SERVICES CONTRACT**

Now come the New Hampshire Department of Education (NHED), hereinafter "the Agency," and Surge Temps, LLC (Vendor Code 305573), Manchester, NH, hereinafter "the Contractor", and, pursuant to an agreement between the parties that was approved by Governor and Council on June 28, 2023 (Item #224) hereby agree to modify same as follows:

1. Amend Section 1.7 of form P-37 by removing June 30, 2025, and replacing with June 30, 2026.
2. Amend Section 1.8 of form P-37 by removing \$5,000,000 and replacing with \$8,000,000.
3. Remove Exhibit C and replace with Exhibit C-1.
4. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
5. This amendment shall commence upon Governor and Council approval and shall terminate on, June 30, 2026

This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

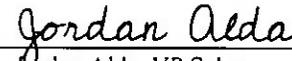
IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE  
Department of Education  
(Agency)

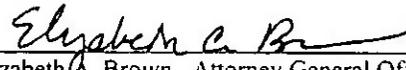
Division of Commissioner's Office

By:  6/11/2025  
Frank Edelblut, Commissioner of Education Date

Surge Temps, LLC  
Name of Corporation (Contractor)

By:  6/9/2025  
Jordan Alda, VP Sales Date

Approved as to form, substance and execution by the Attorney General this 11 day of June, 2025.

  
Elizabeth A. Brown, Attorney General Office

Approved by the Governor and Council this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

**EXHIBIT C-1  
METHOD OF PAYMENT**

**Estimated Budget:**

<b>Employee Category</b>	<b>Maximum Salary FY2026</b>	<b>Maximum Salary FY2027</b>
Chief Physician	\$186,460.66	\$186,460.66
Staff Physician	\$169,604.24	\$169,604.24
Staff Physician	\$164,547.31	\$164,547.31
Physician/Psychologist	\$82,700.00	\$82,700.00
Chief Psychologist	\$186,460.66	\$186,460.66
Staff Psychologist	\$135,891.39	\$135,891.39
Staff Psychologist	\$135,891.39	\$135,891.39
Staff Psychologist	\$140,948.32	\$140,948.32
Staff Psychologist	\$144,319.60	\$144,319.60
Staff Psychologist	\$169,604.24	\$169,604.24
Staff Psychologist	\$169,604.24	\$169,604.24

**Limitations on Price:** Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, if needed and justified, but in no case shall the total budget exceed the price limitation of \$3,000,000. To be binding on the state, such adjustments of budget line items must be memorialized in writing, executed by the Contracting Officer and approved by the Commissioner.

**Source of Funding:** Funding for this contract is anticipated to be available in FY26 in the following account upon the availability and continued appropriation of funds in the future operating budget.

06-56-56-565010-056-25500000

<b>Fiscal Year</b>	<b>Class/Account</b>	<b>Class Title</b>	<b>Amount</b>
2026	046-500462	Consultants	\$3,000,000
		Total	\$3,000,000

Contractor Initials JA  
Date 6/9/2025

## EXHIBIT C Continued

**Method of Payment:** The Service fee shall be comprised of:

- Gross Payroll for Employees based on Hourly and Maximum Payroll Rate Schedule on Exhibit C
- Employer cost shall be comprised of employer related taxes, contributions, and other statutory costs. Such costs shall be equal to 11.78% of payroll at the initiation of this Agreement and shall be adjusted upward or downward in the event of a statutory change in the rate.
- Per week charge of twenty dollars (\$20.00) per employee not to exceed \$1,040.00 annually per employee.

For purposes of illustration, if Employee, Chief Psychologist, has a gross weekly payroll of \$585.00, the Surge invoice would be \$673.91, comprised of \$585.00 of gross payroll, plus Employer Cost of \$68.91 ( $\$585.00 * .1178$ ), plus an administration fee of \$20.00.

Invoices will be provided bi-weekly and are due upon receipt. Surge and the Department shall have no obligation to continue to provide services if invoices fall eight days in arrears. Invoices will be sent electronically to:

Lillian.Day@ssa.gov  
Accounts Payable  
21 South Fruit Street, Suite 30  
Concord, NH 03301

If for any reason, the services are interrupted or terminated, payment will be made only for work thus far completed.

Contractor Initials JA  
Date 6/9/2025

**Certificate of Authority**

I, JJ Hutzenbiler, hereby certify that I am a duly appointed representative of  
(Name of person filling out this form)

Surge Temps, LLC I hereby certify that Jordan Alda, VP Sales is  
Name of company (Name & Title of person who signed contract)

authorized to execute contracts on behalf of Surge Temps, LLC and may bind the  
Name of company  
organization thereby.

I hereby certify that said authority 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**. 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: 6/3/2025

Attest:  JJ Hutzenbiler CAO  
(Name & Title of person filling out this form)

# 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 SURGE TEMPS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on May 15, 2025. 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: 993193

Certificate Number: 0007192813



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire.

this 3rd day of June A.D. 2025.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2025

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).

<b>PRODUCER</b> Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	<b>CONTACT NAME:</b> Rachel Uhlar	
	<b>PHONE (A/C, No, Ext):</b> (312) 625-5933	<b>FAX (A/C, No):</b> (847) 440-9130
<b>E-MAIL ADDRESS:</b> rachel.uhlar@marshmma.com		
<b>INSURED</b> Surge Temps LLC Vensure Employer Services, Inc 1475 S. Price Rd. Chandler AZ 85286		<b>VENSEMP-01</b>
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Travelers Casualty Insurance C		19046
<b>INSURER B:</b> Evanston Insurance		35378
<b>INSURER C:</b> Atain Specialty Insurance Comp		17159
<b>INSURER D:</b> At-Bay Specialty Insurance Com		19607
<b>INSURER E:</b> Ironshore Specialty Insurance		25445
<b>INSURER F:</b> Federal Insurance Company		20281

**COVERAGES**

CERTIFICATE NUMBER: 1920447779

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 WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEM. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			12/1/2024 12/1/2024	11/1/2025 11/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			8/29/2024	8/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			12/1/2024	11/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D E F	Cyber Liability Professional Liability / E&O Crime (incl. 3rd Party)			6/30/2024 6/30/2024 6/30/2024	6/30/2025 6/30/2025 6/30/2025	Aggregate: Ea Occ./Agg. Limit: \$3,000,000 \$3M/\$3M \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Employment Practices Liability: Lloyds of London (NAIC: 85202) Policy #: W379BC240101 6/30/2024 - 6/30/2025 Limit: \$5,000,000

Proof of Insurance

**CERTIFICATE HOLDER****CANCELLATION**

New Hampshire Department of Education  
 21 Fruit St. Suite 30  
 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

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MLL



Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL. (603) 271-6133  
FAX (603) 271-1953

224

May 8, 2023

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

**REQUESTED ACTION**

Authorize the New Hampshire Department of Education to enter into a contract with Surge Temps, LLC of Manchester, NH (Vendor Code 305573) in an amount not to exceed \$5,000,000 to provide employment services to medical psychological consultants for the New Hampshire Disability Determination Service, effective from July 1, 2023, or upon Governor and Council approval, whichever is later, through June 30, 2025. 100% Federal funds.

Funding for this contract is anticipated to be available in the account titled Disability Determination Services in FY2024 and FY2025 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified.

	<u>FY2024</u>	<u>FY2025</u>
06-56-56-56010-25500000-046-500462 Consultants	\$2,500,000	\$2,500,000

**EXPLANATION**

The Department of Education/Disability Determination Service prepared and published a Request for Proposal (RFP) in the Union Leader and the Concord Monitor, for the period of January 16<sup>th</sup> and January 17<sup>th</sup>.

A review committee consisting of Administrator IV, Accountant IV, and a Program Specialist I, reviewed the one (1) proposal received by the deadline. Surge Temps, LLC, proposal met the criteria of the Request for Proposal (RFP).

His Excellency, Governor Christopher T. Sununu  
And the Honorable Executive Council  
page 2

The Division of Workforce Innovation uses medical and psychological consultants to review and advise staff in the determination of eligibility for clients in the Vocational Rehabilitation program and to assist in the determination of eligibility for Social Security disability benefits. Per Federal Regulation 20 CFR 404.1620: "The State will provide...consultant services...sufficient to ensure that disability determinations are made accurately and promptly."

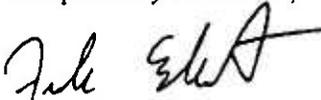
The DDS Serves under the Division of Workforce Innovation at the Department of Education to ensure an opportunity to have educational preparation and opportunity for employment rather residing solely in a beneficiary program within DHHS. Forty-two percent of Vocational

Rehabilitation clients are Social Security Beneficiaries preparing for employment and potentially decreasing reliance on public benefits. Vocational Rehabilitation serves people with disabilities by providing services that lead to gaining and retaining employment.

The Division is required to have consultants to evaluate medical evidence and to determine its adequacy for making disability decisions. The consultants prepare an assessment of the individual's functional limitations imposed by the impairment(s). They also provide consultation in the development of internal forms, reviewing the quality of examination reports from independent vendors who are paid to provide reports to the Division concerning clients. The consultants do not perform examinations nor do they meet the disability applicant.

The Internal Revenue Service has determined these consultants do the work of employees. The employee leasing company, Surge Temps, LLC, is contracted to provide the consultants with complete employment and payroll services, to include hiring, human resource support, tracking hours worked, withholdings and pay all employer related taxes, W2's, direct deposit, garnishments, new hire W4/19 compliance, and provide workers compensation.

Respectfully submitted,



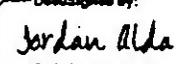
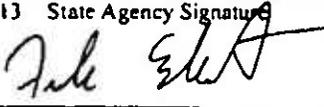
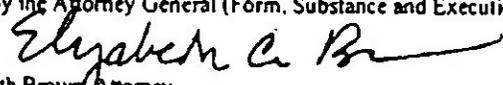
Frank Edelblut  
Commissioner of Education

**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**

**I. IDENTIFICATION.**

<b>1.1 State Agency Name</b> New Hampshire Department of Education - DDS (NHED)		<b>1.2 State Agency Address</b> 21 South Fruit St., Suite 30 Concord, NH 03301	
<b>1.3 Contractor Name</b> Surge Temps, LLC		<b>1.4 Contractor Address</b> 300 Hanover St., Manchester, NH 03104	
<b>1.5 Contractor Phone Number</b> 603-623-0007	<b>1.6 Account Unit and Class</b> 06-56-56-56010-25500000-046-500462	<b>1.7 Completion Date</b> June 30, 2025	<b>1.8 Price Limitation</b> \$5,000,000.00
<b>1.9 Contracting Officer for State Agency</b> Lisa Beck, Administrator		<b>1.10 State Agency Telephone Number</b> 603-271-4929	
<b>1.11 Contractor Signature</b> Digitally signed by:  Date: 4/28/2023 <small>FCE3D413044F41B...</small>		<b>1.12 Name and Title of Contractor Signatory</b> Jordan Alda RVP, Sales	
<b>1.13 State Agency Signature</b>  Date: 5/10/2023		<b>1.14 Name and Title of State Agency Signatory</b> Frank Edelblut, Commissioner of Education	
<b>1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</b> By: _____ Director, On: _____			
<b>1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable)</b>  By: Elizabeth Brown, Attorney On: 5/10/2023			
<b>1.17 Approval by the Governor and Executive Council (if applicable)</b> 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 JA  
Date 4/28/2023

**EXHIBIT A**  
**Special Provisions**

**Federal Certification 2 CFR 200.415**

Required certifications include: (a) To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Subject to Governor and Council approval, authorize the Department of Education to include a renewal option on this contract for up to two additional years, subject to the contractor's acceptable performance of the terms therein.

Contractor Initials   
Date 4/28/2023

**EXHIBIT B  
SCOPE OF WORK**

Surge Resources, ("Surge") shall provide services of licensed Physicians and Psychologists within the meaning of RSA 277-B to the New Hampshire Department of Education, Disability Determination Service ("Department") for the purpose of adjudicating social security disability claims.

**In that regard, Surge shall:**

- Recruit, hire and employ and pay licensed Physicians and Psychologists ("Employee") for the purpose of adjudicating social security disability claims consistent with the activities enumerated in Exhibit A-1 through A-4. The Department may refer potential Employee candidates to Surge for employment.
- Provide new hire guidance for Employees in compliance with state employment laws, W-4's and eligibility to work in the United States (form I-9).
- Track Employee time spent adjudicating social security disability claims.
- Provide complete payroll services for Employees (e.g., net pay, direct deposit, garnishment, W-2, verifications, benefit program, etc.).
- Withhold, report, and pay all Employee and employer related taxes and contributions.
- Provide human resource support to Employees.
- Ensure that Employees shall work less than 30 hours per week.
- Require all Employees to make reasonable efforts to obtain and review relevant documents to determine if any potential conflicts of interest exist.

**The Department shall:**

- Verify licensed status of Employees.
- Verify Homeland Security Presidential Directive 12 (HSPD 12) forms, including federal credit check, criminal background check and fingerprinting of Employees.
- Provide orientation and training specific to the services provided to the Department.

Contractor Initials JA<sup>03</sup>  
Date 4/28/2023

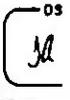
**EXHIBIT B Continued**

**The Chief Psychologist shall:**

- Demonstrate ability in the application of Social Security Administration (SSA) disability program regulations and possess significant SSA disability program knowledge and experience.
- Assist in the recruitment and selection of medical or psychological Employees.
- Supervise and assist in the training of staff medical or psychological Employees.
- Conduct qualitative reviews of consultative examination reports and request corrective action from the consultative examination provider as needed.
- Coordinate with the professional Relations Office of the Department to conduct routine quality analysis of consultative examination reports in order to ensure exam report standards continue to be met. Provide feedback to consultative providers as necessary.
- Recommend the need for medical tests, evaluations, or consultative examinations in the fields of medicine, psychology, or other specialties. Acts as ordering physician to obtain hospital testing as required.
- Review and analyze medical evidence to determine impairment severity and remaining physical or mental functional capacity for routine, highly complex, or specialized workloads, as defined by the SSA Program Operations Manual.
- Mentor and train examiners in medical or psychological content to ensure uniform understanding in the disability program standards.
- Attend required training.

**The Chief Physician shall:**

- Demonstrate ability in the application of Social Security Administration (SSA) disability program regulations and possess significant SSA disability program knowledge and experience.
- Assist in the recruitment and selection of medical or psychological Employees.
- Supervise and assist in the training of staff medical or psychological Employees.
- Conduct qualitative reviews of consultative examination reports and request corrective action from the consultative examination provider as needed.
- Coordinate with the professional Relations Office of the Department to conduct routine quality analysis of consultative examination reports in order to ensure exam report standards continue to be met. Provide feedback to consultative providers as necessary.
- Recommend the need for medical tests, evaluations, or consultative examinations in the fields of medicine, psychology or other specialties. Acts as ordering physician to obtain hospital testing as required.
- Review and analyze medical evidence to determine impairment severity and remaining physical or mental functional capacity for routine, highly complex, or specialized workloads, as defined by the SSA Program Operations Manual.
- Mentor and train examiners in medical or psychological content to ensure uniform understanding in the disability program standards.
- Attend required training.

Contractor Initials   
Date 4/28/2023

## EXHIBIT B Continued

### The Staff Psychologist shall:

- Demonstrate ability in the application of Social Security Administration (SSA) disability program regulations and possess significant SSA disability program knowledge and experience.
- Conduct qualitative reviews of consultative examination reports and refer corrective action from the consultative examination provider as needed to Chief Psychologist.
- Recommend the need for medical tests, evaluations, or consultative examinations in the fields of medicine, psychology or other specialties.
- Review and analyze medical evidence to determine impairment severity and remaining physical or mental functional capacity for routine, highly complex, or specialized workloads, as defined by the SSA Program Operations Manual. Highly complex or specialized workloads may be referred to the Chief Psychologist.
- Mentor and train examiners in medical or psychological content to ensure uniform understanding in the disability program standards.
- Attend required training.

### The Staff Physician shall:

- Demonstrate ability in the application of Social Security Administration (SSA) disability program regulations and possess significant SSA disability program knowledge and experience.
- Conduct qualitative reviews of consultative examination reports and refer corrective action from the consultative examination provider as needed to Chief Physician.
- Recommend the need for medical tests, evaluations, or consultative examinations in the fields of medicine, psychology, or other specialties.
- Review and analyze medical evidence to determine impairment severity and remaining physical or mental functional capacity for routine, highly complex, or specialized workloads, as defined by the SSA Program Operations Manual. Highly complex or specialized workloads may be referred to the Chief Physician.
- Mentor and train examiners in medical or psychological content to ensure uniform understanding in the disability program standards.
- Attend required training.

Contractor Initials   
Date 4/28/2023

**EXHIBIT C  
METHOD OF PAYMENT.**

Employee Category	Maximum Salary FY2024	Maximum Salary FY2025
Chief Physician	\$142,485.00	\$142,485.00
Staff Physician	\$85,000.00	\$90,000.00
Staff Physician	\$105,600.00	\$105,600.00
Staff Physician	\$96,000.00	\$96,000.00
Staff Physician	\$115,200.00	\$115,200.00
Staff Physician	\$104,000.00	\$104,000.00
Staff Physician	\$82,700.00	\$82,700.00
Chief Psychologist	\$118,335.00	\$118,335.00
Staff Psychologist	\$61,200.00	\$64,800.00
Staff Psychologist	\$99,000.00	\$99,000.00
Staff Psychologist	\$141,600.00	\$141,600.00
Staff Psychologist	\$92,160.00	\$103,680.00
Physician/Psychologist	\$97,500.00	\$97,500.00
Physician/Psychologist	\$97,500.00	\$97,500.00

**Limitation on Price:** Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the total budget exceed the price limitation of \$5,000,000.

**Source of Funding:** Funding for this contract is anticipated to be available in the account titled Disability Determination Services in FY2024 and FY2025 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified.

	<u>FY2024</u>	<u>FY2025</u>
06-56-56-565010-25500000-046-500462 Consultants	\$2,500,000	\$2,500,000

**Method of Payment:** The Service fee shall be comprised of:

- Gross Payroll for Employees based on Hourly and Maximum Payroll Rate Schedule on Exhibit C-1
- Employer cost shall be comprised of employer related taxes, contributions, and other statutory costs. Such costs shall be equal to 11.78% of payroll at the initiation of this Agreement and shall be adjusted upward or downward in the event of a statutory change in the rate.
- Per week charge of twenty dollars (\$20.00) per employee not to exceed \$1,040.00 annually per employee.

For purposes of illustration, if Employee, Chief Psychologist, has a gross weekly payroll of \$585.00, the Surge invoice would be \$673.91, comprised of \$585.00 of gross payroll, plus Employer Cost of \$68.91 (\$585.00 \* .1178), plus an administration fee of \$20.00.

In the event Federal Funds are no longer available, agreement may be terminated or suspended. Invoices will be provided bi-weekly and are due upon receipt. Surge and the Department shall have no obligation to continue to provide services if invoices fall eight days in arrears. Invoices will be sent electronically to:

Lillian Day at [Lillian.Day@ssa.gov](mailto:Lillian.Day@ssa.gov)

  
 Contractor Initials  
 Date 4/28/2023

## EXHIBIT D

### Contractor Obligations

Contracts in excess of the simplified acquisition threshold (currently set at \$250,000) must address administrative, contractual, or legal remedies in instances where the contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate. Reference: 2 C.F.R. § 200.326 and 2 C.F.R. 200, Appendix II, required contract clauses.

The contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the contractor's actions pertaining to this contract.

The Contractor, certifies and affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

#### Breach

A breach of the contract clauses above may be grounds for termination of the contract, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

#### Fraud and False Statements

The Contractor understands that, if the project which is the subject of this Contract is financed in whole or in part by federal funds, that if the undersigned, the company that the Contractor represents, or any employee or agent thereof, knowingly makes any false statement, representation, report or claim as to the character, quality, quantity, or cost of material used or to be used, or quantity or quality work performed or to be performed, or makes any false statement or representation of a material fact in any statement, certificate, or report, the Contractor and any company that the Contractor represents may be subject to prosecution under the provision of 18 USC §1001 and §1020.

#### Environmental Protection

(This clause is applicable if this Contract exceeds \$150,000. It applies to Federal-aid contracts only.)

The Contractor is required to comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857 (h)), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 CFR Part 15) which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to the FHWA and to the U.S. EPA Assistant Administrator for Enforcement.

#### Procurement of Recovered Materials

In accordance with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), State agencies and agencies of a political subdivision of a state that are using appropriated Federal funds for procurement must procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Revised 6-25-21

Contractor Initials   
Date 4/28/2023

**Exhibit E**

**Federal Debarment and Suspension**

- a. By signature on this Contract, the Contractor certifies its compliance, and the compliance of its Sub-Contractors, present or future, by stating that any person associated therewith in the capacity of owner, partner, director, officer, principal investor, project director, manager, auditor, or any position of authority involving federal funds:
  1. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal Agency;
  2. Does not have a proposed debarment pending;
  3. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal Agency within the past three (3) years; and
  4. Has not been indicted, convicted, or had a civil judgment rendered against the firm by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.
- b. Where the Contractor or its Sub-Contractor is unable to certify to the statement in Section a.1. above, the Contractor or its Sub-Contractor shall be declared ineligible to enter into Contract or participate in the project.
- c. Where the Contractor or Sub-Contractor is unable to certify to any of the statements as listed in Sections a.2., a.3., or a.4., above, the Contractor or its Sub-Contractor shall submit a written explanation to the NHED. The certification or explanation shall be considered in connection with the NHED's determination whether to enter into Contract.
- d. The Contractor shall provide immediate written notice to the NHED if, at any time, the Contractor or its Sub-Contractor, learn that its Debarment and Suspension certification has become erroneous by reason of changed circumstances.

Revised 6-25-21

Contractor Initials   
Date 4/28/2023

Exhibit F

Anti-Lobbying

The Contractor agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, execute the following Certification:

The Contractor certifies, by signing and submitting this contract, to the best of his/her knowledge and belief, that:

- a. No federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence any officer or employee of any State or Federal Agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal amendment, or modification of any Federal contract grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or shall be paid to any person for influencing or attempting to influence an officer or employee of any Federal Agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the "Disclosure of Lobbying Activities" form in accordance with its instructions

<https://www.gsa.gov/forms-library/disclosure-lobbying-activities>

- c. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making and entering into this transaction imposed by Section 1352, Title 31 and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- d. The Contractor also agrees, by signing this contract that it shall require that the language of this certification be included in subcontracts with all Sub-Contractor(s) and lower-tier Sub-Contractors which exceed \$100,000 and that all such Sub-Contractors and lower-tier Sub-Contractors shall certify and disclose accordingly.
- e. The NHED shall keep the firm's certification on file as part of its original contract. The Contractor shall keep individual certifications from all Sub-Contractors and lower-tier Sub-Contractors on file. Certification shall be retained for three (3) years following completion and acceptance of any given project.

Revised 6-25-21

Contractor Initials JA  
Date 6/28/2023

## Exhibit G

### Rights to Inventions Made Under a Contract, Copy Rights and Confidentiality

#### Rights to Inventions Made Under a Contract or Agreement

Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the NHED.

Any discovery or invention that arises during the course of the contract shall be reported to the NHED. The Contractor is required to disclose inventions promptly to the contracting officer (within 2 months) after the inventor discloses it in writing to contractor personnel responsible for patent matters. The awarding agency shall determine how rights in the invention/discovery shall be allocated consistent with "Government Patent Policy" and Title 37 C.F.R. § 401.

#### Confidentiality

All Written and oral information and materials disclosed or provided by the NHED under this agreement constitutes Confidential Information, regardless of whether such information was provided before or after the date on this agreement or how it was provided.

The Contractor and representatives thereof, acknowledge that by making use of, acquiring or adding to information about matters and data related to this agreement, which are confidential to the NHED and its partners, must remain the exclusive property of the NHED.

Confidential information means all data and information related to the business and operation of the NHED, including but not limited to all school and student data contained in NH Title XV, Education, Chapters 186-200.

Confidential information includes but is not limited to, student and school district data, revenue and cost information, the source code for computer software and hardware products owned in part or in whole by the NHED, financial information, partner information (including the identity of NHED partners), Contractor and supplier information, (including the identity of NHED Contractors and suppliers), and any information that has been marked "confidential" or "proprietary", or with the like designation. During the term of this contract the Contractor agrees to abide by such rules as may be adopted from time to time by the NHED to maintain the security of all confidential information. The Contractor further agrees that it will always regard and preserve as confidential information/data received during the performance of this contract. The Contractor will not use, copy, make notes, or use excerpts of any confidential information, nor will it give, disclose, provide access to, or otherwise make available any confidential information to any person not employed or contracted by the NHED or subcontracted with the Contractor.

#### Ownership of Intellectual Property

The NHED shall retain ownership of all source data and other intellectual property of the NHED provided to the Contractor in order to complete the services of this agreement. As well the NHED will retain copyright ownership for any and all materials, patents and intellectual property produced, including, but not limited to, brochures, resource directories, protocols, guidelines, posters, or reports. The Contractor shall not reproduce any materials for purposes other than use for the terms under the contract without prior written approval from the NHED.

Revised 6-25-21

Contractor Initials   
Date 4/28/2023

# 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 SURGE TEMPS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 20, 1994. 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: 218242

Certificate Number: 0006213155



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 21st day of April A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State

Certificate of Attestation

I, John Dnyprowsky, hereby certify that I am a duly appointed representative of  
(Name)

Surge Temps LLC, I hereby certify that Jordan Alda, is duly  
(Name of Business) (Name & Title of person who signed contract)

authorized to execute contracts on behalf of Surge Temps LLC and may bind the  
(Name of Business)

organization thereby.

I hereby certify that said authority 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. 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: 5/2/2023

DocuSigned by:  
John Dnyprowsky for Vice President of Sales  
Attest: 773148D7E4A841C...  
(Name & Title)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/3/2023

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).

<b>PRODUCER</b> Assurance, a Marsh & McLennan Agency LLC company 20 North Martingale Road Suite 100 Schaumburg IL 60173	<b>CONTACT NAME</b> Rachel Ullar <b>PHONE (AG, No, Ext)</b> (312) 625-5933 <b>FAX (AG, No)</b> (847) 440-9130 <b>E-MAIL ADDRESS</b> rachel.ullar@marshmma.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> VENSEMP-01 Surge Temps LLC Vansure Employer Services, Inc 2600 W. Geronimo Place, Suite 100 Chandler AZ 85224	<b>INSURER A</b> Travelers Casualty Insurance Co <b>NAIC #</b> 19046
	<b>INSURER B</b> Everest Insurance <b>NAIC #</b> 35378
	<b>INSURER C</b> Landmark American Insurance Co
	<b>INSURER D</b> Indian Harbor Ins Co
	<b>INSURER E</b> Federal Insurance Company <b>NAIC #</b> 20281
	<b>INSURER F</b> Alain Specialty Insurance Comp <b>NAIC #</b> 17159

COVERAGES CERTIFICATE NUMBER: 1154572301 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.

INCR LTR	TYPE OF INSURANCE	ADDRESS (NSD   WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
F F B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			11/1/2022 11/1/2022 11/1/2022	11/1/2023 11/1/2023 11/1/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HERED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			8/29/2022	8/29/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			11/1/2022	11/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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				PER STATUTE OTH-ER E.L. EACH ACC DENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C D E	Cyber Liability Professional Liability / E&O Crime (Incl. 3rd Party)			6/30/2022 6/30/2022 6/30/2022	6/30/2023 6/30/2023 6/30/2023	Aggregate: E&O/Prof. Limit \$3,000,000 \$3M/\$3M \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Fiduciary Liability #8262-0027 (6/30/2022 - 6/30/2023) \$5,000,000 Limit - Insurer E

Proof of Insurance

<b>CERTIFICATE HOLDER</b>  New Hampshire Department of Education 21 Fruit St. Suite 30 Concord NH 03301	<b>CANCELLATION</b>  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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/24/2023

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).

<b>PRODUCER</b> Nexus Partners Insurance 5745 North Scottsdale Road Suite B120 Scottsdale AZ 85250	<b>CONTACT NAME:</b> Jodie Cole <b>PHONE (A/C, No, Ext):</b> (480) 376-0894 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> jodie.cole@nexuspartnersinsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: ACE AMERICAN INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**INSURED** Surge Temps, LLC  
 300 Handover Street  
 Manchester, NH 03104

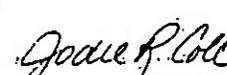
**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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 INSD	WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

COVERAGE PROVIDED FOR ALL LEASED EMPLOYEES (BUT NOT SUBCONTRACTORS) OF Surge Temps Inc

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Education Disability Determination Services 21 S Fruit Street, Suite 30 Concord NH 03301	<b>CANCELLATION</b>  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  
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