

COMMISSIONER
Jared S. Chicoine

DEPUTY COMMISSIONER
Christopher J. Ellms, Jr.

STATE OF NEW HAMPSHIRE



DEPARTMENT OF ENERGY
21 S. Fruit St., Suite 10
Concord, N.H. 03301-2429

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NOV 12 2025

TDD Access: Relay NH
1-800-735-2964

Tel. (603) 271-3670

Website:
www.energy.nh.gov

JK

November 12, 2025

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

REQUESTED ACTION

Authorize the New Hampshire Department of Energy (Department) to amend an existing grant agreement with Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers, Vendor # 156571, by extending the completion date from December 31, 2025, to June 30, 2026, for the installation and operation of eight rooftop solar arrays that will benefit low and moderate income tenants of affordable housing units in Laconia, NH, effective upon Governor and Executive Council approval. The original grant was approved by the Governor and Executive Council on June 14, 2023, Item #86 and amended on May 21, 2025, Item 5G. The original price limitation amount was \$124,748. No additional funding is involved in this time extension. **100% Other (Renewable Energy Fund).**

EXPLANATION

With the grant funds, Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers will work with a developer to install and operate rooftop solar photovoltaic (PV) systems interconnected to eight affordable housing units in Laconia. These PV systems will provide electricity to the tenants of the buildings, reducing their electricity bills. Due to delays in securing alternative funding for required roof renovations, installation of the project has been delayed. Although roof renovations have now been completed, additional time is needed to complete installation of the PV systems.

Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers has asked for a grant extension in order to fully complete the project and complete the installation of the solar arrays. The Department therefore is requesting a six-month, no-cost extension for Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers. All other provisions of the grant remain in effect pursuant to the approval contract.

Respectfully submitted,


Jared S. Chicoine
Commissioner

STATE OF NEW HAMPSHIRE
and
Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers

Amendment No. 2

This Amendment (hereinafter called the “Amendment”) is by and between the State of New Hampshire, acting by and through its Department of Energy (hereinafter referred to as the “State”), and Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers. (hereinafter referred to as the “Grantee”), collectively referred to herein as the “Parties.”

WHEREAS, pursuant to an Agreement (hereinafter referred to as the “Agreement”) approved by the Governor and Executive Council on June 14, 2023, Item #86 and amended on May 21, 2025, Item #5G, the Grantee agreed to install and operate eight rooftop solar arrays that will benefit low and moderate income (LMI) tenants of affordable housing units located in Laconia, New Hampshire, based upon the terms and conditions specified in the Agreement and in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, the Parties desire to extend the period for final completion of the project funded by the grant; and

WHEREAS, the Agreement allows for amendments by an instrument in writing executed by both Parties;

NOW THEREFORE, in consideration of the foregoing premises, and the covenants and conditions contained in the Agreement and set forth herein, the Parties do hereby agree as follows:

1. G-1, Section 1.7, Completion Date, is hereby deleted in its entirety and replaced with the following: June 30, 2026.
2. Exhibit B, Scope of Work, of the Agreement is amended to add three additional progress reports which will be:
 - a. Report #11 covering the period 1/1/2026 – 3/31/2026 with report due on 5/1/2026;
 - b. Report #12 covering the period 4/1/2026 – 6/30/2026 with report due on 8/1/2026;
3. Exhibit C, Grant Amount, Terms, and Methods of Payment, paragraphs #1 and #2 are amended to extend the completion date from December 31, 2025, to June 30, 2026.
4. Effective Date of Amendment: This Amendment shall take effect upon approval by the Governor and Executive Council.

Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers

Grantee Initials

Date



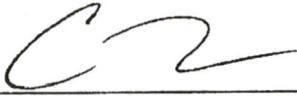
10/24/25

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5. Continuation of Agreement: Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement, and the obligations of the Parties thereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

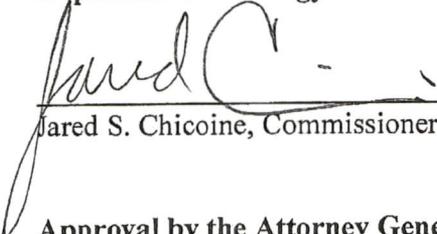
IN WITNESS WHEREOF, the Parties have set their hands hereto as of the date first-written above.

Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers

By: 
Carmen R. Lorentz, Executive Director

Date: 10/21/25

**STATE OF NEW HAMPSHIRE
Department of Energy**


Jared S. Chicoine, Commissioner

Date: 10/21/25

Approval by the Attorney General's Office (Form, Substance and Execution)



Date: 10/23/2025

Print Name and Title: Joshua Harrison. Asst. Attorney General

Approval by the Governor and Executive Council

G&C Meeting Date: _____

G&C Item number: _____

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 LACLT CORP. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on December 02, 1997. 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; and the attached is a true copy of the list of documents on file in this office.

Business ID: **282524**

Certificate Number: **0007315945**



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 October A.D. 2025.

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

David M. Scanlan
Secretary of State

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 LAKES REGION COMMUNITY DEVELOPERS is a New Hampshire Trade Name registered to transact business in New Hampshire on October 20, 2017. 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; and the attached is a true copy of the list of documents on file in this office.

Business ID: **781051**

Certificate Number: **0007315596**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 20th day of October A.D. 2025.

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

David M. Scanlan
Secretary of State

Certificate of Vote

I, Lori Borrin, hereby certify that I am a duly elected Officer of Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers. I hereby certify the following is a true copy of a vote taken by the Board of Directors on May 2, 2023, at which a quorum of the Directors voted.

VOTED: That Carmen R. Lorentz, Executive Director is duly authorized to enter into contracts or agreements on behalf of Laconia Area Community Land Trust, Inc. d/b/a Lakes Region Community Developers with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in her judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the corporation. 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.



Lori Borrin
Chair, Board of Directors

10/20/25

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2024

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 Melcher & Prescott Insurance 426 Main Street Laconia NH 03246		CONTACT NAME: Janice Bagley PHONE (A/C, No, Ext): (603) 524-4535 E-MAIL ADDRESS: jbagley@melcher-prescott.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Co-operative Ins Company	NAIC # 18686
		INSURER B: Security National Ins Company	19879
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL24121813223 **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 INSD	SUBR 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			BOP3020670	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input 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			BOP3020670	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP3020674	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SNS1530190	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Comp 3A State - NH

CERTIFICATE HOLDER New Hampshire Department of Energy Division of Administration 21 Fruit St, Ste 10 Concord NH 03301-2429	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
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