



State of New Hampshire

DEPARTMENT OF SAFETY
JAMES H. HAYES BLDG.
33 HAZEN DR.
CONCORD, N.H. 03305
(603) 271-2791

EDDIE EDWARDS
ASSISTANT
COMMISSIONER

STEVEN R. LAVOIE
ASSISTANT
COMMISSIONER

CSG
5G
DEC 03 2025

ROBERT L. QUINN
COMMISSIONER
OF SAFETY

October 20, 2025

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

REQUESTED ACTION

Authorize the Department of Safety, Division of State Police, to amend a **sole source** existing contract with McGovern MHQ, Inc. (VC# 510006-B001), Mesa, AZ, for the provision of preparing State Police vehicles for deployment by extending the completion date from December 31, 2025 to June 30, 2026, with no change to the price limitation of \$6,317,947.00, effective upon Governor and Council approval. The original Contract was approved by Governor and Council on December 21, 2022, Item #120, and most recently amended with Governor and Council approval on October 30, 2024, Item #107. **53.4% General, 30.90% Highway, 1.48% Revolving, 1.92% Federal, 11.18% Turnpike, 1.08% Agency Income**

EXPLANATION

This request is **sole source** because the most recent amendment to the existing contract increased the total contract value by more than ten percent (10%) of the original price limitation and extended the completion date, with no renewal options remaining. Pursuant to Manual of Procedures (MOP) 150, any amendments to contracts originally approved as sole source must continue to be identified as such.

The original contract was awarded to McGovern MHQ, Inc. following the release of RFP DOS 2022-107, which had been posted on the Department of Administrative Services, Division of Procurement and Support Services, (Purchase & Property) website between April 11, 2022, through June 24, 2022. McGovern MHQ was selected as the highest-scoring and lowest-cost proposer that met all RFP requirements.

This request to extend the completion date of the original contract with McGovern MHQ, Inc. is necessary because the New Hampshire State Police ordered 47 new Tahoe cruisers in SFY25, which arrived at McGovern MHQ in early September 2025. McGovern MHQ is responsible for preparing and equipping each cruiser prior to deployment.

To ensure accuracy and compatibility with the current model year, required parts and equipment are ordered upon receipt of the vehicles. Delivery of this equipment typically takes between 8 and 14 weeks, after which each cruiser requires approximately two days to complete the upfit process. Based on this schedule, it is unlikely that all 47 vehicles will be completed and deployed before the current contract expiration date of December 2025.

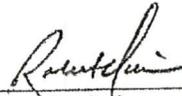
Extending this contract will ensure the timely and efficient replacement of aging fleet vehicles and allow Troopers to continue performing their public safety duties without disruption to operations. The cruisers are prepared and equipped by McGovern MHQ prior to deployment. The required parts and equipment are ordered upon receipt of the vehicles to ensure that model year changes from one year to the next are accounted for and the correct parts are ordered for the vehicles. It takes approximately 8 to 14 weeks for the equipment to be delivered once ordered by McGovern MHQ, and then approximately 2 days for each building to be completed upon receipt of the equipment. Based on this timeline, it is unlikely that all 47 Tahoe cruisers will be received and made ready for deployment by the end of the current contract period,

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
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ending December 2025. Extending this contract ensures the timely and efficient replacement of aging vehicles and assures that Troopers are able to continue to fulfill their public safety mission without interruption.

The Department of Safety has determined that the vendor is in good standing with the Secretary of State's Office, has secured the required levels of insurance, and has provided evidence of authority to execute and be bound by the contract. Documents supporting these assertions are available at the agency, for review upon request.

Respectfully submitted,



Robert L. Quinn
Commissioner of Safety



STATE OF NEW HAMPSHIRE

Department of Safety:

McGovern MHQ, Inc

DOS 2022-107

AMENDMENT #2

INTRODUCTION

This Amendment is by and between McGovern MHQ, Inc. (FKA MHQ, Inc.), 401 Elm Street, Marlborough, MA, 01752, (VC#510006-B001) (hereinafter referred to as "Contractor"), and the State of New Hampshire acting by and through the Department of Safety (DOS), Division of State Police.

WHEREAS, pursuant to an Agreement (herein after referred to as the "Agreement"), approved by Governor and Council, on December 21, 2022, Item #120, and amended with Governor and Council approval on October 30, 2024, Item #107, McGovern MHQ, Inc. agreed to supply certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the New Hampshire Department of Safety (hereinafter referred to as the "Department"), certain sums as specified therein;

WHEREAS, pursuant to the Agreement Section 17: Amendment and the provisions of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and approved by the Governor and Executive Council;

WHEREAS, the Vendor and the Department have agreed to amend the Agreement in certain respects;

WHEREAS, the Department and the Vendor wish to extend the completion date from December 31, 2025 to June 30, 2026;

WHEREAS, the Department and the Vendor seek to amend the Agreement.

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

The Agreement is hereby amended as follows:

1. Amend Section 1.7 of the Contract Agreement – General Provisions by extending the Completion Date from December 31, 2025 to June 30, 2026.
2. The Agreement is further amended as described in Table 1:

TABLE 1: AMENDMENT DETAILS	
Part 1 Form P-37 General Provision	AMENDED TEXT
Section Number General Provisions, section 1.7	Extend the Completion Date from December 31, 2025 to June 30, 2026.

State of NH Contract

Date: _____

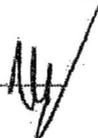
Contractor's Initials *MS*

Page

TABLE 2: CONTRACT HISTORY				
CONTRACT AND AMENDMENT NUMBER	AMENDMENT TYPE	AMENDMENT DATE	END DATE	CONTRACT AMOUNT
G&C Item #113	Original Contract	December 21, 2022	06/30/2025	\$4,314,697.00
G&C Item #107	1 st Amendment	October 30, 2024	12/31/2025	\$2,003,250.00
	2 nd Amendment	TBD	06/30/2026	
CONTRACT TOTAL				\$6,317,947.00

State of NH Contract

Date: _____

Contractor's Initials 

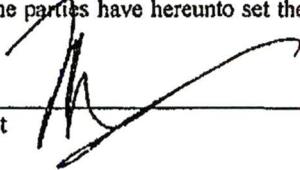
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CONTRACTOR

Except as provided herein, all provisions of the Agreement shall remain in full force and effect. This modification shall take effect upon the approval date from the Governor and the Executive Council.

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

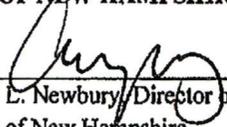
Matt McGovern, President
McGovern MHQ, Inc



Date: 9-16-25

STATE OF NEW HAMPSHIRE

Amy L. Newbury, Director of Administration
State of New Hampshire
Department of Safety

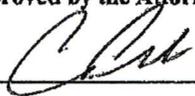


Date: 10/20/25

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

Approved by the Attorney General

State of New Hampshire, Department of Justice



Date: 11/12/2025

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

Office of the Secretary of State

State of New Hampshire, Department of Administration

Date: _____

State of NH Contract

Date: _____

Contractor's Initials



Page

State of New Hampshire

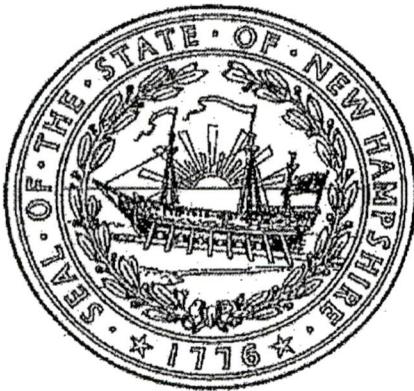
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MCGOVERN MHQ INC. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on April 18, 2024. 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: 960066

Certificate Number: 0007285912



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed

the Seal of the State of New Hampshire,

this 10th day of September A.D. 2025.

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

David M. Scanlan

Secretary of State



CORPORATE RESOLUTION

I, Matthew McGovern, as the sole Director, President, and Treasurer, of McGovern MHQ, Inc., a corporation duly organized and existing under the laws of the Commonwealth of Massachusetts, hereby certify:

- I am authorized on behalf of McGovern MHQ, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further am authorized to execute any documents which in my judgment or desirable or necessary for the performance of any such contracts or agreements with the State of New Hampshire.
- I understand the State of New Hampshire will rely on this Corporate Resolution as evidence that I have full authority to bind McGovern MHQ, Inc.
- There are no limitations on my ability to bind McGovern MHQ, Inc. in contracts with the State of New Hampshire.
- I certify said authority was in effect on June 21, 2024, and remains in full force and effect.

Dated in the Commonwealth of Massachusetts on the 18th day of September, 2025.

A handwritten signature in black ink, appearing to read 'Matthew McGovern', written over a horizontal line.

Matthew McGovern
Director, President, and Treasurer, McGovern MHQ, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/10/2025

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).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4849 FAX (A/C, No): 507-448-4684 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED MCGOVERN MHQ, INC 247 NEWBURY ST PEABODY, MA 01960-1315	INSURER A: FEDERATED MUTUAL INSURANCE COMPANY	13935
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 631 REVISION NUMBER: 2

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	ADCL INSR	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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO: JEOT <input type="checkbox"/> LOC OTHER:	N	N	1897637	06/01/2025	06/01/2026	EACH OCCURRENCE: \$500,000 DAMAGE TO RENTED PREMISES (Ea occurrence): \$100,000 MED EXP (Any one person): EXCLUDED PERSONAL & ADV INJURY: \$500,000 GENERAL AGGREGATE: \$1,000,000 PRODUCTS & COM/PROP ACC: \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per Accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION	N	N	1897646	06/01/2025	06/01/2026	EACH OCCURRENCE: \$10,000,000 AGGREGATE: \$30,000,000
	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 OTHER E.L. EACH ACCIDENT E.L. DISEASE EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	AUTO DEALER LIABILITY	N	N	1897637	06/01/2025	06/01/2026	AUTO LIAB - EA ACCIDENT: \$500,000 GENERAL LIABILITY - EACH ACCIDENT: \$500,000 - AGGREGATE: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks schedule, may be attached if more space is required)
SEE ATTACHED PAGE

CERTIFICATE HOLDER N.H. DEPARTMENT OF SAFETY DIVISION OF STATE POLICE 33 HAZEN DR CONCORD, NH 03305-0011	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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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY FEDERATED MUTUAL INSURANCE COMPANY		NAMED INSURED MCGOVERN MHQ, INC 247 NEWBURY ST PEABODY, MA 01960-1315	
POLICY NUMBER SEE CERTIFICATE # 631.2			
CARRIER SEE CERTIFICATE # 631.2	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 631.2	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: <u>25</u>		FORM TITLE: <u>CERTIFICATE OF LIABILITY INSURANCE</u>					
SECONDARY POLICY(S)							
General Liability	N	N	1897640	06/01/2025	06/01/2026	EACH OCCURRENCE DMG TO RNT PREM EA OCC MED EXP-ANY ONE PERSON PERSONAL & ADV INJURY GENERAL ACCREGATE PRODUCTS-COMP/OP AGG	\$500,000 \$100,000 EXCLUDED \$500,000 \$1,000,000 \$1,000,000
OTHER COVERAGE(S)							
AUTO DEALER LIABILITY	N	N	1897636	06/01/2025	06/01/2026	AUTO LIAB - EA ACCIDENT GENERAL LIABILITY - EACH ACCIDENT - AGGREGATE	\$500,000 \$500,000 \$1,000,000
AUTO DEALER LIABILITY	N	N	1897635	06/01/2025	06/01/2026	AUTO LIAB - EA ACCIDENT GENERAL LIABILITY - EACH ACCIDENT - AGGREGATE	\$500,000 \$500,000 \$1,000,000
AUTO DEALER LIABILITY	N	N	1897634	06/01/2025	06/01/2026	AUTO LIAB - EA ACCIDENT GENERAL LIABILITY - EACH ACCIDENT - AGGREGATE	\$500,000 \$500,000 \$1,000,000

Client#: 2049688

MCGOVAUT

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2025

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.

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PRODUCER: USI Insurance Services LLC, 12 Gill Street Suite 5500, Woburn, MA 01801, 855 874-0123. CONTACT NAME: Maria Nixon, PHONE: 855 874-0123, FAX: 781-376-5035, E-MAIL ADDRESS: Maria.Nixon@usi.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Travelers Casualty & Surety Company, NAIC #: 19038.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR Y/YD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Compensation Coverage for the State of New Hampshire

CERTIFICATE HOLDER: NH Department of Safety, Division of State Police, 33 Hazen Dr, Concord, NH 03305-0011. 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: [Signature]

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