

CSG



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



10

JAN 07 2026

William Cass, P.E.
Commissioner

David Rodrigue, P.E.
Assistant Commissioner

Michelle L. Winters
Deputy Commissioner

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

Bureau of Aeronautics
November 13, 2025

REQUESTED ACTION

Authorize the Department of Transportation to **retroactively** amend a grant to Laconia Airport Authority (Vendor 156889), SBG 09-20-2022, to design, permit and bid the installation of a perimeter/wildlife fence and a gate at the Laconia Municipal Airport, Gilford, NH. NH by extending the completion date from July 28, 2025, to July 28, 2026, effective upon Governor and Council approval. No additional funding is needed with this time extension. The original grant was approved by Governor and Council on November 22, 2022, item #51. Time extension only, no additional funding.

EXPLANATION

This amendment is **retroactive**, and a time extension is needed for this project because the commencement of the project was delayed due to extended delays with obtaining local environmental permitting. The Federal Aviation Administration (FAA) issued an amendment to the original SBG grant (3-33-SBGP-038-2021) to the Department to approve the time extension. FAA's letter is attached as part of the grant amendment.

The original approved project included the following:

1. Data collection of Airport and the project location area
2. Design of the future east end fence alignment
3. Permitting
4. Complete Design documents
5. Bidding support and project administration

The total cost of the originally approved project to design, permit and bid the installation of a perimeter wildlife fence and a gate at the Laconia Airport is \$165,000.

The purpose of this time extension amendment is to allow Laconia Airport Authority and their consultant sufficient time to complete the project despite the initial delay with the environmental work, which delayed the project's implementation schedule. The work is ongoing with an updated completion date of July 28, 2026.

Copies of the fully executed Agreement are on file at the Secretary of State's Office and the Department of Administrative Services, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

Your approval of this resolution is respectfully requested.

Sincerely,

A handwritten signature in cursive script that reads "William Cass".

William Cass, P.E.
Commissioner

Attachments
WC/tls1



New Hampshire Department
of Transportation
Bureau of Aeronautics

SBG 09-20-2022
AIP Grant Number DRQYZDZ1KDH9
UEI Number Laconia Municipal Airport
Airport/Planning Area Gilford, New Hampshire
Location Oct 21, 2025
Date Amendment is Offered

AMENDMENT NO. 1 TO GRANT AGREEMENT PROJECT NO. SBG 09-20-2022 City of Laconia, New Hampshire/Laconia Airport Authority.

WHEREAS, the State of New Hampshire acting through the New Hampshire Department of Transportation (hereinafter referred to as the "State") has determined it to be in the interests of the United States and the State that the Grant Agreement between the State, acting for and on behalf of the Federal Aviation Administration (hereinafter referred to as the "FAA"), the United States, the State of New Hampshire, and the City of Laconia, New Hampshire/Laconia Airport Authority (hereinafter referred to as the "Sponsor"), accepted by said Sponsor and approved by New Hampshire's Governor & Council on November 22, 2022, be amended in conformance with the FAA letter dated June 6, 2025 and as hereinafter provided.

NOW THEREFORE, WITNESSETH:

That in consideration of the benefits to accrue to the parties hereto, the State on behalf of the FAA and United States, and State of New Hampshire on the one part, and the Sponsor, on the other part, do hereby mutually agree that the said Grant Agreement be and hereby is amended as follows:

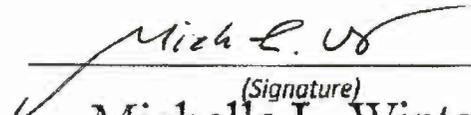
To the Period of Performance obligation of the Sponsor as set forth in paragraph 2 of the terms and conditions of the Grant Agreement between the United States, the State, and the Sponsor, is hereby increased from July 28, 2025 to July 28, 2026.

All other terms and conditions of the Grant Agreement remain in full force and effect.

SBG 09-20-2022
AIP Grant Number DRQYZDZ1KDH9
UEI Number Laconia Municipal Airport
Airport/Planning Area Gilford, New Hampshire
Location October 21, 2025
Date Amendment is Offered

IN WITNESS WHEREOF, the parties hereto have caused this amendment to said Grant Agreement to be duly executed as of the 18th day of November, 2025. Such Grant Amendment shall become effective upon the Sponsor's and the New Hampshire Governor and Council's acceptance of this Grant Amendment.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



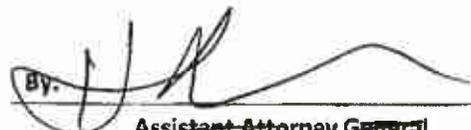
 (Signature)
 Michelle L. Winters

 (Typed Name)
 Deputy Commissioner

 (Title)

Attorney General: This is to certify that the above Agreement has been reviewed by this office, and is approved as to form and execution.

Dated: 11/24/25


 By: _____
 Assistant Attorney General

Secretary of State: This is to certify that the Governor and Council on _____ approved this Agreement.

Dated: _____
 By: _____
 Secretary of State

Attest: _____

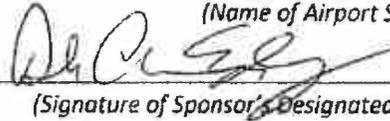
 (Title)

SBG 09-20-2022
 AIP Grant Number
 DRQYZDZ1KDH9
 UEI Number
 Laconia Municipal Airport
 Airport/Planning Area
 Gilford, New Hampshire
 Location
 October 21, 2025
 Date Amendment is Offered

AIRPORT SPONSOR

Laconia Airport Authority

(Name of Airport Sponsor)



(Signature of Sponsor's Designated Official Representative)

By: Dale Chan Eddy

(Typed Name of Sponsor's Designated Official Representative)

Title: Vice-Chair, Laconia Airport Authority

(Title of Sponsor's Designated Official Representative)

11/5/2025

(Signature Date)

CERTIFICATE OF SPONSOR'S ATTORNEY

I, Sarah Rubury, acting as Attorney for the Sponsor do hereby certify:

That I have examined the foregoing Amendment to the Grant Agreement and the proceedings taken by said Sponsor relating thereto, and find that the execution thereof by said Sponsor has been duly authorized and is in all respects due and proper in accordance with the laws of the State of New Hampshire and further that, in my opinion, said Amendment to the Grant Agreement constitutes a legal and binding obligation of the Sponsor in accordance with the terms thereof.

Dated at Wescott Law, PA
Laconia, NH this 6th day of November, 20 25.

By 
(Signature of Sponsor's Attorney)

CERTIFICATE OF VOTE

I, Marv Everson, do hereby certify that I am the Airport Manager of Laconia Municipal Airport, in Gilford, New Hampshire, county of Belknap, in the United States of America. I do further certify that Dale Chan Eddy is Vice Chairman of the Laconia Airport Authority and is duly authorized by the by-laws and laws of the State of New Hampshire to execute and deliver for on behalf of the Laconia Airport Authority any contracts with the State of New Hampshire. This authority was given during an official meeting of the Laconia Airport Authority on November 4, 2025. I further certify that such authority has not been repealed, rescinded, or amended.

IN WITNESS WHEREOF, I have hereunto set my hand this 5th day of November 2025.

Marv R. Everson

Signature

Airport Manager

Title of Signatory

NOTARY STATEMENT

As Notary Public, registered in the State of New Hampshire, county of Belknap upon this date November 5, 2025, appeared before me, MINA M RYAN, the above signed officer personally appeared Marv Everson, who acknowledged himself to be the Airport Manager of the Laconia Municipal Airport in Gilford, New Hampshire, and that being authorized to do so, he executed the foregoing instrument for the purposes therein contained, by signing by himself in the name of the Laconia Municipal Airport, Gilford, New Hampshire. In witness whereof, I hereunto set my hand and official seal.

MINA M. RYAN

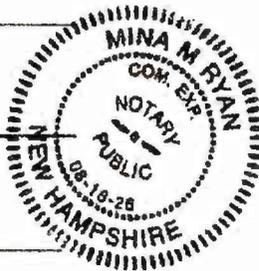
Signature of Notary

MINA M RYAN

Name of Notary

8/18/2026

Date of Expiration of Commission





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2025

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 Melcher & Prescott Insurance 426 Main Street Laconia NH 03246	CONTACT NAME: Jessica Hildreth PHONE (A/C, No, Ext): (603) 524-4535 E-MAIL ADDRESS: jhildreth@melcher-prescott.com FAX (A/C, No):																					
INSURED Laconia Airport Authority 65 Aviation Drive Gilford NH 03249	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>ACE Property & Casualty Ins Co</td> <td>20699</td> </tr> <tr> <td>INSURER B:</td> <td>Cincinnati Indemnity Ins. Co.</td> <td>23280</td> </tr> <tr> <td>INSURER C:</td> <td>Allied Eastern Indemnity Co</td> <td>11242</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	ACE Property & Casualty Ins Co	20699	INSURER B:	Cincinnati Indemnity Ins. Co.	23280	INSURER C:	Allied Eastern Indemnity Co	11242	INSURER D:			INSURER E:			INSURER F:		
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INSURER C:	Allied Eastern Indemnity Co	11242																				
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES CERTIFICATE NUMBER: CL2511414331 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.

INBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		AAP N00975655 014	03/05/2023	03/05/2026	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ 10,000,000 \$
B	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> AUTOS ONLY			EBA 0372653	03/15/2025	03/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorist \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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	0000111772	03/15/2025	03/15/2026	<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(s): NH

CERTIFICATE HOLDER

CANCELLATION

State of NH Dept of Transportation Bureau of Aeronautics John O. Morton Building 7 Hazen Drive Concord NH 03302	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)
12/09/2025

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 Grohs Schragr Hampson Aviation Insurance LLC 288 Christian Street, Box #12 KOXC Airport, Hangar C Oxford CT 06478		CONTACT NAME: Dana Goux PHONE (A/C, No, Ext): (203) 262-1552 FAX (A/C, No): (203) 262-1556 E-MAIL ADDRESS: Dana@planeinsurance.com	
INSURED Laconia Airport Authority and the City of Laconia 65 Aviation Drive Gilford NH 03249		INSURER(S) AFFORDING COVERAGE INSURER A: Ace Property & Casualty Ins Co / CHUBB Aerospace INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2291600618 **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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		AAP N00975655 014	03/05/2023	03/05/2026	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> DAMAGED TO RENTED PREMISES (Ea occurrence) \$ <input type="checkbox"/> MED EXP (Any one person) \$ <input type="checkbox"/> PERSONAL & ADV INJURY \$ 10,000,000 agg <input type="checkbox"/> GENERAL AGGREGATE \$ <input type="checkbox"/> PRODUCTS - COMP/OP AGG \$ 10,000,000 <input type="checkbox"/> Hangarkeepers \$10,000,000 per a/c &						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						<input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$ OCC <input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$ <input type="checkbox"/>
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Solely with respect to the agreement between the Named Insured and the Certificate Holder shown in this certificate of insurance, WHO IS AN INSURED is amended to include as an insured person or organization the Certificate Holder shown in this certificate of insurance as an insured, but only with respect to the liability to which the insurance provided under this policy applies that is caused, in whole or part, by the Named Insured's acts or omissions or the acts or omissions of those acting on the Named Insured's behalf in the performance of the Named Insured's "airport operations". The Certificate of Insurance neither affirmatively nor negatively amends, alters, or extends the coverages afforded by the policy described above. We have made a provision to provide you with thirty (30) days prior written notice in the event of cancellation of the above described policy, except that such notice will be ten (10) days for non-payment of premium, or such shorter periods as may be required by the automatic termination, review and cancellation provisions of the Nuclear Risks Exclusion Clause in the policy.

CERTIFICATE HOLDER State of New Hampshire Department of Transportation P.O. Box 483 Concord NH 03302	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 <i>Dana Goux</i>
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CHUBB

**AIRPORT OWNERS AND OPERATORS GENERAL LIABILITY POLICY
DECLARATIONS**

This Insurance Policy is issued By: ACE Property and Casualty Insurance Company P.O. Box 1000 436 Walnut Street Philadelphia, Pennsylvania 19106	Policy Number: AAP N00975655 014 Renewal of: AAP N00975655 013
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Named Insured and Mailing Address:
Laconia Airport Authority and the City of Laconia
65 Aviation Drive
Gilford, New Hampshire 03249

The Named Insured is: Public Corporation

Location of the Airport(s) You Own or Operate:
LCI Laconia Municipal Airport Laconia, New Hampshire

From: March 5, 2023 **To:** March 5, 2026
at 12.01 a.m. Standard Time at your mailing address shown above.

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Limits of Insurance:

Products-Completed Operations Aggregate Limit	\$ 10,000,000
Personal Injury and Advertising Injury Aggregate Limit	\$ 10,000,000
Malpractice Aggregate Limit	\$ 10,000,000
Each Occurrence Limit	\$ 10,000,000
Fire Damage Limit Any One Fire	\$ 50,000
Medical Expense Limit Any One Person	\$ 5,000
Hangarkeepers Limit Any One Occurrence	\$ 10,000,000
Hangarkeepers Limit Any One Aircraft	\$ 10,000,000
Non-Owned Aircraft Liability Limit Any One Occurrence	\$ 10,000,000

Deductibles:

Each Occurrence or Offense Deductible	\$ As Endorsed
Aggregate Deductible	\$ As Endorsed

Premium:

Advance Premium	\$ 13,962
Extended Coverage Endorsement AAP 203	\$ Not Purchased
Endorsement Premium	\$ Included
Terrorism Risk Insurance Act Premium	\$ 1,395
Total Advance Premium	\$ 15,357
Total Amount Due	\$ 15,357.00

Policy Forms and Endorsements are described in the attached Schedule of Endorsements.

Signature: 
By Authorized Representative

This Endorsement effective March 5, 2023
forms part of Policy Number AAP N00975655 014
Issued to Laconia Airport Authority and the City of Laconia
By ACE Property and Casualty Insurance Company

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION ENDORSEMENT

This endorsement modifies insurance provided under AIRPORT OWNERS AND OPERATORS
GENERAL LIABILITY POLICY.

It is agreed that:

SCHEDULE

Name of Person or Organization:

State of New Hampshire Department of Transportation, Bureau of Aeronautics
John O Morton Building 7, Hazen Drive
P.O. Box 483
Concord, NH 03302-0483

1. **SECTION III - WHO IS AN INSURED**, subsection 2. is amended by adding as an insured the person or organization shown in the Schedule above but only with respect to liability to which this insurance applies that is caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your "airport operations".

All other terms and conditions remain unchanged.

Authorized Representative

Endorsement No. 004

AAP 207 (11-04)

Page 1 of 1

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
11/06/2025

NAME OF INSURED: Jacobs Engineering Group Inc.

Additional Description of Operations/Remarks from Page 1:

Additional Information:

*\$2,000,000 SIR FOR STATE OF: OHIO

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE – EMAIL ONLY

Named Insured Jacobs Solutions Inc.			Endorsement Number 8
Policy Symbol HDO	Policy Number G48977145	Policy Period 07/01/2025 TO 07/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- A.** If we cancel the Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the e-mail address of such persons or organizations, and we will utilize such e-mail address that you or your representative provided to us on such Schedule.
- B.** The Schedule must be initially provided to us within 15 days after:
- i. The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C.** The Schedule must be in an electronic format that is acceptable to us; and must be accurate.
- D.** Our delivery of the notification as described in Paragraph **A.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E.** We will endeavor to send such notice to the e-mail address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F.** The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- G.** We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H.** We may arrange with your representative to send such notice in the event of any such cancellation.
- I.** You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J.** This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of the Policy remain unchanged.

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the end.

Authorized Representative

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE – EMAIL ONLY

Named Insured Jacobs Solutions Inc.			Endorsement Number 2
Policy Symbol ISA	Policy Number H11371504	Policy Period 07/01/2025 TO 07/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- A.** If we cancel the Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the e-mail address of such persons or organizations, and we will utilize such e-mail address that you or your representative provided to us on such Schedule.
- B.** The Schedule must be initially provided to us within 15 days after:
- i. The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C.** The Schedule must be in an electronic format that is acceptable to us; and must be accurate.
- D.** Our delivery of the notification as described in Paragraph A, of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E.** We will endeavor to send such notice to the e-mail address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
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- G.** We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H.** We may arrange with your representative to send such notice in the event of any such cancellation.
- I.** You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J.** This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of the Policy remain unchanged.

A handwritten signature in black ink, appearing to be 'J. J. [unclear]', written over a horizontal line.

Authorized Representative

Workers' Compensation and Employers' Liability Policy

Named Insured JACOBS SOLUTIONS INC. 555 S. FLOWER STREET SUITE 3200 LOS ANGELES CA 90017	Endorsement Number
	Policy Number Symbol: WLR Number: C72792919
Policy Period 07-01-2025 TO 07-01-2026	Effective Date of Endorsement 07-01-2025
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE – EMAIL ONLY

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the e-mail address of such persons or organizations, and we will utilize such e-mail address that you or your representative provided to us on such Schedule.
- B. The Schedule must be initially provided to us within 15 days after:
 - i. The beginning of the Policy period, if this endorsement is effective as of such date; or
 - ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.
- C. The Schedule must be in an electronic format that is acceptable to us; and must be accurate.
- D. Our delivery of the notification as described in Paragraph A. of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.
- E. We will endeavor to send such notice to the e-mail address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.
- F. The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- G. We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.
- H. We may arrange with your representative to send such notice in the event of any such cancellation.
- I. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- J. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

This Endorsement is not applicable in the states of AZ, FL, ID, ME, NC, NJ, NM, TX and WI.



Authorized Representative



U.S. Department
of Transportation
Federal Aviation
Administration

Airports Division
New England Region
CT, ME, MA, NH, RI, & VT

Airports Division (ANE-600)
1200 District Avenue
Burlington, MA 01803

June 6, 2025

Ms. Michelle L. Winters
Director of Aeronautics, Rail & Transit
NHDOT, John O. Morton Building
7 Hazen Drive
Concord, NH 03301

**New Hampshire State Block Grant Program (*NHB)
State of New Hampshire
Airport Improvement Program (AIP) Grant No: 3-33-SBGP-038-2021
UEI No: DMA7LGZ3RMT1
Letter Amendment (Amendment No. 1)**

Dear Ms. Winters:

This is in response to Ms. Niewola's letter dated April 29, 2025, requesting an amendment to the Grant Agreement for the subject project No. 3-33-SBGP-038-2021 to extend the Period of Performance (PoP). This letter effects the amendment, as requested, and commits the Federal Aviation Administration, acting for and on behalf of the United States of America, to extend the PoP End Date from July 28, 2025, to July 28, 2026, which will also extend the Sponsor Closeout Deadline to November 25, 2026.

Under the terms of the Grant Agreement, this document is incorporated into and constitutes Amendment No. to the above referenced Grant Agreement. All other terms and conditions of the Grant Agreement remain in full force and effect.

Sincerely,

A handwritten signature in cursive script that reads "Julie Seltsam-Wilps".

Julie A. Seltsam-Wilps
Deputy Director, Airports Division



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.
Commissioner

David Rodrigue, P.E.
Assistant Commissioner

April 29, 2025

Mr. Sean Tiney
FAA/Airports Division, ANE 620
1200 District Avenue
Burlington, MA 01803

TRANSMITTED VIA E-MAIL
scan.s.tiney@faa.gov

RE: AIP 3-33-SBGP-038-2021 PoP End Date Extension Request

Dear Mr. Tiney:

The purpose of this letter is to request a time extension to the Period of Performance (PoP) for AIP 3-33-SBGP-038-2021 until July 28, 2026. The current PoP end date is July 28, 2025.

As discussed previously, both Skyhaven Airport's apron reconstruction project and Dillant-Hopkins Airport Taxiway A reconstruction project were both granted in part using AIP 3-33-SBGP-038-2021 funds (NPE, SA, and ARPA matching funds). Delays in funding both projects and contractor bid expirations have caused these projects to be delayed until FFY 2025. Use of these funds will reduce the need for requesting FAA's discretionary funds to complete these projects. Additionally, the Gilford Conservation Commission has been putting off meeting with the Laconia Airport Authority and their consultant and the perimeter/wildlife fence design cannot be completed with their permit and that of NHDES. This project also needs additional time to draw down their remaining funds in AIP 3-33-SBGP-038-2021 once the Commission as the decisions of the other agencies are out of the airport sponsor's or consultant's control.

Knowing that only one PoP time extension request will be considered for approval, the Dillant-Hopkins Airport, Skyhaven Airport, and Laconia Municipal Airport projects can incur sufficient eligible costs to expend their AIP 3-33-SBGP-038-2021 funds by July 28, 2026 if this PoP extension is approved, with AIP grant closeout shortly thereafter. We respectfully request an extension to the PoP end date (i.e., last date to incur eligible project costs) for AIP 3-33-SBGP-038-2021 through July 28, 2026 (i.e., extend for 12 months).

Mr. Sean S. Tiney
April 29, 2025
Page 2 of 2

Thank you for your consideration of this request. If you need additional information, please do not hesitate to contact us.

Sincerely,

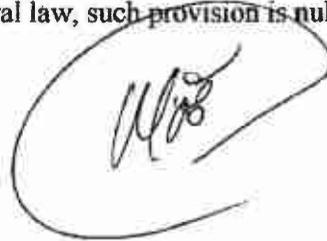
A handwritten signature in black ink, appearing to read "Carol L. Niewola". The signature is fluid and cursive, with the first name being the most prominent.

Carol L. Niewola, PE, CM
Senior Aviation Planner
Bureau of Aeronautics

cc: Jean LoGiudice, FAA
Julie Ann Seltsam-Wilps, FAA
Luke Garrison, FAA
Tricia Lambert, NHDOT
Michelle Winters, NHDOT

Attachment B – Laconia Municipal Airport SBG 09-20-2022 DEI Acknowledgement

The State and the Contractor acknowledge that RSA Chapter 21-I and Executive Order 14173 of January 21, 2025, place prohibitions on DEI initiatives and activities. To the extent any provision in this Contract conflicts with any applicable state or federal law, such provision is null and void.

A handwritten signature, possibly "M. J.", is enclosed within a hand-drawn oval.

mw