



# New Hampshire Veterans Home

139 Winter Street  
Tilton, NH 03276-5415  
www.nh.gov/veterans



Kimberly M. MacKay  
Commandant

Telephone: (603) 527-4400  
Fax: (603) 286-4242

December 12, 2025

85  
JAN 28 2026

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

### REQUESTED ACTION

Authorize the New Hampshire Veterans Home (NHVH) to **Retroactively** amend an existing contract, approved on June 25, 2025, Item #147, with DNC Flooring, Inc. (VC#287308), Goffstown, NH, for NHVH flooring removal and replacement by extending the contract end date from October 31, 2025, to June 30, 2026, with no change to the price limitation of \$97,175, effective retroactive to November 1, 2025, upon Governor and Council approval. 100% General Funds.

### EXPLANATION

This request is **Retroactive** because the NHVH Chief Operating Officer position overseeing this contract has been vacant resulting in administrative oversight. Materials were ordered and delivered but the contractor experienced crippling labor shortages leaving them unable to complete the job by the original contract end date. The contract end date expiration was not recognized until DNC Flooring reached out to schedule the installation.

Respectfully Submitted,

**Kimberly M. MacKay**  
Commandant

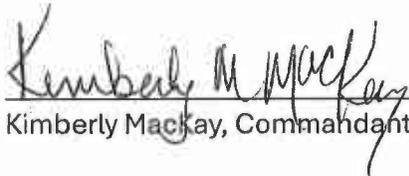
**Amendment to contract between the  
NH Veterans Home and DNC Flooring, Inc.**

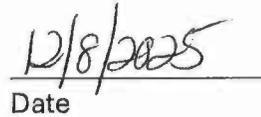
The State of New Hampshire Veterans Home and DNC Flooring, Inc. agree to an amendment to the completion date on the contract for courtyard renovations previously approved by Governor and Executive Council on June 25, 2025, Item#147.

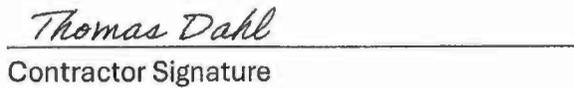
Wherefore, the contract is amended as follows:

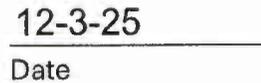
1. Amend section 1.7 (page 1) of the contract by extending the completion date from 10/31/25 to 6/30/26.

All other provisions of the Contract shall remain the same.

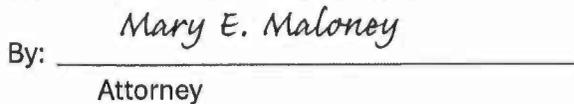
  
\_\_\_\_\_  
Kimberly Mackay, Commandant

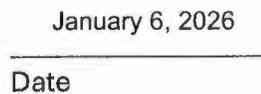
  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Contractor Signature

  
\_\_\_\_\_  
Date

Approved by the Attorney General (Form, Substance and Execution)

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

  
\_\_\_\_\_  
Date

# 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 DNC FLOORING, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on January 22, 2016. 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: **740468**

Certificate Number: **0007340903**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 8th day of December A.D. 2025.

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

David M. Scanlan  
Secretary of State

**SPECIAL MEETING OF THE STOCKHOLDERS AND DIRECTORS  
OF  
DNC FLOORING, INC.**

**January 5, 2026**

**Corporate Resolution**

I, **William H. Barry III**, hereby certify that I am duly elected Chairman of the Board and Secretary of **DNC Flooring, Inc.** I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors and Shareholders, duly called and held on **January 5, 2026** telephonically, at which all of the Directors and Shareholders were present and voting.

**VOTED:** That **Thomas Dahl, President**, is duly authorized to enter into contracts or agreements on behalf of **DNC Flooring, Inc.**, with the State of New Hampshire and any of its agencies or departments, and further is authorized to execute any documents which may in his judgment be desirable or necessary to effect the purpose of this vote.

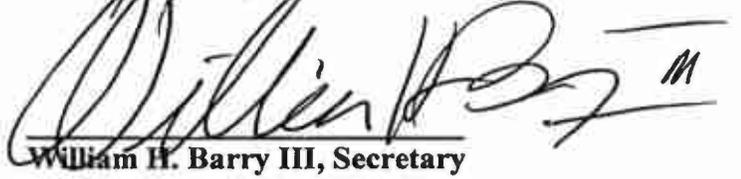
**VOTED:** To Ratify and approve of all contracts and agreements nunc pro tunc signed by **Thomas Dahl, President of DNC Flooring, Inc.**, with the State of New Hampshire and any of its agencies or departments in calendar year 2025.

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. This authority remains valid for thirty (30) days from the date of this Corporate Resolution. 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:** January 5, 2026

**ATTEST:**

  
William H. Barry III, Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/23/2025

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> Santo Insurance Inc 224 Main Street, Suite 2A  Salem NH 03079		<b>CONTACT NAME:</b> Leslie Sullivan <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> Leslie.Sullivan@relationinsurance.com	
<b>INSURED</b> DNC Flooring Inc 553 Mast Rd  Goffstown NH 03045		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Ohio Security Insurance Co	NAIC #: 24082
		INSURER B: The Ohio Casualty Insurance Co	24074
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 25-26 Master REVISION NUMBER:

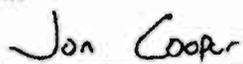
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			BKS55909984	04/08/2025	04/08/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			BAO55909984	04/08/2025	04/08/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO55909984	04/08/2025	04/08/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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	XWS55909984 3A: NH MA	04/08/2025	04/08/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment Installation Floater			BKS55909984	04/08/2025	04/08/2026	Limit 100,000 Limit 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

The NH Veterans Home 139 Winter Street  Tilton NH 03276	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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