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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Weaver
Commissioner

Ellen M. Lapointe
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

January 23, 2026

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to enter into an amendment to an existing contract with Minuteman Security Technologies, Inc. (VC# 161905), Andover, MA, to increase funding due to an unanticipated emergency repair required for the alarm system at New Hampshire Hospital, by increasing the price limitation by \$7,966 from \$255,000 to \$262,966 with no change to the contract completion date of June 30, 2027, effective upon Governor and Council approval. 72% General Funds. 28% Other Funds (Provider and Intra-Agency Funds).

The original contract was approved by Governor and Council on September 11, 2020, item #9, and amended on March 13, 2024, item #20.

Funds are available in the following account for State Fiscal Years 2026 and 2027, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-094-940010-8410-048-500226 Health and Social Services, Dept of Health and Human Services, HHS: New Hampshire Hospital, NHH-Facility/Patient Support

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2021	048-500226	Contractual Maint, Build-Grnds	94024000	\$30,000	\$0	\$30,000
2022	048-500226	Contractual Maint, Build-Grnds	94024000	\$30,000	\$0	\$30,000
2023	048-500226	Contractual Maint, Build-Grnds	94024000	\$30,000	\$0	\$30,000
2024	048-500226	Contractual Maint, Build-Grnds	94024000	\$30,000	\$0	\$30,000

Her Excellency, Governor Kelly A. Ayotte
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2025	048-500226	Contractual Maint, Build- Grnds	94024000	\$45,000	\$0	\$45,000
2026	048-500226	Contractual Maint, Build- Grnds	94024000	\$45,000	\$7,966	\$52,966
2027	048-500226	Contractual Maint, Build- Grnds	94024000	\$45,000	\$0	\$45,000
			Total	\$255,000	\$7,966	\$262,966

EXPLANATION

The purpose of this request is to increase funding due to the unanticipated cost to replace the existing fire alarm pane at the Philbrook Building. New Hampshire Hospital determined the existing fire alarm panel had reached its end of life and was no longer reliable, which created an immediate life-safety concern. The Philbrook Building underwent a 24-hour fire watch until the fire alarm panel was replaced. The Contractor was able to respond immediately and dispatch a licensed fire-alarm programmer and installer within 24 hours ensuring the building resumed compliance. The extent of the repair cost resulted in a contract funding shortfall.

The Contractor inspects, tests, conducts preventative maintenance, and provides corrective or emergency repairs to maintain proper operating condition of the life safety systems which helps ensure safety and protection for the patients, staff and visitors at New Hampshire Hospital.

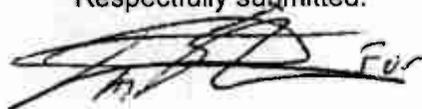
The Department monitors services through:

- A written summary, required of the Contractor, of the work performed and problems discovered before leaving the premises at New Hampshire Hospital after each scheduled or emergency call; and
- A written report required of the Contractor no later than 30 days after each service call, documenting completed tests and inspections and describing any problems discovered.

Should the Governor and Council not authorize this request, the Department will be unable to fulfill Contractor payments for continued routine inspection, testing, and preventative maintenance due to the unanticipated cost for the emergency repair to the fire alarm panel.

Area served: New Hampshire Hospital.

Respectfully submitted.



Lori A. Weaver
Commissioner

**State of New Hampshire
Department of Health and Human Services
Amendment #2**

This Amendment to the Fire Alarm and Life Safety System Testing and Maintenance Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Minuteman Security Technologies, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on September 11, 2020 (Item #9), as amended on March 13, 2024 (Item #20); the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended, and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$262,966
2. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.3., to read:
 - 1.3 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
 - 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, RSA 151:21 Patients' Bill of Rights, 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.
3. Modify Exhibit C, Payment Terms; Section 1., to read:
 1. This Agreement is funded by:
 - 1.1 70.5% General Funds.
 - 1.2 29.5% Other funds (Provider & Intra Agency Funds).
4. Modify Exhibit C, Payment Terms; Section 6., to read:
 6. The State shall make payment to the Contractor within 60 days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available, subject to Paragraph 4 of the General Provisions Form Number P-37 of this agreement.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

2/2/2026

Date

DocuSigned by:

Ellen Marie Lapointe

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Name: Ellen Marie Lapointe

Title: Chief Executive Officer

Minuteman Security Technologies, Inc.

2/2/2026

Date

Signed by:

Kevin Burgess

DB9C08011FC64D9...

Name: Kevin Burgess

Title: General Manager

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

OFFICE OF THE ATTORNEY GENERAL

2/2/2026

Date

DocuSigned by:
Robyn Guarino

Name: Robyn Guarino

Title: Attorney

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

Date

Name:

Title:

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 MINUTEMAN SECURITY TECHNOLOGIES, INC is a Massachusetts Profit Corporation registered to transact business in New Hampshire on November 05, 2015. 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: **734312**

Certificate Number: **0007352059**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 29th day of December A.D. 2025.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Ron Oetjen, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Minuteman Security Technologies, Inc.
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 1, 2021 at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Kevin Burgess

is duly authorized on behalf of Minuteman Security Technologies, Inc. to enter into contracts or agreements with the State of New Hampshire

and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. 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/contract amendment to which this certificate is attached. This authority was **valid thirty (30) days prior to and remains valid for thirty (30) days** from the date of this Certificate of Authority. 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: 1/27/2026

Ron Oetjen

Signature of Elected Officer

Name: Ron Oetjen

Title: CEO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/6/2026

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 Alliant Insurance Services, Inc. 32 Old Slip New York, NY 95334	CONTACT NAME: Emily Weiss PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: emily.weiss@alliant.com														
INSURED Minuteman Security Technologies, Inc. 1 Connector Road Andover MA 01810	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Phoenix Insurance Company</td> <td style="text-align: center;">25623</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Co</td> <td style="text-align: center;">25674</td> </tr> <tr> <td>INSURER C : Travelers Indemnity Company</td> <td style="text-align: center;">25658</td> </tr> <tr> <td>INSURER D : Everest National Insurance Com</td> <td style="text-align: center;">10120</td> </tr> <tr> <td>INSURER E : AIG Specialty Insurance Compan</td> <td style="text-align: center;">26883</td> </tr> <tr> <td>INSURER F : Beazley Insurance Company, Inc</td> <td style="text-align: center;">37540</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Phoenix Insurance Company	25623	INSURER B : Travelers Property Casualty Co	25674	INSURER C : Travelers Indemnity Company	25658	INSURER D : Everest National Insurance Com	10120	INSURER E : AIG Specialty Insurance Compan	26883	INSURER F : Beazley Insurance Company, Inc	37540
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COVERAGES **CERTIFICATE NUMBER: 1817586239** **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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____	Y		H-630-B0700449-PHX-25	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			810-B0620879-25-13	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-B0724306-25-13 XC4EX00555-251	5/1/2025 5/1/2025	5/1/2026 5/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 2nd Layer EX \$ 10M x \$10M
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	N/A	UB-B0691934-25-13-E	5/1/2025	5/1/2026	<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
B E F	E&O - Retro Date: 5/1/2021 Excess E&O Cyber			ZPL-81N91214-25-13 01-334-00-75 V34C51250301	5/1/2025 5/1/2025 5/1/2025	5/1/2026 5/1/2026 5/1/2026	Per Claim/Agg. \$5M Limit Retention: \$25,000 \$5M x \$5M \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insured List:
 MM Investors, LP
 MM Holdco, Inc.
 Minuteman Security Technologies, Inc. dba Minuteman Security & Life Safety
 S3, LLC
 Strategic Security Solutions Lynchburg, LLC
 Osprey Recognition, Inc.
 Strategic Security Solutions, LLC
 See Attached...

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord NH 03301	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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