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The State of New Hampshire
Department of Environmental Services

Robert R. Scott, Commissioner

February 3, 2026

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

REQUESTED ACTION

Authorize the New Hampshire Department of Environmental Services (NHDES) to **RETROACTIVELY** amend an American Rescue Plan Act grant (PO#1094768) to the Crossings at Sleepy Hollow Cooperative, Inc. of Newmarket, NH (VC# 451912 B001), by extending the completion date to June 30, 2026, from February 28, 2026, effective **retroactively** to March 1, 2026, upon Governor & Council approval through June 30, 2026. This is a no-cost amendment. The original grant agreement was approved by the Governor and Council on August 23, 2023, Item #120 and amended on October 16, 2024, Item #91. 100% federal funds.

EXPLANATION

We are requesting **RETROACTIVE** approval of this amendment to provide additional time to the Crossings at Sleepy Hollow Cooperative, Inc. to complete the agreed-upon scope of services. This request is **retroactive** due to a delay in receiving the grant paperwork that prevented us meeting the deadline for the February Governor and Executive Council meeting. The Cooperative is conducting wastewater system improvements which include replacement of sewer main pipe, manholes, and service connections within the existing sewer system. Some infrastructure improvements have been made, but due to circumstances that significantly impacted progress, the construction phase was placed on hold. This pause was necessary to assess the installed system, identify deficiencies, review the budget, and consult with the community members to determine priorities and what work can be supported moving forward. The time extension will allow the Cooperative to complete the outstanding infrastructure improvements, under the current scope of work, that will expend the remaining grant funds and align with the community's needs. This is an allowable use of ARP FRF funds under Section 602 (c)(1)(D) to make necessary investments in water, sewer, or broadband infrastructure. To date, \$664,032.62 of the original \$1,046,825.80 grant has been spent.

In the event federal funds become no longer available, general funds will not be requested to support this program. This grant amendment has been approved by the Attorney General's Office as to form, substance and execution. We respectfully request your approval of this item.

Robert R. Scott, Commissioner

**Grant Agreement with the Crossings at Sleepy Hollow Cooperative, Inc.
American Rescue Plan Act (ARPA) Grant (CW-334424-01)
Amendment No. 2**

This Agreement (hereinafter called the Amendment) is by and between the State of New Hampshire, acting by and through its Department of Environmental Services (hereinafter referred to as the State) and the Crossings at Sleepy Hollow Cooperative Cooperative, Inc. acting by and through its Operations Manager, Ed Carlton (hereinafter referred to as the Grantee).

WHEREAS, pursuant to an Agreement (hereinafter called the Agreement) approved by the Governor and Council on August 23, 2023 and amended on October 16, 2024, the Grantee agreed to perform certain services 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 Grantee and the State have agreed to amend the Agreement in certain respects;

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

1. Amendment and Modification of Agreement: The Agreement is hereby amended as follows:
 - (A) The Grant Completion Date as set forth in sub-paragraph 1.7 of the Agreement shall be changed to June 30, 2026 from February 28, 2026.
2. Effective Date of Amendment; This Amendment shall take effect upon the date of approval of this Amendment by the Governor and Executive Council of the State of New Hampshire.
3. Continuance 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.

Accepted by:



Ed Carlton, Operations Manager
Crossings at Sleepy Hollow Cooperative, Inc.

DEC, 22, 2025

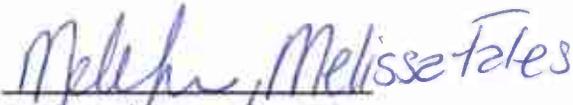
Date



Robert R. Scott, Commissioner
Department of Environmental Services

1/13/26

Date



Assistant Attorney General
Department of Justice

Approved as to form, substance and execution.

1/15/26

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 CROSSINGS AT SLEEPY HOLLOW COOPERATIVE, INC. is a New Hampshire Consumer Cooperative registered to transact business in New Hampshire on July 30, 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: **730120**

Certificate Number: **0007349204**



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 December A.D. 2025.

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

David M. Scanlan
Secretary of State

Crossings at Sleepy Hollow Cooperative, Inc.

103 Harvard Street Newmarket, NH 03857

CERTIFICATE OF VOTE

I, Vicki Silver, do hereby certify that:

1. I am the Secretary of the Crossings at Sleepy Hollow Cooperative, Inc.
2. At a meeting held on December 22, 2025, the board members voted to apply to submit an amendment request to modify a certain American Rescue Plan Act Fund (ARPA) grant agreement with the **State of New Hampshire Department of Environmental Services** for a wastewater system improvement project, as approved by the Governor and Council on August 23, 2023 and amended on October 16, 2024.
3. The Crossings at Sleepy Hollow Cooperative, Inc. further authorized the Operations Manager, Ed Carlton, to execute any documents necessary to effectuate this Grant Agreement.
4. This authority has not been revoked, superseded, or amended as of the date of this certification.

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary, Vicki Silver, of the Crossings at Sleepy Hollow Cooperative, Inc.

Signature:

Vicki Silver

Date:

12/22/25



CROSS51

OP ID: BJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2026

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 IMMANUEL Insurance Agy- SAN PO Box 300 3 Brittany Lane Barrington, NH 03825-0300 IMMANUEL Ins Agy Inc &	603-335-4300		CONTACT NAME: IMMANUEL Ins Agy Inc & PHONE (A/C, No, Ext): 603-335-4300 E-MAIL ADDRESS: david@immanuelins.com	FAX (A/C, No): 603-822-7101
	INSURED Crossings At Sleepy Hollow Cooperative, Inc c/o Reno Companies P.O. Box 58 Dracut, MA 01826			INSURER(S) AFFORDING COVERAGE INSURER A: Preferred Mutual INSURER B: Liberty Mutual INSURER C: INSURER D: INSURER E: INSURER F:

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.

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 type="checkbox"/> LOC OTHER:			CPP 0100609516	01/29/2025 01/29/2026	01/29/2026 01/29/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PCA 0100715270	01/29/2025 01/29/2026	01/29/2026 01/29/2027	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 type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			UC 0130615373	01/29/2025 01/29/2026	01/29/2026 01/29/2027	EACH OCCURRENCE \$ 1,000,000 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						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property Section			BFO56917946	01/29/2025 01/29/2026	01/29/2026 01/29/2027	

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

CERTIFICATE HOLDER NH Department of Environmental Services Water Division 29 Hazen Drive PO Box 95 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>Brian Jacobsen</i>
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**Crossings at Sleepy Hollow Cooperative, Inc
103 Harvard Street, Newmarket NH 03857**

chspresident@gmail.com cscvicepresident@gmail.com cshtreasurernh@gmail.com
cshoperationsmanager@gmail.com cshsecretarynh@csh.com

December 22, 2025

To Whom It May Concern,

The Cooperative is governed by a five person volunteer board of directors and does not have employees.

The Cooperative does not carry a Worker's Compensation insurance policy as all water and sewer operations are provided by independent, contracted bonded, providers.

Please contact the Board if you have any questions or need additional information

Thank you



AJ Dickens -President



Ed Carlton – Operations Manager

12-22-2025