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# 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

ROBERT L. QUINN  
COMMISSIONER

January 23, 2026

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), Marlborough, MA, for the provision of preparing State Police vehicles for deployment by increasing price limitation by \$650,000 from \$6,317,947 to \$6,967,947 and by extending the completion date from June 30, 2026 to December 31, 2026, 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 on December 3, 2025, Item #5G, **61.34% General Funds, 25.65% Highway Funds, 6.82% Turnpike Funds and 6.19% Agency Income.**

Funds are available in the following accounts for Fiscal Year 2026 and 2027 and are anticipated to be available upon the continued appropriation of funds in the future operating budget with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, if needed and justified.

|   | <u>FY2026</u>    |
|---|------------------|
| 02-23-23-234015-23050000 – Commercial Enforcement<br>030-500311 Equipment – General (New) | \$107,064        |
| 02-23-23-234015-40030000 – Traffic Bureau<br>030-500311 Equipment – General (New)         | \$177,195        |
| 02-23-23-234015-40100000 – Enforcement<br>030-500311 Equipment – General (New)            | \$ 33,530        |
| 02-23-23-234010-54120000 – Detective Bureau<br>030-500311 Equipment – General (New)       | \$310,211        |
| 02-23-23-234010-18760000 – Cold Case Unit<br>030-500311 Equipment – General (New)         | \$ 22,000        |
| <b>Total</b>  | <b>\$650,000</b> |

**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, and there are no renewal options remaining. Pursuant to MOP150, any amendments to contracts originally approved as sole source must continue to be identified as sole source. As previously noted, the original contract was approved by the Governor and Executive Council on December 21, 2022 (Item #120) and was subsequently amended with Governor and Council approval on October 30, 2024 (Item #107) and December 3, 2025 (Item #5G).

This amendment further modifies the Firm Fixed Price contract with McGovern MHQ, Inc. to reflect the Division of State Police's transition from Dodge Chargers to Chevrolet Tahoe Police Pursuit Vehicles as the primary cruiser. Furthermore, an extension of the contract completion date is necessary because the New Hampshire State Police ordered 25 new Tahoe cruisers in SFY 2026, which will arrive at McGovern MHQ, Inc. in 2026. McGovern MHQ, Inc. is responsible for preparing and equipping each cruiser prior to deployment. To ensure parts and equipment are compatible with current model year specifications, they are ordered upon receipt of the vehicles. Delivery typically requires eight to fourteen (8-14) weeks, and once received, each cruiser requires approximately two (2) days to complete the upfit process. Based on this timeline, it is unlikely that all 25 vehicles will be fully outfitted and deployed before the contract's current expiration on June 30, 2026.

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 operational disruption. Given the necessary lead times for equipment delivery and upfitting, it is not feasible for all 25 Tahoe cruisers to be made deployment-ready within the existing contract period. Consequently, a contract extension is essential to support uninterrupted and efficient fleet replacement.

Respectfully submitted,

  
\_\_\_\_\_  
Robert L. Quinn  
Commissioner of Safety



**STATE OF NEW HAMPSHIRE**

**Department of Safety:**

**McGovern MHQ, Inc.**

**December 21, 2022, Item #120**

**AMENDMENT #3**

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## INTRODUCTION

This Amendment is by and between McGovern MHQ, Inc. (FKA MIHQ, 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, amended with Governor and Council approval on October 30, 2024, Item #107 and amended on December 3, 2025, 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 wishes to increase the contract price by \$650,000 to bring the total contract price from \$6,317,947 to \$6,967,947;

WHEREAS, the Department and the Vendor wish to extend the completion date from June 30, 2026 to December 31, 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 June 30, 2026 to December 31, 2026.
2. Amend Section 1.8 of the Contract Agreement – General Provisions by increasing the Price Limitation from \$6,317,947 to \$6,967,947;
3. The Agreement is further amended as described in Table 1:

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State of NH Contract

Date: 1/21/26

Contractor's Initials [Signature]

Page

| TABLE 1: AMENDMENT DETAILS                              |   |
|---|---|
| Part 1<br>Form P-37<br>General Provision                | AMENDED TEXT  |
| Section Number<br>General<br>Provisions, section<br>1.7 | Extend the Completion Date from June 30, 2026 to December 31, 2026. |
| Section Number<br>General<br>Provisions, section<br>1.8 | Increase the amount from \$6,317,947 to \$6,967,947.                |

| TABLE 2: CONTRACT HISTORY           |                           |                   |            |                    |
|-------------------------------------|---------------------------|-------------------|------------|--------------------|
| CONTRACT AND<br>AMENDMENT<br>NUMBER | AMENDMENT<br>TYPE         | AMENDMENT<br>DATE | END DATE   | CONTRACT<br>AMOUNT |
| G&C Item #113                       | Original Contract         | July 27, 2022     | 06/30/2025 | \$4,314,697        |
| G&C Item #107                       | 1 <sup>st</sup> Amendment | October 30, 2024  | 12/31/2025 | \$2,003,250        |
| G&C Item #5G                        | 2 <sup>nd</sup> Amendment | December 3, 2025  | 06/30/2026 |                    |
|                                     | 3 <sup>rd</sup> Amendment | TBD               | 12/31/2026 | \$650,000          |
| CONTRACT TOTAL                      |                           |                   |            | \$6,967,947        |

State of NH Contract

Date: 1/21/26

Contractor's Initials: 

Page

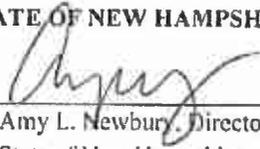
**CONTRACTOR**

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.

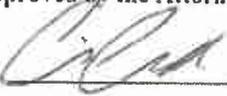
  
\_\_\_\_\_  
Matt McGovern, President  
McGovern MHQ, Inc. Date: 1/21/26

**STATE OF NEW HAMPSHIRE**

  
\_\_\_\_\_  
Amy L. Newbury, Director of Administration  
State of New Hampshire  
Department of Safety Date: 2/2/26

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: 2/2/26

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: 1/21/26  
Contractor's Initials MM  
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 horizontal line.

David M. Scanlan  
Secretary of State



## CORPORATE RESOLUTION

I, Matthew McGovern, as the Director and President 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 20<sup>th</sup> Day of January 2026.

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

Matthew McGovern  
Director and President 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).

|  |  |  |
|--|--|--|
| <b>PRODUCER</b><br>FEDERATED MUTUAL INSURANCE COMPANY<br>HOME OFFICE: P.O. BOX 328<br>OWATONNA, MN 55060 | <b>CONTACT NAME:</b> CLIENT CONTACT CENTER<br><b>PHONE (A/C, No. Ext):</b> 888-333-4949 <b>FAX (A/C, No.):</b> 507-416-4664<br><b>E-MAIL ADDRESS:</b> CLIENTCONTACTCENTER@FEDINS.COM |  |
|  | <b>INSURERS AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b><br>MCGOVERN MHQ, INC<br>247 NEWBURY ST<br>PEABODY, MA 01860-1315                          | <b>INSURER A:</b> FEDERATED MUTUAL INSURANCE COMPANY      NAIC # 13935   |  |
|  | <b>INSURER B:</b>  |  |
|  | <b>INSURER C:</b>  |  |
|  | <b>INSURER D:</b>  |  |
|  | <b>INSURER E:</b>  |  |

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  | ADDITIONAL INSURED | SUBR WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|--------------------|------------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE L.M.T APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER | N                  | N          | 1897637       | 06/01/2025              | 06/01/2026              | EACH OCCURRENCE \$500,000<br>DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000<br>MED EXP (Any one person) EXCLUDED<br>PERSONAL & ADV INJURY \$500,000<br>GENERAL AGGREGATE \$1,000,000<br>PRODUCTS & COMPROP ACC \$1,000,000 |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |                    |            |               |                         |                         | COMBINED SINGLE LIMIT (EA accident)<br>BODILY INJURY (Per Person)<br>BODILY INJURY (Per Accident)<br>PROPERTY DAMAGE (Per Accident)   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION   | N                  | N          | 1897646       | 06/01/2025              | 06/01/2026              | EACH OCCURRENCE \$10,000,000<br>AGGREGATE \$30,000,000  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |                    | Y/N<br>N/A |               |                         |                         | PER STATUTE    OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT   |
| A        | AUTO DEALER LIABILITY  | N                  | N          | 1897637       | 06/01/2025              | 06/01/2026              | AUTO LIAB - EA ACCIDENT \$500,000<br>GENERAL LIABILITY<br>- EACH ACCIDENT \$500,000<br>- AGGREGATE \$1,000,000  |

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

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br>N.H. DEPARTMENT OF SAFETY<br>DIVISION OF STATE POLICE<br>33 HAZEN DR<br>CONCORD, NH 03305-0011 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br> |
|---|--|

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.

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Services LLC, 12 Gill Street Suite 5500, Woburn, MA 01801, 855 874-0123. CONTACT NAME: Marla Nixon, PHONE: 855 874-0123, FAX: 781-376-5035, E-MAIL: 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 WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liab, Excess 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: Todd V.



AGENCY CUSTOMER ID: \_\_\_\_\_

LOG #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|  |           |  |  |
|--|-----------|--|--|
| AGENCY<br>FEDERATED MUTUAL INSURANCE COMPANY |           | NAMED INSURED<br>MCGOVERN MHQ, INC<br>247 NEWBURY ST<br>FEABODY, MA 01960-1315 |  |
| POLICY NUMBER<br>SEE CERTIFICATE # 631.2     |           |  |  |
| CARRIER<br>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: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

| SECONDARY POLICY(S)   |   |   |         |            |            |                         |             |  |
|-----------------------|---|---|---------|------------|------------|-------------------------|-------------|--|
| General Liability     | N | N | 1897640 | 06/01/2025 | 06/01/2026 | EACH OCCURRENCE         | \$500,000   |  |
|                       |   |   |         |            |            | DMG TO RNT PREH EA OCC  | \$100,000   |  |
|                       |   |   |         |            |            | MED EXP-ANY ONE PERSON  | EXCLUDED    |  |
|                       |   |   |         |            |            | PERSONAL & ADV INJURY   | \$500,000   |  |
|                       |   |   |         |            |            | GENERAL AGGREGATE       | \$1,000,000 |  |
|                       |   |   |         |            |            | PRODUCTS-COMP/OP AGG    | \$1,000,000 |  |
| OTHER COVERAGE(S)     |   |   |         |            |            |                         |             |  |
| AUTO DEALER LIABILITY | N | N | 1897636 | 06/01/2025 | 06/01/2026 | AUTO LIAB - EA ACCIDENT | \$500,000   |  |
|                       |   |   |         |            |            | GENERAL LIABILITY       |             |  |
|                       |   |   |         |            |            | - EACH ACCIDENT         | \$500,000   |  |
|                       |   |   |         |            |            | - AGGREGATE             | \$1,000,000 |  |
| AUTO DEALER LIABILITY | N | N | 1897635 | 06/01/2025 | 06/01/2026 | AUTO LIAB - EA ACCIDENT | \$500,000   |  |
|                       |   |   |         |            |            | GENERAL LIABILITY       |             |  |
|                       |   |   |         |            |            | - EACH ACCIDENT         | \$500,000   |  |
|                       |   |   |         |            |            | - AGGREGATE             | \$1,000,000 |  |
| AUTO DEALER LIABILITY | N | N | 1897634 | 06/01/2025 | 06/01/2026 | AUTO LIAB - EA ACCIDENT | \$500,000   |  |
|                       |   |   |         |            |            | GENERAL LIABILITY       |             |  |
|                       |   |   |         |            |            | - EACH ACCIDENT         | \$500,000   |  |
|                       |   |   |         |            |            | - AGGREGATE             | \$1,000,000 |  |