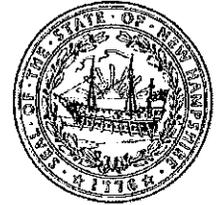


The State of New Hampshire
Department of Environmental Services

84

March 25, 2026



Robert R. Scott, Commissioner

February 26, 2026

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

REQUESTED ACTION

Authorize the Department of Environmental Services to amend an American Rescue Plan Act (ARPA) grant (PO #1090404) with Wagon Wheel Tenants Cooperative, Inc., Londonderry NH (VC# 201812-B001), by increasing the grant limitation by \$180,000 to \$854,757, from \$674,757, for an interconnection to a larger public water system, effective upon Governor and Council approval through August 1, 2026. The original grant was approved by Governor and Council on January 18, 2023, Item #84 and amended May 1, 2024, Item #105, and December 17, 2025 Item #70. 100% Federal Funds.

Funding is available in the following account:

03-44-44-440010-2476-072-500574
Dept. Environmental Services, ARPA DES Loans, Grants Federal
Activity Code: 00FRF602WB4401Q

FY 2026
\$180,000

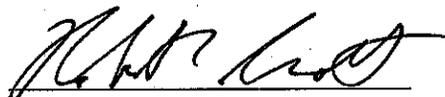
EXPLANATION

We are requesting approval of this amendment to provide Wagon Wheel Tenants Cooperative Inc. (Wagon Wheel) with additional grant funding to complete an interconnection to a larger public water system to remediate per- and poly-fluoroalkyl substances (PFAS). Additional grant funds are being requested to cover the removal of unanticipated amounts of shallow bedrock resulting in costs greater than the original excavation estimate.

NHDES originally approved grant funding for Wagon Wheel to interconnect with a larger public water system to address PFAS contamination present within the sole source of drinking water. The project includes the required environmental review, engineering design, construction of water main and upgrading distribution piping, decommissioning of contaminated wells and associated infrastructure, engineering design and construction phase observation and other associated eligible project costs. This is an allowable use of American Rescue Plan Fiscal Recovery Funds under Section 602 (c)(1)(D) to make necessary investments in water, sewer, or broadband infrastructure.

To date, \$585,488.05 of the \$674,757 grant has been spent. If 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 Wagon Wheel Tenants Cooperative, Inc.
American Rescue Plan Act (ARPA) Grant
Amendment No. 3

This Agreement (hereinafter called the Amendment) by and between the State of New Hampshire, acting by and through its Department of Environmental Services (hereinafter referred to as the State) and Wagon Wheel Tenants Cooperative, Inc. acting by and through its President, Joseph Andries (hereinafter referred to as the Grantee).

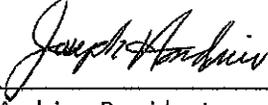
WHEREAS, pursuant to an Agreement (hereinafter called the Agreement) approved by the Governor and Council on January 18, 2023, and amended May 1, 2024, and December 17, 2025, the Grantee agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of 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:

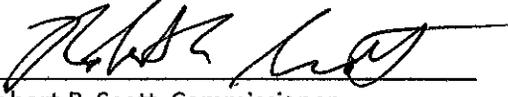
1. **Amendment and Modification of Agreement:** The Agreement is hereby amended as follows:
 - (A) The Grant Limitation as set forth in sub-paragraph 1.8 of the Agreement shall be changed to \$854,757 from \$674,757.
 - (B) The grant award as set forth in the third paragraph of Exhibit C shall be changed to \$854,757 from \$674,757.
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:



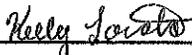
Joseph Andries, President
Wagon Wheel Tenants Cooperative, Inc.

2-6-26
Date



Robert R. Scott, Commissioner
Department of Environmental Services

2-27-26
Date



Assistant Attorney General Keely Lovato
Department of Justice
Approved as to form, substance and execution.

3-2-26
Date

State of New Hampshire

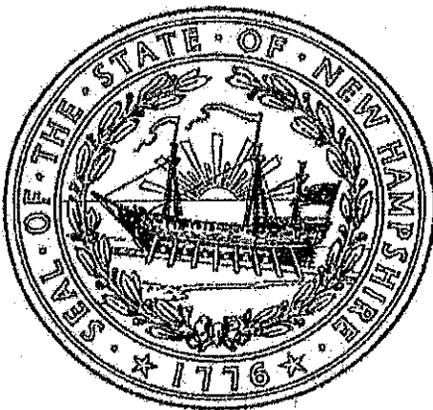
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that WAGON WHEEL TENANTS COOPERATIVE, INC. is a New Hampshire Consumer Cooperative registered to transact business in New Hampshire on March 15, 1988. 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: 128063

Certificate Number: 0007321355



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of October A.D. 2025.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a faint circular stamp.

David M. Scanlan
Secretary of State

Wagon Wheel Tenant's Cooperative Inc.

2 Stonehenge Road Box 9, Londonderry, NH 03053

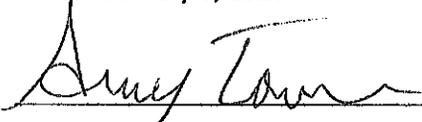
CERTIFICATE OF VOTE

I, Amy Tower do hereby certify that:

1. I am the Secretary & Treasurer of the Wagon Wheel Tenant's Cooperative Inc.
2. At a meeting held on February 5, 2026, the Wagon Wheel Tenant's Cooperative Inc. voted to accept funds and enter into a Grant Agreement with the **State of New Hampshire Department of Environmental Services** for a water system improvement project.
3. The Wagon Wheel Tenant's Cooperative Inc. further authorized Joseph Andries, President 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 Amy Tower, Secretary & Treasurer of Wagon Wheel Tenant's Cooperative Inc. on February 6, 2026.

Signature:



Date:

2-6-26



WAGON50

OP ID: BJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/30/2025

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 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 Wagon Wheel Tenant Coop, Inc. C/O Amy Tower 2 Stonehenge Rd., Box 9 Londonderry, NH 03053		INSURER(S) AFFORDING COVERAGE INSURER A: Preferred Mutual INSURER B: MSA Main Street America INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 15024 13026	

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	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:			CPP0100522539	07/01/2025	07/01/2026	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <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 <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Crime			F241606N	07/01/2025	07/01/2026	

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

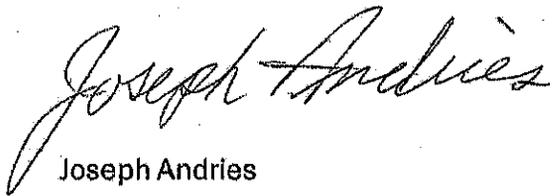
CERTIFICATE HOLDER State of NH Department of Environmental Services 29 Hazen Drive Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Brian Jacobsen</i>
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To Whom It May Concern,

November 2, 2025

This letter serves as formal notice that Wagon Wheel Tenant's Cooperative Inc. does not carry a workers' compensation insurance policy. As of the date of this letter, Wagon Wheel has no employees and therefore is not required to maintain workers' compensation coverage under applicable state laws.

Sincerely,

A handwritten signature in cursive script that reads "Joseph Andries". The signature is written in black ink and is positioned above the printed name.

Joseph Andries

President

Wagon Wheel Tenant's Cooperative Inc.