



ROBERT L. QUINN
COMMISSIONER

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

January 30, 2026

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

REQUESTED ACTION

Authorize the Department of Safety, Division of Fire Standards & Training and Emergency Medical Services (FSTEMS) to enter into a **Sole Source** amendment to an existing contract with Kirila Fire Training Facilities, Inc. (VC#264202) Fowler, OH, by increasing the price limitation by \$17,640, from \$86,850 to \$104,490 with no change to the contract completion date to provide maintenance services to the Airport Rescue Firefighting Facility (ARFF) Trainer. The original contract was approved by Governor and Council on April 10, 2024 Item #86. Effective upon Governor and Council approval through June 30, 2027. **100% Revolving Funds**

Funding is available in account, Fire Standards & EMS Administ., as follows:

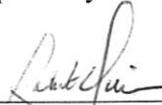
02-23-23-237010-40650000-103-500736-Contracts for Operation Services

FY 2026
\$17,640

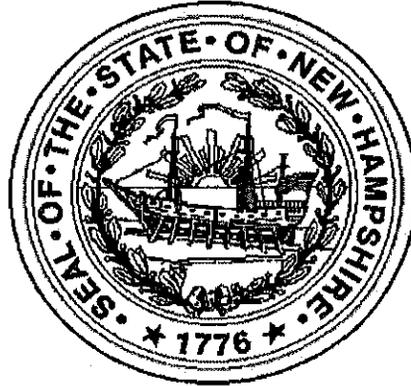
EXPLANATION

This request is **Sole Source** because the amendment will increase the original contract amount by more than 10%. The amendment is necessary to repair leaks discovered in the ARFF Trainer which includes a Specialized Aircraft Fire Trainer (SAFT) and a Fuel Spill Trainer (FST) at the Fire Academy, which pose safety risks. The leaks are located in the propane delivery section to the fire pit burners and were caused by corrosion. The ARFF Trainer is a critical component for live-fire practical evolutions required for students to earn their Airport Firefighter Certification. These students come from across the United States, making the prompt repair of this system essential to maintain safety and ensure uninterrupted training.

Respectfully submitted,



Robert L. Quinn
Commissioner of Safety



STATE OF NEW HAMPSHIRE

Department of Safety:

Division of Fire Standards & Training and Emergency Medical Services

AMENDMENT #1

INTRODUCTION

WHEREAS, pursuant to an Agreement approved by Governor and Council, as a result of RFP DOS 2024-010, on April 10, 2024, Item 86 (herein after referred to as the "Agreement"), Kirila Fire Training Facilities, Inc. (VC #264202-B001) (hereinafter referred to as "Contractor") 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 \$17,640.00 to bring the total contract price from \$86,850.00 to \$104,490.00;

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 1.8 of the Contract Agreement - General Provisions to increase the contract price by \$17,640.00 to bring the total contract price from \$86,850.00 to \$104,490.00;
2. This Amendment is to cover an emergency leak to the propane system to the pit burners per the quote #250924.

State of NH Contract

Date: 23 JAN 26

Contractor's Initials K

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TABLE 1: AMENDMENT DETAILS	
Part 1 Form P-37 General Provision	AMENDED TEXT
Section Number General Provisions, section 1.8	Increase the amount from \$86,850.00 to \$104,490.00.

TABLE 2: CONTRACT HISTORY				
CONTRACT AND NUMBER	TYPE	DATE	END DATE	CONTRACT AMOUNT
G&C Item #86	Original Contract	April 10, 2024	June 30, 2027	\$86,850.00
1 st Amendment	<i>Increase</i>	TBD	June 30, 2027	\$17,640.00
CONTRACT TOTAL				\$104,490.00

State of NH Contract

Date: 23JAN26

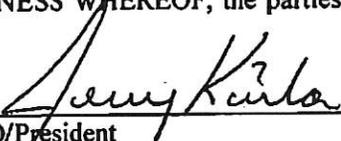
Contractor's Initials JK

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CONTRACTOR

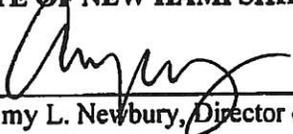
Except as provided herein, all provisions of the Agreement shall remain in full force and effect. This modification shall take effect upon the approval date from the Governor and the Executive Council.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.



CEO/President
Company
Date: 23 JAN 26

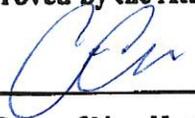
STATE OF NEW HAMPSHIRE



Amy L. Newbury, Director of Administration
State of New Hampshire
Department of Safety
Date: 1/21/26

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: 01/21/2026

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: _____



Kirila Fire Training Facilities, Inc.

3007 State Route 7, Fowler, OH 44418
Office: 330-787-0743, Toll Free: 855-787-FIRE
Fax: 330-448-6648
www.kirilafire.com

CORPORATE RESOLUTION OF SIGNING AUTHORITY

RESOLUTION OF: Kirila Fire Training Facilities, Inc.

RESOLVED that the execution of Deeds, powers of attorney, transfers, assignments, contracts, obligations, certificates, and other instruments of whatever nature entered into by the Company directly or through a transfer agent or registrar for any stock company, acting in its capacity as a corporate director or exercising any and all other powers conferred upon it by the letters Patent incorporating it or by the law pertaining to such matters, shall be signed by the person listed below:

NAME	TITLE	SPECIMEN SIGNATURE
Jerry Kirila	Owner, President, Secretary	
Robert McCollum	Vice President	

I, Jerry Kirila, the undersigned Secretary of Kirila Fire Training Facilities, Inc., HEREBY CERTIFY that the foregoing is a true and correct copy of a Resolution of the Board of Directors of said Company passed by a resolution of the said board dated on March 21, 2021 and that said Resolution is still in full force and effect. I attest that I am the sole owner and sole stockholder of the company.

Secretary

Notary / Date



BRENDA S BOLGER
Notary Public
State of Ohio
My Comm. Expires
January 11, 2031

State of New Hampshire

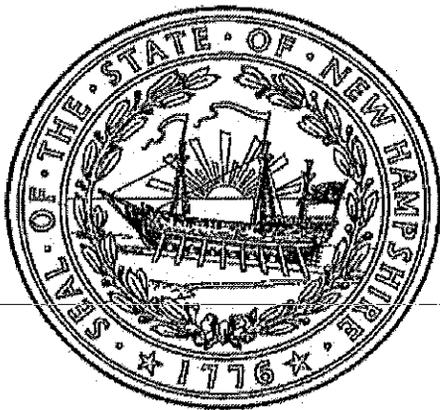
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that KIRILA FIRE TRAINING FACILITIES, INC is a Ohio Profit Corporation registered to transact business in New Hampshire on March 10, 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: 722391

Certificate Number: 0007331566



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 17th day of November A.D. 2025.

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

David M. Scanlan
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/3/2025

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).

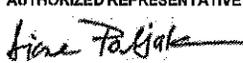
PRODUCER Marsh & McLennan Agency LLC 6480 Rockside Woods Blvd., S Suite 210 Independence OH 44131	CONTACT NAME: PHONE (A/C. No., Ext): 216 520-5000 FAX (A/C. No.): E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
INSURED Kirila Fire Training Facilities, Inc. 3007 State Route 7 Fowler OH 44418	KIRILFIRE1	INSURER A : Cincinnati Insurance Company	10677
		INSURER B : Cincinnati Specialty Underwrit	13037
		INSURER C : ASCOT SPECIALTY INSURANCE COMP	45055
		INSURER D : Underwriters at Lloyd's London	55555
		INSURER E : Insurance Company of the West	27847
		INSURER F : Berkley National Insurance	16992

COVERAGES **CERTIFICATE NUMBER: 59703627** **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	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0197137	10/4/2025	10/4/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Deductible	\$ 5,000
A	<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 <input type="checkbox"/> AUTOS ONLY			EPP 0867026	10/4/2025	10/4/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ n			ESXS241000141504	10/4/2025	10/4/2026	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			CSU0197137 WKY508019401	10/4/2025 10/4/2025	10/4/2026 10/4/2026	<input checked="" type="checkbox"/> PER STATUTE <input checked="" 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
F D F	\$5M X \$5M Excess Professional/Pollution Liability Leased/Rented Equipment			XSL361864F02 PF00848A25 MIM1107276	10/4/2025 10/4/2025 10/4/2025	10/4/2026 10/4/2026 10/4/2026	Occurrence/Aggregate Limit / Deductible Limit/ Deductible	5,000,000 2,000,000 / 10,000 250,000/500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Installation Floater: Policy Number Berkley MIM1107276; 10/04/2025-10/04/2026; Limit: \$315,000 Deductible: \$500
OH Employers Liability: Policy Number CSU0197137; The Cincinnati Insurance Specialty Underwriters; 10/04/2025-10/04/2026
Workers Compensation Applies to KY, NM, NY, TX, VA: Policy Number WKY508019400; Insurance Company of the West; 10/04/2025-10/04/2026
Cyber Liability PF00106A25; Underwriters at Loyds of London; 10/04/20245- 10/04/2026 Limit \$1,000,000

CERTIFICATE HOLDER State of NH Department of Safety Division of Fire Standards & Training and Emergenc 33 Hazen Drive Concord NH 03305	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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