



Kimberly M. MacKay
Commandant

New Hampshire Veterans Home
139 Winter Street
Tilton, NH 03276-5415
www.nh.gov/veterans



Telephone: (603) 527-4400
Fax: (603) 286-4242

April 30, 2026

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

REQUESTED ACTION

Authorize the New Hampshire Veterans Home (NHVH) to enter into a **Sole Source** amendment with Global Empire LLC (V#265944), Harrisburg, PA to provide pharmacy services to NHVH residents by increasing the price limitation by \$841,380 from \$1,183,896 to \$2,025,276, and extending the completion from June 30, 2026 to June 30, 2028, effective July 1, 2026, upon Governor and Council approval. The Original contract was approved by Governor and Council on May 31, 2023, Item#135. Funding Source 24% Federal, 76% General Funds.

Funds are available in the following account for State Fiscal Year 2027, and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, 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.

05-043-043-430010-5360 VETS HOME PHARMACY SERVICES

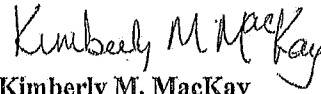
State Fiscal Year	Class/Account	Class Title	Current Budget	Increased (Decreased) Amount	Revised Budget
2024	046-500462	Non Benefited Med - Consultants	\$293,000.00	\$0	\$293,000.00
2025	046-500462	Non Benefited Med - Consultants	\$491,351.68	\$0	\$491,351.68
2026	046-500462	Non Benefited Med - Consultants	\$399,544.32	\$0	\$399,544.32
2027	046-500462	Non Benefited Med - Consultants	\$0	\$416,525	\$416,525
2028	046-500462	Non Benefited Med - Consultants	\$0	\$424,855	\$424,855
		Subtotal	\$1,183,896	\$841,380	\$2,025,276

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
Page 2 of 2

EXPLANATION

This request is **Sole Source** because it extends the end date of the original agreement and adds funding without the extension option noted in the 2023 RFP being written into the original contract document. Global Empire has been satisfactorily providing pharmacy services to residents at the New Hampshire Veterans Home. We are confident in the credentials of this contractor and as such are seeking approval to extend the contract for a two-year term with Governor and Council approval.

Respectfully Submitted,



Kimberly M. MacKay
Commandant

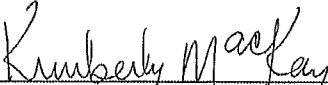
**Amendment to contract between the
NH Veterans Home and Global Empire LLC**

The State of New Hampshire Veterans Home and Global Empire LLC agree to extend the existing contract originally approved by Governor and Executive Council on May 31, 2023, Item#135.

Wherefore, the contract is amended as follows:

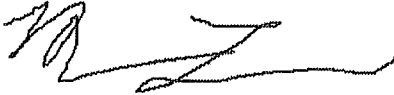
1. Amend section 1.7 (page 1) of the contract by extending the completion date from 6/30/26 to 6/30/28.
2. Amend section 1.8 (page 1) of the contract by increasing the price limitation from \$1,183,896 to \$2,025,276.

All other provisions of the Contract shall remain the same.



Kimberly MacKay, Commandant

5/27/2026
Date



Contractor Signature

5/27/26
Date

Approved by the Attorney General (Form, Substance and Execution)

By: Vasilios Manthos

Attorney

5/28/26
Date

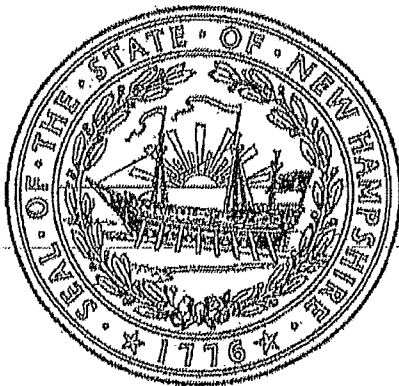
State of New Hampshire
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that GLOBAL EMPIRE LLC is a Pennsylvania Limited Liability Company registered to transact business in New Hampshire on March 15, 2018. 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: 790239

Certificate Number: 0007913996



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of April A.D. 2026.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, David Giampietro, hereby certify that I am the General Counsel of Noor Group, which is the parent entity of Global Empire, LLC. As the General Counsel of Noor Group, I hereby authorize Michael Lombardi, Executive Vice President of Global Empire LLC to execute contracts, amendments, and related documents on behalf of Global Empire, LLC.

I further attest that any documents executed by Michael Lombardi in connection with contractual agreements, including amendments with the New Hampshire Veterans Home, are valid, binding, and made within the scope of my authority.

This Certificate of Authority is provided to confirm that Global Empire, LLC Executive Vice President, Michael Lombardi, is an authorized representative of Global Empire, LLC for the purpose of executing the referenced amendment and any associated documentation.

IN WITNESS WHEREOF, I have executed this Certificate as of the date below.



David Giampietro
General Counsel
Noor Group
Date: 5/27/26



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/23/2028

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).

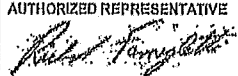
PRODUCER Arthur J. Gallagher Risk Management Services, LLC One Jericho Plaza, Suite 200 Jericho NY 11753	CONTACT NAME: Karen Mohamed PHONE (A/G. No. Ext.): 516-745-0800 FAX (A/G. No.): 516-745-0082 E-MAIL ADDRESS: Karen.Mohamed@ajg.com		
	INSURER(S) AFFORDING COVERAGE		
INSURED Global Emple, LLC 2151 Linglestown Road, Suite 180 Harrisburg, PA 17110	NOORSTA-01	INSURER A: Philadelphia Indemnity Insurance Company	NAIC # 18058
		INSURER B: Associated Industries Insurance Co. Inc	23140
		INSURER C: Allied World Surplus Lines Insurance Company	24319
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 600627769** **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 INSR	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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Lia			PHPK2660012-005	2/25/2028	2/25/2027	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Each Claim/Agg Limit \$5,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2660012-005	2/25/2028	2/25/2027	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB902133-005	2/25/2028	2/25/2027	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	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/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B C	Cyber Liability			PHPK2660012-005 ACL1265730 01 0316-0410	2/25/2028 10/11/2025 2/25/2026	2/25/2027 10/11/2026 2/25/2027	Limit \$2,000,000 Limit \$5,000,000 Per Claim/Aggregate \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Blanket Additional Insured, Waiver of Subrogation and Primary and Non-Contributory as required per written contract - form # PI-GLD-TS NY (11/15)

CERTIFICATE HOLDER New Hampshire Veterans Home 139 Winter St. Tilton NH 03276 USA	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 

Client#: 1994564

NOORINC1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/06/2026

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

PRODUCER: USI Insurance Services - C/L, 600 Third Avenue, 3rd Fl, New York, NY 10016, 212 689-7200. CONTACT NAME: John Bradley, PHONE: 212 689-7200, FAX: 212-676-1133, E-MAIL ADDRESS: John.bradley@usl.com. INSURER(S) AFFORDING COVERAGE: INSURER A: American Zurich Insurance Company, NAIC #: 40142. INSURED: Global Empire, LLC, 2151 Linglestown Road, Suite 180, Harrisburg, PA 17110.

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 SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

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

Alternate Employer Endorsement (WC 00 03 01A) and Waiver of Subrogation Endorsement (WG-00-03-13) applies to the additional insureds for Workers Compensation Coverage.

CERTIFICATE HOLDER

CANCELLATION

New Hampshire Veterans Home, 139 Winter St, Tilton, NH 03276

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

Ull Scott