STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEW HAMPSHIRE HOSPITAL

Lori A. Weaver
Commissioner

Ellen M. Lapointe
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

July 22, 2026

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to amend an existing contract with Micha Bardelcik (VC# 312196), Manchester, NH, for the continued provision of hair and beard styling services for patients at New Hampshire Hospital, by exercising a contract renewal option by increasing the price limitation by $79,000 from $32,400 to $111,400 and extending the completion date from August 31, 2026 to August 31, 2030, effective September 1, 2026, upon Governor and Council approval. 100% Other Funds (New Hampshire Hospital Trust Funds).

The original contract was approved by Governor and Council on August 17, 2022, item #10 and amended on June 4, 2025, item #122.

Funds are available in the following account for State Fiscal Years 2027, and are anticipated to be available in State Fiscal Years 2028, 2029, and 2030, 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.

05-95-094-940010-71210000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES DEPARTMENT, HHS NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, GROUP C INDIGENT SUPPORT FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2023	054-500529	Purchase for Beneficiaries	94711892	$5,350	$0	$5,350
2024	054-500529	Purchase for Beneficiaries	94711892	$5,350	$0	$5,350
2025	054-500529	Purchase for Beneficiaries	94711892	$9,350	$0	$9,350
2026	054-500526	Grants to Individuals	94712102	$12,350	$0	$12,350

2027	054-500526	Grants to Individuals	94712102	$0	$16,000	$16,000
2028	054-500526	Grants to Individuals	94712102	$0	$21,000	$21,000
2029	054-500526	Grants to Individuals	94712102	$0	$21,000	$21,000
2030	054-500526	Grants to Individuals	94712102	$0	$21,000	$21,000
			Total	**$32,400**	**$79,000**	**$111,400**

EXPLANATION

The purpose of this request is to exercise a contract renewal option for the continued provision of hair and beard styling services for patients at New Hampshire Hospital, which includes Contractor rate adjustments to address cost of living increases in order for the Contractor to maintain services.

Approximately 325 patients at New Hampshire Hospital will be served annually.

Patients receiving care at New Hampshire Hospital are living with mental health challenges and are working toward healthier lives and greater independence. The hair and beard styling services provided by the Contractor support patients as they reach important milestones in their recovery and play a meaningful role in the process, helping patients maintain and often improve their sense of dignity and self-esteem. These services are also essential to supporting good hygiene and overall, well-being for patients receiving treatment at the facility.

The Department will continue to monitor Contractor services through review and assessment of the services performed on-site to patients at New Hampshire Hospital.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreement, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is exercising its option to renew services for the four (4) years available.

Should the Governor and Council not authorize this request, the patients at New Hampshire Hospital may experience diminished self-esteem and fewer positive outcomes to treatment and could result in a decline in personal hygiene.

Area served: New Hampshire Hospital.

Respectfully submitted,

For:

Lori A. Weaver
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Hair Stylist Services For New Hampshire Hospital contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Micha Bardelcik ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on August 17, 2022 (Item #10), as amended on June 4, 2025 (Item #122), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:

   August 31, 2030

2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:

   $111,400

3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.2., to read:

   1.2 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:

   6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

4. Modify Exhibit C, Payment Terms; Section 2, to read:

   2. Payment shall be for services provided in the fulfillment of this Agreement as specified in Exhibit B, Scope of Services, in accordance with the costs in 2.1. below:

   2.1. Costs for Services

Services	Cost Per Service
Scheduled Haircut	$35.00
Scheduled Beard Trimming	$10.00
Scheduled Bang Trimming	$10.00
Hourly Rate For Required Orientations	$40.00

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective September 1, 2026, upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

7/23/2026
Date

Signed by:
Ellen Lapointe
46806801F0E8428...
Name: Ellen Lapointe
Title: Chief Executive Officer

Micha Bardelcik

7.22.26
Date

Name:
Title:

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

7/27/2026
Date

DocuSigned by:
Robyn Guarino
748734844941460...
Name: Robyn Guarino
Title: Attorney

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

Date

Name:
Title:

BARDMIC-01 BBREEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/27/2026

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	CONTACT NAME: Heidi San Souci	
World Insurance Associates, LLC 64 Portsmouth Ave Exeter, NH 03833	PHONE (A/C, No, Ext): (603) 641-8111 3719	FAX (A/C, No):
	E-MAIL ADDRESS: heidisansouci@worldinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Mount Vernon Fire Insurance Company	26522
INSURED Micha Bardelcik 194 Salmon Street Manchester, NH 03104	INSURER B :	
	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	X COMMERCIAL GENERAL LIABILITY			CL 2716504I	7/28/2026	7/28/2027	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ Included
	OTHER: General Aggregate Limit							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

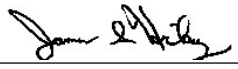
CERTIFICATE HOLDER

State of NH Dept of Health and Human Services
129 Pleasant Street
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



MICHA LEANN BARDELCIK

EXPERIENCE

2021 - PRESENT
CLIENT APPOINTMENTS, EVERGREEN PLACE NURSING HOME
Cutting, styling, perming, coloring and highlighting hair.

2019 – PRESENT
HAIR STYLIST, NEW HAMPSHIRE STATE HOSPITAL
Cutting and styling hair.

2014 – PRESENT
HAIR STYLIST, HARRIS HILL CENTER
Salon management, spa management, cutting, styling, perming and highlighting hair.

EDUCATION

DECEMBER 2003
CERTIFICATE, CONTINENTAL HAIR ACADEMY

JUNE 2002
HIGH SCHOOL DIPLOMA, CENTRAL HIGH SCHOOL, MANCHESTER NH