



# State of New Hampshire

DEPARTMENT OF SAFETY  
JAMES H. HAYES BUILDING  
33 HAZEN DRIVE  
CONCORD, NEW HAMPSHIRE 03305  
603-271-2791



EDDIE EDWARDS  
ASSISTANT COMMISSIONER

ROBERT L. QUINN  
COMMISSIONER

STEVEN R. LAVOIE  
ASSISTANT COMMISSIONER

August 19, 2026

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

## REQUESTED ACTION

Authorize the Department of Safety, Division of Homeland Security and Emergency Management (HSEM), to **retroactively** amend an existing grant agreement awarded to the Town of Tuftonboro (VC#159967-B001) to upgrade and replace the culverts on Union Wharf Road. This amendment will extend the completion date from April 2, 2026, to April 2, 2027, with no change to the price limitation of \$782,365.50. This grant agreement was initially approved by Governor and Council on March 26, 2025, item #90. Effective upon Governor and Council approval through April 2, 2027. This is a no cost extension. **100% Federal Funds.**

## EXPLANATION

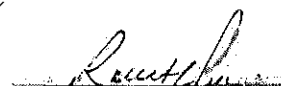
This request is **retroactive** due to delays in the federal award process. The extension will provide the Town of Tuftonboro with adequate time to complete the project, which includes reconstructing the bridge on Union Wharf Road, rebuilding 100 feet of roadway on either side of the bridge, and installing a 14-foot-wide rigid box frame culvert with 10-foot wing walls. HSEM and the Grantee have agreed to amend the project completion date to April 2, 2027, contingent upon Governor and Executive Council approval. Allowing additional time reduces the likelihood of cost overruns and ensures that all work can be completed in compliance with engineering and regulatory standards.

HSEM has coordinated this request with the Federal Emergency Management Agency (FEMA) and confirmed that the extension will not affect federal funding.

The Hazard Mitigation Grant Program (HMGP) is 90% federally funded by FEMA, with a 10% non-federal match requirement provided by the Sub-recipient, the Town of Tuftonboro. The Sub-recipient acknowledges their match obligation as part of Exhibit B, Scope of Services and Exhibit C, Payment Terms included in the original grant agreement.

In the event that HMGP funds are no longer available, General Funds and/or Highway Funds will not be requested to support this program.

Respectfully submitted,

  
Robert L. Quinn  
Commissioner of Safety

Union Wharf

**Federal Award Title & #: Hazard Mitigation Grant Program (HMGP) 4624DRNHP00000045**

**Federal Awarding Agency: Federal Emergency Management Agency (FEMA)**

**Assistance Listings: 97.039**

**Applicant's Unique Entity Identifier (UEI): HGM6EBALZNN1**

**Grant Agreement Amendment**

**Extension or Change of Period of Performance**

Town of Tuftonboro (Sub-Recipient)

It is hereby agreed that the grant agreement (PO#1105615) approved by the Governor and Executive Council on March 26, 2025, Item #90, between the Town of Tuftonboro as "Sub-recipient" and the Department of Safety, Division of Homeland Security & Emergency Management as "State" for the community's Union Wharf project is amended as follows:

1. GENERAL PROVISIONS, Section 1.7, Completion Date;

Change the project completion date from April 2, 2026 to April 2, 2027

2. EXHIBIT B, Scope of Work, Project Tasks & Deliverables, and Project Review & Conditions, Number 1;

Delete item two (2) in its entirety and replace with:

"The Sub-Recipient" agrees that the period of performance ends on April 2, 2027 and by that date the aforementioned hazard mitigation project must be completed. All completed invoices must be sent to "the State" by May 2, 2027, thirty (30) days after the period of performance ends.

3. All other provisions of the grant agreement, approved by the Governor and Council on March 26, 2025 shall remain in full force and effect.

Sub-Recipient Initials: 1. [Signature]

2.) gp

3.) sub

Date: 6/15/24

EFFECTIVE DATE OF THE AMENDMENT: This Amendment shall be effective upon its approval by the Governor & Council. If approval is withheld, this document shall become null and void, with no further obligation or recourse to either party. IN WITNESS WHEREOF, the parties have hereunto set their hands:

Town of Tuftonboro (Sub-Recipient)

By (signature): Robert Mearns

By (signature): Jenna Dancy

Print Name: Robert Mearns

Print Name: Jenna Dancy

Title: Chair - B.O.S.

Title: Vice Chair B.O.S.

By (signature): Steven L. Brinser

By (signature): \_\_\_\_\_

Print Name: Steven L. Brinser

Print Name: \_\_\_\_\_

Title: Bos.

Title: \_\_\_\_\_

Approval by State of New Hampshire, acting through its Department of Safety:

By (signature): Melvin Clark *Assistant  
Director for*

Director of Administration

Sub-Recipient Initials: 1.) RB

2.) gp

3.) scv

Date: 6/25/16

Approval by State of New Hampshire Attorney General:

By (signature): *Aura Raymond* 7/16/26  
Attorney General

Approval by State of New Hampshire Governor & Council / Secretary of State:

By (signature): \_\_\_\_\_  
Governor & Council / Secretary of State

Sub-Recipient Initials: 1.) *AL* 2.) *GP* 3.) *SLB* Date: 6/25/26

TOWN OF TUFTONBORO  
BOARD OF SELECTMEN  
P.O. BOX 407  
Melvin Village, NH 03850  
Telephone: (603) 569-4539  
[www.tuftonboronh.gov](http://www.tuftonboronh.gov)

Selectmen's Meeting Minutes  
4:30pm – Town Office

Monday December 29, 2025

Chairman Murray made a motion to accept a revised performance period of April 2, 2026 through April 2, 2027 *Hazard Mitigation Grant Program (HMGP)* .

*"The Select Board, in a majority vote, accepted the terms of the Hazard Mitigation Grant Program (HMGP) amendment as presented for Union Wharf Culvert Road, to reflect the change of Period of Performance dates from April 2, 2026 to April 2, 2027."*

Selectman Albee seconded, vote 3-0, motion passed.

Respectfully Submitted,  
Ashley N. Esposito  
Clerical Secretary

## CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex<sup>3</sup>) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex<sup>3</sup> is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex<sup>3</sup> is entitled to the categories of coverage set forth below. In addition, Primex<sup>3</sup> may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex<sup>3</sup>, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex<sup>3</sup> Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only. Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex<sup>3</sup>. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the coverage categories listed below.

|                                                                                                                   |  |                              |                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------|--|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Participating Member:</b><br>Town of Tuftonboro<br>240 Middle Road<br>PO Box 98<br>Center Tuftonboro, NH 03816 |  | <b>Member Number:</b><br>313 | <b>Company Affording Coverage:</b><br>NH Public Risk Management Exchange - Primex <sup>3</sup><br>PO Box 23<br>Hooksett, NH 03106-9716 |  |
|-------------------------------------------------------------------------------------------------------------------|--|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|

| Type of Coverage                                                                                                                                                                                       | Effective Date<br>(mm/dd/yyyy) | Expiration Date<br>(mm/dd/yyyy) | Limits - NH Statutory Limits May Apply, If Not            |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|-----------------------------------------------------------|---------------------|
| <input checked="" type="checkbox"/> <b>General Liability (Occurrence Form)</b><br><b>Professional Liability (describe)</b><br><input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence | 1/1/2026                       | 1/1/2027                        | Each Occurrence                                           | \$ 2,000,000        |
|                                                                                                                                                                                                        |                                |                                 | General Aggregate                                         | \$ 10,000,000       |
|                                                                                                                                                                                                        |                                |                                 | Fire Damage (Any one fire)                                |                     |
|                                                                                                                                                                                                        |                                |                                 | Med Exp (Any one person)                                  |                     |
| <input checked="" type="checkbox"/> <b>Automobile Liability</b><br>Deductible Comp and Coll: \$1,000<br><input type="checkbox"/> Any auto                                                              | 1/1/2026                       | 1/1/2027                        | Combined Single Limit (Each Accident)                     | \$2,000,000         |
|                                                                                                                                                                                                        |                                |                                 | Aggregate                                                 | \$10,000,000        |
| <input checked="" type="checkbox"/> <b>Workers' Compensation &amp; Employers' Liability</b>                                                                                                            | 1/1/2026                       | 1/1/2027                        | <input checked="" type="checkbox"/> Statutory             |                     |
|                                                                                                                                                                                                        |                                |                                 | Each Accident                                             | \$2,000,000         |
|                                                                                                                                                                                                        |                                |                                 | Disease - Each Employee                                   | \$2,000,000         |
|                                                                                                                                                                                                        |                                |                                 | Disease - Policy Limit                                    |                     |
| <input checked="" type="checkbox"/> <b>Property (Special Risk includes Fire and Theft)</b>                                                                                                             | 1/1/2026                       | 1/1/2027                        | Blanket Limit, Replacement Cost (unless otherwise stated) | Deductible: \$1,000 |

**Description:** Proof of Primex Member coverage only.

|                                                                |                                 |                   |                                                                                                                            |
|----------------------------------------------------------------|---------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER:</b>                                     | <b>Additional Covered Party</b> | <b>Loss Payee</b> | <b>Primex<sup>3</sup> - NH Public Risk Management Exchange</b>                                                             |
| NH Department of Safety<br>33 Hazen Drive<br>Concord, NH 03305 |                                 |                   | <b>By:</b> Mary Beth Purcell                                                                                               |
|                                                                |                                 |                   | <b>Date:</b> 1/12/2026 mpurcell@nhprimex.org                                                                               |
|                                                                |                                 |                   | Please direct Inquires to:<br><b>Primex<sup>3</sup> Claims/Coverage Services</b><br>603-225-2841 phone<br>603-228-3833 fax |