COMMISSIONER
Jared S. Chicoine

DEPUTY COMMISSIONER
Joshua W. Elliott

STATE OF NEW HAMPSHIRE

DEPARTMENT OF ENERGY
21 S. Fruit St., Suite 10
Concord, N.H. 03301-2429

TDD Access
Relay NH
711

(603) 271-3670

Website:
www.energy.nh.gov

September 16, 2026

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

REQUESTED ACTION

Pursuant to RSA 365:37, authorize the New Hampshire Department of Energy (Department) to **RETROACTIVELY** amend an existing contract with Exeter Associates, Inc. (Exeter Associates), of Columbia MD, Vendor # 226093, by correcting the labor rate for a subcontractor (David Shipley of Maverick Energy Advisors) from $195 to $220, as referenced in the approved contract under Section 1 of Exhibit A. The amendment is to be **RETROACTIVELY** effective from May 20, 2026 through June 30, 2029 upon Governor and Executive Council approval. The original contract was approved by the Governor and Executive Council on May 20, 2026, Item #58 for $450,000. The Department is not requesting any other changes to the existing contract. **100% Other (Special Utility Assessment)**.

EXPLANATION

The Department respectively requests authority to **RETROACTIVELY** amend an existing contract to correct an error in the labor rate of a subcontractor by revising the rate from $195 per hour to $220 per hour, consistent with Exeter Associates' proposal submitted in response to RFP # 2025-009. The Department also requests that this change be effective retroactively to the original contract approval date of May 20, 2026.

The Department accepted Exeter Associates' proposal in response to RFP #2025-009 with the intent of paying Exeter Associates' subcontractor at the rate of $220 per hour. This is consistent with language included in Section 1 of Exhibit A of the approved contract. The Department inadvertently included the rate of $195 per hour for the subcontractor in Section 2 of Exhibit C, which is the rate of another employee of Exeter Associates listed in the contract. The Department is not requesting any other changes to the existing contract.

The contract amount will not affect the General Fund. Funds will be assessed pursuant to RSA 365:37, which permits the Department to obtain experts and assess the costs to regulated electric utilities who are parties to the proceeding.

Your consideration of this request is appreciated.

Respectfully submitted,

Jared S. Chicoine
Commissioner

CONTRACT AMENDMENT

This Contract Amendment (Amendment) is entered into by and between the State of New Hampshire, acting by and through the New Hampshire Department of Energy (Department), 21 S. Fruit Street, Concord, NH 03301, (hereinafter referred to as State) and Exeter Associates, Inc., (hereinafter referred to as the Contractor), collectively referred to as (the Parties).

WHEREAS, the Parties have entered into a contract, approved by the Governor and Executive Council on May 20, 2026, Item #58 (hereinafter referred to as the Contract);

WHEREAS, the Parties desire to amend the Contract as provided in this Amendment; and

WHEREAS, the Contract allows for amendments by an instrument in writing executed by both Parties;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Contract, and set forth herein, the Parties hereto do hereby agree as follows:

1. Exhibit A, Paragraph 1 is amended to replace "in the Contractor's Proposal" with "in Exhibit C."

2. Exhibit C, Section 2: The labor rate for the Consultant David Shipley of Maverick Energy Advisors is amended to replace $195.00 per hour with $220.00 per hour.

3. Upon approval by the New Hampshire Governor and Executive Council, the Amendment hereunder shall become effective **retroactively** to May 20, 2026.

4. Except as specifically amended and modified by the terms and conditions of this Amendment, the Contract and the obligations of the Parties hereunder, shall remain in full force and effect with the terms and conditions set forth herein.

IN WITNESS WHEREOF, the Parties hereto have set their hands the date first-written below.

Exeter Associates, Inc.

By: Matthew Hoyt Vice-President and Principal Date: 08/21/2026

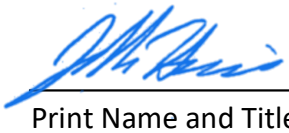
Print Name and Title

STATE OF NEW HAMPSHIRE
Department of Energy

Deputy Commissioner 0/b/o Date: 8/21/2026

Jared S. Chicoine, Commissioner

Approval by the Attorney General's Office (Form, Substance and Execution)



Date: 8/24/2026

Print Name and Title Joshua Harrison
Assistant Attorney General

Approval by the Governor and Executive Council

G&C Meeting Date: _____ G&C Item #: _____

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 EXETER ASSOCIATES, INC. is a Maryland Profit Corporation registered to do business in New Hampshire as EXETER ASSOCIATES OF MARYLAND on September 30, 1999. 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: **326216**
Certificate Number: **0007904710**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of April A.D. 2026.

David M. Scanlan
Secretary of State

Certificate of Authority # 1 *(Corporation, Non-Profit Corporation)*

Corporate Resolution

I, Christina Mudd, hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
Exeter Associates, Inc.. I hereby certify the following is a true copy of a vote taken at
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on August 18, 2026;

at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Matthew Hoyt Vice-President/Principal (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Exeter Associates, Inc with the State of New Hampshire and any of
(Name of Corporation)

its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 08/21/2026

ATTEST: Christa P. Mudd
(Name & Title)

Christina Mudd,
Vice-President and Principal

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/10/2026

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: Brian DeMay	
Welch, Graham & Ogden Ins., Inc. 7723 Ashton Avenue Manassas VA 20109	PHONE (A/C, No, Ext): (703) 530-1300	FAX (A/C, No): (703) 530-9994
	E-MAIL ADDRESS: bdemay@wgoins.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Exeter Associates, Inc. 10480 Little Patuxent Pkwy Columbia MD 21044	INSURER A : Ace Property and Casualty Ins Company	20699
	INSURER B : Chubb Insurance Co.	12777
	INSURER C : Hiscox Pro	10200
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 25-26 Gen **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			D96542604	09/28/2025	09/28/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			D96542604	09/28/2025	09/28/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			D96542628	09/28/2025	09/28/2026	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		71799132	09/28/2025	09/28/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Professional Liability			MPL5481207.25	11/20/2025	11/20/2026	Aggregate	$1,000,000

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

Insurance Verification

CERTIFICATE HOLDER

Department of Energy
21 S. Fruit St., Ste. 10
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