

The State of New Hampshire  
**Department of Environmental Services**

Robert R. Scott, Commissioner



51 - 9/16/26

August 5, 2026

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

**REQUESTED ACTION**

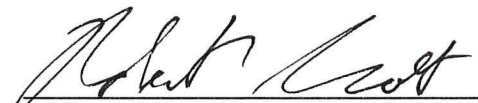
Authorize the Department of Environmental Services to amend a Diesel Emissions Reduction Act (DERA) State Clean Diesel grant (PO# 1111572) to the Town of Newport, NH (VC# 177450-B001), by extending the completion date to September 30, 2027 from September 30, 2026, effective upon Governor & Council approval through September 30, 2027. This is a no cost time extension. The original grant was approved by Governor & Council on March 25, 2026, Item #71. 55% federal DERA funds, 45% New Hampshire Volkswagen Environmental Mitigation Trust funds.

**EXPLANATION**

We are requesting approval of this no-cost grant amendment in order to provide the Town of Newport additional time to complete the agreed upon project to replace one (1) backhoe, one (1) trackless sidewalk tractor, and one (1) wheel loader. Extension of the completion date to September 30, 2027, will allow the Town of Newport the time necessary to secure warrant article approval and the required matching funds to procure these units.

To date, no funds of the \$126,098 DERA grant have been spent. In the event grant funds become no longer available, general funds will not be requested to support this program. This amendment has been approved by the Office of the Attorney General as to form, substance and execution.

We respectfully request your approval of this item.

  
Robert R. Scott  
Commissioner

## AMENDMENT No. 1

Grant Number: 00A00175-2025-001

Project Title: NH Clean Diesel Program Agreement with  
Town of Newport – Backhoes, Wheel Loader, and Sidewalk Tractor Replacement Projects  
Subgrant Program for Diesel Emissions Reduction Projects  
Federal Award Identification Number (FAIN): 00A00175  
(Awarded to NHDES August 9, 2019)  
CFDA Number and Name: 66.040, State Clean Diesel Grant Program

This Agreement (hereinafter called the Amendment) dated this 7 day of July, 2026, is by and between the New Hampshire Department of Environmental Services (NHDES) and the Town of Newport, NH (hereinafter referred to as the Grantee), 15 Sunapee Street, Newport, NH 03773.

WHEREAS, pursuant to an Agreement (hereinafter called the Agreement) approved by the Governor and Council on March 25, 2026, the Grantee agreed to undertake the replacement of two (2) diesel backhoes, one (1) diesel wheel loader, and one (1) diesel sidewalk tractor upon the terms and conditions specified in the Agreement and in consideration of payment by NHDES of a certain sum as specified therein; and

WHEREAS, the Grantee and NHDES have agreed to amend the Agreement in certain respects;

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

1. Amendment and Modification of Agreement: The Agreement is hereby amended as follows:

(A) The Completion Date as set forth in sub-paragraph 1.7 of the Agreement shall be changed from September 30, 2026 to September 30, 2027.

2. Effective Date of Amendment: This Amendment shall take effect upon the date of approval of this Amendment by the Governor and Executive Council of the State of New Hampshire.
3. Continuance of Agreement: Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement, and the obligations of the parties thereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

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

Town of Newport, NH

By Kyle Harris  
(Signature of Certifying Officer)  
Kyle Harris  
Town Manager

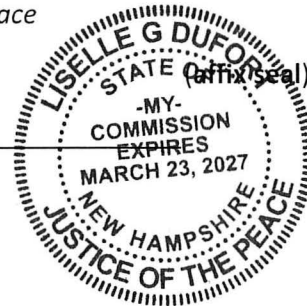
**Notarization**

State of N.H.  
County of Sullivan  
On July 7, 2026 before me, Liselle Dufort,  
Date Name of Notary or Justice of the Peace  
the undersigned officer, personally appeared Kyle Harris, who  
Printed Name of Certifying Officer  
acknowledged him/herself to be the Town Manager, of Newport NH,  
Office/Position Name of Municipality  
and that she/he, being authorized to do so, executed the foregoing instrument for the  
purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Liselle Dufort  
Notary Public or Justice of the Peace

Commission Expires: \_\_\_\_\_



The State of New Hampshire  
Department of Environmental Services

By: Robert R. Scott  
Robert R. Scott, Commissioner

Approved by Attorney General this 20 day of August, 2026, as to form, substance and execution.

Office of Attorney General

Keely Lovato-Latham  
Keely Lovato-Latham, AAG

**Certificate of Authority**

*(Board of Selectman Vote - Municipality)*

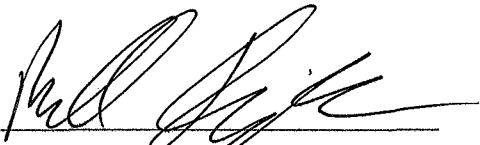
**Board of Selectman Vote**

**Certificate of Vote of Authorization**

**Grant Recipient:** The municipality of The Town of Newport,  
15 Sunapee Street, Newport, NH 03773

I, Rachel Dilger, Chairman of the Board of Selectmen of the Town of Newport, do hereby certify that at a Board of Selectmen vote held on July 6, 2026, granted The Town of Newport the authority to enter into a New Hampshire Clean Diesel Grant Agreement with the New Hampshire Department of Environmental Services, Air Resources Division, which is a reimbursement project only, and voted that Kyle M. Harris, Town Manager is duly authorized to enter into said agreement on behalf of the Town of Newport, NH and is further authorized to execute any documents which may, in their judgement, be desirable or necessary to effect the purpose of this vote.

IN WITNESS WHEREOF, I have hereunto set my hand as Chairman of the Board of Selectmen of and for the Town of Newport, NH.

  
(Signature)

7-6-2026  
(Date of signature)

Rachel Dilger, Chairman of the Board of Selectmen

STATE OF NEW HAMPSHIRE



## 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.

|                                                                                    |  |                           |                                                                                                                                 |  |
|------------------------------------------------------------------------------------|--|---------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| Participating Member:<br>Town of Newport<br>15 Sunapee Street<br>Newport, NH 03773 |  | Member Number:<br><br>256 | Company Affording Coverage:<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><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Claims Made           <input type="checkbox"/> Occurrence         </div> | 7/1/2026                       | 7/1/2027                        | 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><div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px; display: flex; align-items: center; justify-content: center;">Any auto</div>                                      | 7/1/2026                       | 7/1/2027                        | Combined Single Limit<br>(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>                                                                                                                                                                                                                    | 7/1/2026                       | 7/1/2027                        | Blanket Limit, Replacement Cost (unless otherwise stated) | Deductible:<br>\$1,000 |

**Description:** Proof of Primex Member coverage only. Pollution and hazardous waste related liabilities, expenses and claims are excluded from coverage in the coverage document.

|                                                                                                            |                                 |                   |                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER:</b>                                                                                 | <b>Additional Covered Party</b> | <b>Loss Payee</b> | <b>Primex<sup>3</sup> – NH Public Risk Management Exchange</b><br><br><b>By:</b> <i>Mary Beth Purcell</i><br><br><b>Date:</b> 7/23/2026    mpurcell@nhprimex.org<br><br>Please direct inquiries to:<br><b>Primex<sup>3</sup> Claims/Coverage Services</b><br><b>603-225-2841 phone</b><br><b>603-228-3833 fax</b> |
| State of NH, Department of Environmental Services<br>29 Hazen Drive, P.O. Box 95<br>Concord, NH 03302-0095 |                                 |                   |                                                                                                                                                                                                                                                                                                                   |