



The State of New Hampshire **71 - 9/16/26**  
**Department of Environmental Services**



**Robert R. Scott, Commissioner**

August 25, 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 Drinking Water and Groundwater Trust Fund grant (PO# 1110390) to the Fitzwilliam Village Water District (VC# 173078-B001) NH, by increasing the DWGTF portion of the grant by \$6,220, while decreasing the overall grant amount by \$314,780, to \$426,220 from \$741,000, and extending the completion date to December 31, 2029, from September 30, 2026, for water system improvements under the provisions of RSA 485:F, effective upon Governor and Council approval through December 31, 2029. The original grant was approved by Governor and Council on September 25, 2024, Item #127. 100% Drinking Water and Groundwater Trust Fund (DWGTF).

Funding is available in the following account:

|                                                                                        |                |
|----------------------------------------------------------------------------------------|----------------|
| 03-44-44-444010-7428-073-500580                                                        | <u>FY 2027</u> |
| Dept. Environmental Services, Drinking Water and Groundwater Trust, Grants Non-Federal | \$6,220        |

**EXPLANATION**

We are requesting approval of this amendment to provide the Fitzwilliam Village Water District (District) additional DWGTF grant funds, rescind the WIIN grant funds, and extend the time to complete the project. The additional funds are required for the District to complete the amended scope which now includes well-siting analysis. This work is necessary to identify suitable locations for developing a new drinking water well to replace the existing wells that do not meet regulatory requirements. The project was approved for a \$420,000 DWGTF grant, a \$980,000 DWGTF loan, and a \$321,000 Water Infrastructure Improvements for the Nation (WIIN) grant in 2024; however, the WIIN funds were rescinded and reallocated to other eligible infrastructure projects to meet federal deadlines because the project was delayed. To address the \$321,000 funding gap, the District has applied to other funding programs.

The project has faced significant delays due to managerial capacity challenges within the District. In spring 2026, newly elected Commissioners brought improved oversight and are now able to manage the funding and guide the project to completion. Additional time is needed to secure this supplemental funding and complete the project. To date, no grant or loan funds have been disbursed.

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

If these funds become unavailable, general funds will not be requested to support this project. This amendment has been approved by the Attorney General's Office as to form, substance and execution.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert R. Scott". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robert R. Scott, Commissioner

**Fitzwilliam Village Water District**  
**Drinking Water and Groundwater Trust Fund (DWGTF) Grant**  
**Amendment #1**

This Agreement (hereinafter called the Amendment) is by and between the State of New Hampshire, acting by and through its Department of Environmental Services (hereinafter referred to as the State) and the Fitzwilliam Village Water District, acting by and through their Commissioner, Katelyn Spiess (hereinafter referred to as the Grantee).

WHEREAS, pursuant to an Agreement (hereinafter called the Agreement) approved by the Governor and Council on September 25, 2024, Item #127, the Grantee agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, The Grantee and the State 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 Grant Limitation as set forth in sub-paragraph 1.8 of the Agreement shall be changed to \$426,220 from \$741,000.
  - (B) The Account Number as set forth in sub-paragraph 1.6 of the Agreement shall exclude 03-44-44-442010-2187-072.
  - (C) The Completion Date as set forth in sub-paragraph 1.7 of the Agreement shall be changed to December 31, 2029, from September 30, 2026.
  - (D) Delete Exhibit B and replace with Exhibit B – Amendment #1.
  - (E) Delete Exhibit C and replace with Exhibit C – Amendment #1.Exhibits B-C – Amendment #1 are attached hereto and incorporated into this amendment and agreement by reference.
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.

⑧  
7/8/26

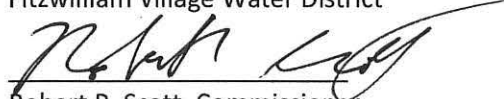
**Fitzwilliam Village Water District  
Drinking Water and Groundwater Trust Fund (DWGTF) Grant  
Amendment #1**

Accepted by:



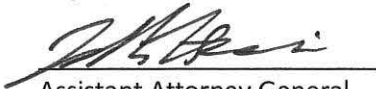
Katelyn Spiess, Commissioner  
Fitzwilliam Village Water District

7/8/26  
Date



Robert R. Scott, Commissioner  
Department of Environmental Services

8/13/26  
Date



Assistant Attorney General  
Department of Justice

8/24/2026  
Date

*Approved as to form, substance and execution*

**Fitzwilliam Village Water District  
Drinking Water and Groundwater Trust Fund (DWGTF) Grant  
Amendment #1**

**EXHIBIT B – AMENDMENT #1  
SCOPE OF SERVICES**

**Fitzwilliam Village Water District - New Hampshire**

The Fitzwilliam Village Water District will use a combination of \$426,220 DWGTF grant and \$980,000 DWGTF loan for the Water System Improvements project. The project involves consolidation of three community water systems, development of new supply sources, and replacement of outdated infrastructure that serves the downtown village. Work includes a consolidation study and well-siting analysis, development of new wells and required permitting and land acquisition. Work also includes the design and construction of a new pump station, treatment, and storage, and replacement of old water mains, service connections, valves, flushing hydrants, and appurtenances.

**Fitzwilliam Village Water District  
Drinking Water and Groundwater Trust Fund (DWGTF) Grant  
Amendment #1**

**EXHIBIT C – AMENDMENT #1  
METHOD OF PAYMENT**

The New Hampshire Department of Environmental Services (NHDES) shall pay the Fitzwilliam Village Water District (Grantee) the total reimbursable project costs up to \$426,220 for eligible drinking water improvement costs in accordance with the following requirements:

Reimbursement requests for project costs shall be made no more than once per calendar month by the Grantee using the applicable disbursement form as supplied by the NHDES, which shall be completed and signed by the Grantee. The disbursement form shall be accompanied by proper supporting documentation based upon direct costs. The Grantee will maintain adequate documentation to substantiate all project related costs. All work shall be performed to the satisfaction of the NHDES before payment is made.

The funding for eligible drinking water system improvements is a combination of \$426,220 DWGTF grant and \$980,000 DWGTF loan. \$6,220 of the \$426,220 grant shall be disbursed first to complete the consolidation study and well-siting analysis, followed by disbursements as 30% grant funds and 70% loan funds, not to exceed the \$426,220 grant limitation.



**DRINKING WATER INFRASTRUCTURE  
CERTIFICATE OF VOTE  
AUTHORITY TO ACCEPT GRANTS**  
Drinking Water and Groundwater Bureau Grants  
PFAS Remediation Grant and Loan Fund (PFAS-RLF)  
Drinking Water and Groundwater Trust Fund (DWGTF)



**FORM GUIDANCE**

- Please fill out areas highlighted in yellow DIGITALLY before printing for final wet signature.
- The Witness must have a titled position at the Grantee's address listed below.
- The Authorized Representative listed under item 3 does not sign this form.

---

**Fitzwilliam Village Water District  
PO Box 12, Fitzwilliam, NH 02337**

I, William Pine, Commissioner, do hereby certify that:

1. I am a Member of the Fitzwilliam Village Water District.
2. At a meeting held on June 19, 2026 the Fitzwilliam Village Water District Commissioners voted to accept funds and enter into a Grant Agreement with the **State of New Hampshire Department of Environmental Services** for a water system improvement project.
3. The Fitzwilliam Village Water District further authorized Katelyn Speiss, Commissioner, to execute any documents necessary to effectuate this Grant Agreement.
4. This authority has not been revoked, superseded, or amended as of the date of this certification.

IN WITNESS WHEREOF, I have hereunto set my hand as the

William Pine, Commissioner, of the Fitzwilliam Village Water District on the date signed below.

Witness Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "William Pine", written over a horizontal line.

Date: 7-10-26



FITZVIL-01

SSHORT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/17/2026

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).

|                                                                                                                 |                                              |                       |               |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------|---------------|
| <b>PRODUCER</b><br>The Frank Massin Insurance Agency<br>32 NH Route 119W<br>PO Box 430<br>Fitzwilliam, NH 03447 | <b>CONTACT NAME:</b> Sarah Short             |                       |               |
|                                                                                                                 | <b>PHONE (A/C, No, Ext):</b>                 | <b>FAX (A/C, No):</b> |               |
|                                                                                                                 | <b>E-MAIL ADDRESS:</b> SShort@massin-ins.com |                       |               |
| <b>INSURED</b><br><br>Fitzwilliam Village Water District, Inc.<br>PO Box 12<br>Fitzwilliam, NH 03447            | <b>INSURER(S) AFFORDING COVERAGE</b>         |                       | <b>NAIC #</b> |
|                                                                                                                 | <b>INSURER A :</b> Ohio Security Ins Co      |                       | 24082         |
|                                                                                                                 | <b>INSURER B :</b> Wesco Insurance Company   |                       |               |
|                                                                                                                 | <b>INSURER C :</b>                           |                       |               |
|                                                                                                                 | <b>INSURER D :</b>                           |                       |               |
|                                                                                                                 | <b>INSURER E :</b>                           |                       |               |
|                                                                                                                 | <b>INSURER F :</b>                           |                       |               |

## 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        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | BKS57506517   | 3/3/2026                | 3/3/2027                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPROP AGG \$ 2,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                               |           |          | BAS57506517   | 3/3/2026                | 3/3/2027                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                 |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                      |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                        |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                 | N/A       |          | WWC3867154    | 7/30/2026               | 7/30/2027               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                        |

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

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire  
Department of Environmental Services  
29 Hazen Drive  
Concord, NH 03302

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