State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street – Room 100
Concord, New Hampshire 03301
(603) 271-3201 | Office@das.nh.gov

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

October 7, 2026

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

REQUESTED ACTION

Authorize the Department of Administrative Services, Division of Public Works Design and Construction to enter into a **SOLE SOURCE** amendment to a contract with KOAL PLLC (VC#284559) of 42 Gilford East Drive, Ste. 4, Gilford, NH 03249 for Professional Architectural Services required for planning, design and construction of various Public Works' Projects as necessary and required by the Department, by increasing the contract by $150,000 for a revised not to exceed amount of $900,000. The contract is effective upon Governor and Council approval through June 30, 2027. The original contract was approved by Governor and Council on December 20, 2023, Item # 199.

EXPLANATION

The Department retains private architectural and engineering firms to provide appropriate technical expertise to support various construction projects on an on-call basis. These agreements enable the Department to support the anticipated project workload, as well as to respond quickly to unscheduled project requests and emergencies. Due to an increase in the number of projects and unforeseen requests, the current contract has been substantially depleted ahead of the June 30, 2027, expiration date.

While the Department is in the process of soliciting and selecting firms for new professional services contracts, there is an immediate need to bridge the gap until those contracts can be brought forward for Governor and Council approval over the next few months. This amendment is labeled **sole source** since the increase is more than 10% of the contract value. This amendment will provide additional services to support high-priority projects until the new contracts are in place.

Funding is provided by state agencies from monies appropriated for their respective project(s). The majority of projects needing this type of Architectural Services consultant work are maintenance and capital funded projects.

The agreement has been approved by the Attorney General as to form and execution.

Respectfully submitted,

Charles M. Arlinghaus,
Commissioner

AMENDMENT

This AMENDMENT TO THE CONTRACT ("Amendment") is entered into on October 7, 2026, by and between the State of New Hampshire, acting by and through the Commissioner, Department of Administrative Services (hereinafter "State," "Commissioner," "Department" respectively) and KOAL PLLC (hereinafter "Consultant") (the State and the Consultant may hereinafter singularly and/or collectively be referred to as "Party" or "Parties").

WHEREAS, on December 20, 2023, New Hampshire Governor and Executive Council approved the original Contract for Professional Architectural Services ("Contract") with KOAL PLLC (Item # 199) in the amount of $750,000, effective upon Governor and Council approval through June 30, 2027.

NOW THEREFORE, the Parties mutually agree to amend Contract as follows:

1. Increase the Contract not-to-exceed value by $150,000 for an amended not-to-exceed value of $900,000, with no changes to scope or the expiration date.

2. Except to the extent specifically set forth herein, this Amendment does not alter the terms of the Contract. All terms of the Contract remain in full force and effect.

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

CONSULTANT:
KOAL PLLC

By: Don W. Blyda Date: 10/09/2026
Name:
Title:

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF ADMINISTRATIVE SERVICES

By: Date: 10/13/26
Name: Charles M. Arlinghaus
Title: Commissioner

The foregoing Amendment, having been reviewed by this office, is approved as to form and execution on October 19, 2026.

OFFICE OF THE ATTORNEY GENERAL

By:
Assistant Attorney General

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 KOAL, PLLC is a New Hampshire Professional Limited Liability Company registered to transact business in New Hampshire on September 29, 2015. 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: **732606**
Certificate Number: **0008038488**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of October A.D. 2026.

David M. Scanlan
Secretary of State

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/21/2026

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
DKB Group, LLC
161 Madison Ave, Suite # 325
Morristown NJ 07960

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : RLI Insurance Company	13056
INSURER B : CUMIS Insurance Society, Inc	10847
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED KOALPLL-01
KOAL, PLLC
42 Gilford East Drive, Suite #4
Gilford NH 03249

COVERAGES **CERTIFICATE NUMBER:** 2147470033 **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			PSB0009176	12/14/2025	12/14/2026	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			PSA0003736	12/14/2025	12/14/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X 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	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
B	Professional Liability			PRB-25-00499-01	12/15/2025	12/15/2026	Per Claim	2,000,000
							Aggregate	2,000,000

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

CERTIFICATE HOLDER

State of New Hampshire, it's agencies, its agents and employees have additional insured status with regards to the general liability coverage

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
Hayri Darzanoff

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KOALPLL-01 DCOOK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/9/2026

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 Colby Insurance Group LLC 74 Pleasant Street New London, NH 03257	CONTACT NAME: PHONE (A/C, No, Ext): (603) 526-2451 FAX (A/C, No): (603) 526-2903 E-MAIL ADDRESS: insure@colby-group.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Eastern Alliance Insurance Group	10724
INSURED Koal, PLLC Donald Blajda 42 Gilford East Dr Suite 4 Gilford, NH 03249	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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	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 $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			0000589028	5/7/2026	5/7/2027	☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							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)

Donald Blajda is excluded from Workers Compensation coverage.

Workers Compensation policy includes coverage for employees working in the state of New Hampshire

CERTIFICATE HOLDER

State of NH, Department of Admin Services
PO Box 483
Concord, NH 03302

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

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/13/2026

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PRODUCER	CONTACT NAME: Tricia Reeves	
Gallant Insurance 1364 Route 3A Bow NH 03304	PHONE (A/C, No, Ext): (603) 224-0993	FAX (A/C, No): (603) 224-7710
	E-MAIL ADDRESS: tricia@gallant-insurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Maine Mutual Group Ins. Co.	15997
INSURED DONALD & MICHELE BLAJDA PO BOX 24 BELMONT NH 03220-0024	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL26101304958 **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 500,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS			AC12309052	06/29/2026	06/29/2027	BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
							Passive Restraint	$
	☐ 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? ☐ N / A (Mandatory in NH)						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)

2017, FORD, MUSTANG ECOBOOST/ECO, Private passenger auto make, 1FATP8UH4H5258369
2019, FORD, F-150 SUPERCREW, Private passenger auto make, 1FTEW1E57KFB55904
2023, INFINITI, QX60 PURE AWD, Private passenger auto make, 5N1DL1ES3PC366757

CERTIFICATE HOLDER

State of NH Dept of Administrative Services Division of Public Works De
7 Hazen Dr Po box 483
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

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KOAL PLLC
ARCHITECTURE

PLANNING + SUSTAINABLE DESIGN
UNIVERSAL DESIGN + INTERIOR DESIGN

RESOLUTION OF THE SOLE MEMBER OF KOAL, PLLC

The undersigned, being the sole owner and member of KOAL, PLLC (the "Company"), a professional limited liability company organized under the laws of the State of New Hampshire, hereby adopts the following resolution:

WHEREAS, the Company has an existing contract with Department of Administrative Services regarding original Contract for Professional Architectural Services, Item #199 (the "Contract"); and

WHEREAS, the State has requested an amendment to the Contract, and it is deemed to be in the best interest of the Company to agree to and execute this amendment.

NOW, THEREFORE, BE IT RESOLVED, that Donald Blajda, as the Sole Member of the Company, is hereby fully authorized and directed, in the name of and on behalf of the Company, to negotiate, execute, and deliver the amendment to the Contract, along with any other required documents or agreements necessary to finalize the amendment with the State.

BE IT FURTHER RESOLVED, that any and all actions previously taken by the Sole Member in connection with this contract amendment are hereby ratified, approved, and confirmed in all respects as the official acts of the Company.

IN WITNESS WHEREOF, the undersigned has executed this Resolution as of the date written below.

By: Don W. Blajda Date: 10/09/2026
Donald Blajda
Sole Member & Authorized Representative

42 Gilford East Dr. Ste. 4 ■ Gilford ■ NH ■ 03249 ■ contact@koalpllc.com ■ (603) 215-7055