



**STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR**

CHRISTOPHER T. SUNUNU
Governor

August 10, 2020

Lori Shibinette
Commissioner
New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, N.H. 03301

Dear Commissioner Shibinette,

Pursuant to my authority under RSA 21-P:43; RSA 4:45; RSA 4:47; and Executive Order 2020-04, as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, and 2020-16 I have approved your written request, in attachment, to take the following actions related to the COVID-19 Public Health Emergency:

1. Accept and expend agency income in the amount of \$8,160,000 from the Department of Veteran's Affairs, in return for DHHS providing Personal Protective Equipment (PPE) for their distribution, budgeted consistent with the information in the request in attachment, through June 30, 2021. (100% Agency Income)

The Department of Administrative Services is authorized to take the actions necessary to effectuate this authorization.

Sincerely,

A handwritten signature in blue ink that reads "Chris T. Sununu".

Christopher T. Sununu
Governor

CC Charles Arlinghaus, Commissioner, Department of Administrative Services



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FINANCIAL SERVICES

Lori A. Shibinette
Commissioner

Kerrin A. Rounds
Chief Financial Officer

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9546 1-800-852-3345 Ext. 9546
TDD Access: 1-800-735-2964 www.dhhs.nh.gov

August 5, 2020

His Excellency, Governor Christopher T. Sununu
State House
Concord, New Hampshire 03301

REQUESTED ACTION UNDER RSA 21-P:43; RSA 4:45; RSA 4:47; AND EXECUTIVE ORDER 2020-04
AS EXTENDED BY EXECUTIVE ORDERS 2020-05, 2020-08, 2020-09, 2020-10, 2020-14 AND 2020-15

Authorize the Department of Health and Human Services (DHHS), Office of the Commissioner, Office of Business Operations to accept and expend other funds in the amount of \$8,160,000 from the Department of Veteran's Affairs, in return for DHHS providing Personal Protective Equipment (PPE) for their distribution, effective upon the date of your approval through August 31, 2020. 100% Agency Income.

05-95-95-950010-56760000 HEALTH AND SOCIAL SERVICES; DEPARTMENT OF HEALTH AND HUMAN SERVICES; HHS: OFFICE OF THE COMMISSIONER; OFFICE OF BUSINESS OPERATIONS

| Class-Account | Class Title | Current Modified Budget | Increase (Decrease) Amount | Revised Modified Budget |
|----------------------|----------------------|--------------------------------|-----------------------------------|--------------------------------|
| Revenue | | | | |
| 000-403900 | Federal Funds | \$ 2,197,786.00 | | \$ 2,197,786.00 |
| 000-403970 | Federal Funds | \$ 2,734,482.00 | | \$ 2,734,482.00 |
| 000-404396 | Federal Funds | \$ 154,901.00 | | \$ 154,901.00 |
| 000-404460 | Federal Funds | \$ 37,980.00 | | \$ 37,980.00 |
| 001-484977 | Agency Income | \$ 695,400.00 | \$ - | \$ 695,400.00 |
| 009-407085 | Other Funds | \$ 21,900,000.00 | \$ 8,160,000.00 | \$ 30,060,000.00 |
| | General Funds | \$ 18,241,111.00 | | \$ 18,241,111.00 |
| | Total Revenue | \$ 45,961,660.00 | \$ 8,160,000.00 | \$ 54,121,660.00 |

| Class-Account | Class Title | Current Modified Budget | Increase (Decrease) Amount | Revised Modified Budget |
|-----------------|-------------------------|-------------------------|----------------------------|-------------------------|
| Expenses | | | | |
| 010-500100 | Personal Serv Perm | \$ 7,267,261.00 | - | \$ 7,267,261.00 |
| 012-500128 | Person Serv Unclass | \$ 308,905.00 | | \$ 308,905.00 |
| 018-500106 | Overtime | \$ 100,000.00 | | \$ 100,000.00 |
| 020-500200 | Current Expenses | \$ 204,547.00 | | \$ 204,547.00 |
| 022-500255 | Rents-Leases Other | \$ 4,256.00 | | \$ 4,256.00 |
| 026-500251 | Organizational Dues | \$ 5,000.00 | | \$ 5,000.00 |
| 028-582814 | Transfers to Genl Serv | \$ 30,064.00 | | \$ 30,064.00 |
| 030-500301 | Equipment New | \$ 9,168.00 | | \$ 9,168.00 |
| 039-500188 | Telecommunication | \$ 1,517,515.00 | | \$ 1,517,515.00 |
| 041-500801 | Audit Fund Set Aside | \$ 4,327.00 | | \$ 4,327.00 |
| 042-500620 | Additional Fringe | \$ 76,923.00 | | \$ 76,923.00 |
| 050-500109 | Personal Service Temp | \$ 157,050.00 | | \$ 157,050.00 |
| 057-500535 | Books Periodicals Subsc | \$ 229.00 | | \$ 229.00 |
| 060-500602 | Benefits | \$ 4,126,566.00 | - | \$ 4,126,566.00 |
| 066-500543 | Employee Training | \$ 104.00 | | \$ 104.00 |
| 070-500704 | In State Travel | \$ 23,883.00 | | \$ 23,883.00 |
| 080-500710 | Out of State Travel | \$ 11,286.00 | | \$ 11,286.00 |
| 102-500731 | Contracts for Prog Serv | \$ 547,440.00 | | \$ 547,440.00 |
| 103-502664 | Contracts for Op Serv | \$ 31,467,136.00 | \$ 8,160,000.00 | \$ 39,627,136.00 |
| 501-500425 | Payments to Clients | \$ 100,000.00 | - | \$ 100,000.00 |
| | Total Expenses | \$ 45,961,660.00 | \$ 8,160,000.00 | \$ 54,121,660.00 |

EXPLANATION

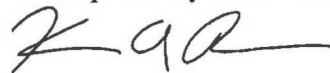
The Department of Health and Human Services was able to assist the Department of Veteran's Affairs with their effort to procure Personal Protective Equipment. This need developed with the onset of the COVID-19 pandemic. It was agreed that delivery of 2,000,000 swabs at \$0.83/each (\$1,660,000), and 1,000,000 gowns at \$6.50/each (\$6,500,000) would be made as soon as the product arrives in New Hampshire. Payment to the State of New Hampshire will be made upon acceptance by the VA.

Area served: Statewide

Source of funds: These funds are 100% Agency Income

Attached: Copy of Executed Contract

Respectfully submitted,



For
Lori A. Shibinette
Commissioner

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

BPA NO.

1. CONTRACT ID CODE

PAGE 1 OF 2 PAGES

2. AMENDMENT/MODIFICATION NUMBER
P000033. EFFECTIVE DATE
7/31/20204. REGISTRATION/PURCHASE REQ. NUMBER
101-20-4-5164-0176
101C00452

5. PROJECT NUMBER (if applicable)

6. ISSUED BY

CODE

00776

7. ADMINISTERED BY (if other than item 6)

CODE

00776

Department of Veterans Affairs
Program Contracting Activity Central
6150 Oak Tree Blvd, Suite 300
Independence OH 44131Department of Veterans Affairs
Department of Veterans Affairs
6150 Oak Tree Blvd, Suite 300
Independence OH 44131

8. NAME AND ADDRESS OF CONTRACTOR (Journal, street, county, state and ZIP Code)

HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF

109 PLEASANT ST

CONCORD NH 03301

9A

9A. AMENDMENT OF SOLICITATION NUMBER

9B

9B. DATED (SEE ITEM 11)

9C

9C. MODIFICATION OF CONTRACT/ORDER NUMBER
36C77620P0091

9D

9D. DATED (SEE ITEM 13)

08/18/2020

CODE 37QW7

FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of offers ☐ is extended. ☐ is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)

Invoice Number: 101C00452
101-360/10160-5164-800300-2631 SPPCG00A1

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT/ORDER NO. BY ITEM 15A.

☐

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in pricing office, appropriation title, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(c).

☒

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF FAR 52.212-4 (C) Changes

☐

D. OTHER: (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return 1 _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Pursuant to the authority cited in Section 12C this modification shall set for the following changes for the contract cited in Block 10A.

1. Add contract line items for sterile swabs (\$0.63 EA) 3,000,000 eaches. Cost: \$1,890,000.00
2. Increase the cost of the contract \$1,660,000.00 from \$27,710,000.00 to a total contract cost of \$29,370,000.00
3. Delivery of the swabs to be completed no later than Aug 15, 2020.

See continuation pages for details and price schedule.
All other terms and conditions shall remain the same.

Except as provided herein, all terms and conditions of the document referenced in item 8A or 10A, as heretofore changed, remains unchanged and of full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

15B. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

Lori Shubinette, Commissioner

Nicholas Sparks
Contracting Officer

15B. CONTRACTING OFFICER

15C. DATE SIGNED

15D. DATE OF REVIEW

Digitally signed by Nicholas W.

Signature of person authorized to sign

7/31/20

452466

Signature of Contracting Officer

Sparks 452466/31/2020

Date: 2020.07.31 10:53:06 -04'00'

PREVIOUS EDITION NOT USABLE

STANDARD FORM 36 (REV 10/2018)
Prescribed by GSA - FAR 48 CFR 51.205

CONTINUATION PAGE

See below for price/cost schedule of items added to the contract with this modification.
Reference purchase order number 101C00452 for invoicing against this modification.

B.2 Price/Cost Schedule

ITEM INFORMATION

| ITEM NUMBER | DESCRIPTION OF SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------------|---|----------|------|------------------------|-----------------------|
| 0022 | PPE – Sterile Swabs; 2 Million EA at 0.83 EA | 200 | CS | \$8,300.00 | \$1,660,000.00 |
| | | | | GRAND TOTAL | \$1,660,000.00 |

ACCOUNTING AND APPROPRIATION DATA

| ACRN | APPROPRIATION | REQUISITION NUMBER | AMOUNT |
|------|--|-----------------------|----------------|
| 1 | 101-360/10160-5164-800300- 2632 SPPCG00A1 | 101-20-4-5164-0176 | \$1,660,000.00 |