

### STATE OF NEW HAMPSHIRE OFFICE OF THE GOVERNOR

November 23, 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, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, and 2020-23 I have approved your written request, in attachment, to take the following actions related to the COVID-19 Public Health Emergency:

1. Authority for the Department of Health and Human Services to accept and expend agency income in the amount of \$675,000 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.

Christopher T. Sununu

Governor

CC: Charles Arlinghaus, Commissioner, Department of Administrative Services



Lori A. Shibinette Commissioner

Kerrin A. Rounds Chief Financial Officer

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

#### FINANCIAL SERVICES

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

November 19, 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, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20 AND 2020-21

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 \$675,000 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 June 30, 2021. 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 OBJ	CLASS TITLE	Cur	rent Modified Budget	Requested Change		Revised Modified Budget		
000-403970	Federal Funds	\$	5,125,149	\$	-	\$	5,125,149	
001-404977	Other Funds	\$	695,400			\$	695,400	
009-407085	Other Funds	\$	54,685,000	\$	675,000	\$	55,360,000	
OOD-488523	Other Funds	\$	13,214,174	\$		\$	13,214,174	
OOD-488502	Other Funds	\$	4,404,724	\$		\$	4,404,724	
	General Fund	\$	26,988,371	\$	-	\$	26,988,371	
	Total Revenue	\$	105,112,818	\$	675,000	\$	105,787,818	

CLASS OBJ	CLASS TITLE	Cur	rent Modified Budget	quested Change	Revised Modified Budget		
010-500100	Personal Services Classifie	\$	7,267,261	\$ -	\$	7,267,261	
012-500128	Personal Services Unclassi	\$	308,905	\$ -	\$	308,905	
018-500106	Overtime	\$	100,000	\$ -	\$	100,000	
020-500200	Current Expense	\$	204,547	\$ -	\$	204,547	
022-500255	Rents-Leases	\$	4,256	\$ •	\$	4,256	
026-500251	Memberships	\$	5,000	\$ -	\$	5,000	
028-582814	Transfers to Gen Svcs	\$	30,064	\$ -	\$	30,064	
030-500301	Equipment	\$	9,168	\$ -	\$	9,168	
039-500191	Telecommunications	\$	1,517,515	\$ -	\$	1,517,515	
041-500801	Audit Fund Set Aside	\$	4,327	\$ -	\$	4,327	
042-500620	Additional Fringe Benefits	\$	76,923	\$ -	\$	76,923	
050-500109	Peronal Services Temporar	\$	157,050	\$ -	\$	157,050	
057-500531	Books, Periodicals	\$	229	\$ -	\$	229	
060-500601	Benefits	\$	4,126,566	\$	\$	4,126,566	
066-500556	Employee Training	\$	104	\$ -	\$	104	
070-500704	In State Travel	\$	23,883	\$ -	\$	23,883	
080-500710	Out of State Travel	\$	11,286	\$	\$	11,286	
102-500731	Contracts for Program Svc	\$	547,440	\$ -	\$	547,440	
103-502664	Contracts for Operation Sv		90,618,294	\$ 675,000	\$	91,293,294	
501-500425	Payments to Clients	\$	100,000	\$ -	\$	100,000	
77.00	Total Expense	\$	105,112,818	\$ 675,000	\$	105,787,818	

#### **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 4,500,000 gloves at \$.15/each (\$675,000) 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,

Lori A. Shibinette

Commissioner

AMENDMENT OF SOLICITATION/MI	ODIFICAT	ON OF CONTRAC	et.	SPANO.		1. CONTRACT ID CODE		PAGE	OF PAGES
2 AMENOMENTANODIFICATION NUMBER 3. EFFECTIVE DATE			4. REQUISITION/PURCHASE REQ. HUMBER			DR .	A PRO		PER Of applicable
P00007									
6. IBBUED BY	CODE 007	176	7. AD	MANUSTERED BY (If other th	an Hom	6)	300E	00776	
Department of Veterans Affairs Program Contracting Activity Co 6150 Oak Tree Blvd, Suite 300 Independence OH 44131	entral			Department of Ve Department of Ve 6150 Oak Tree Bl Independence OH	tera	ns Affairs Suite 300			
S. NAME AND ADDRESS OF CONTRACTOR (Number, see	il, county, their m	nd ZIP Code)			09	BA. AMENDMENT OF BOLICITA	LIM MOITA	MOER	
HEALTH AND HUMAN SERVICES, NEW H	ampshire	DEPT OF				10. DATED (SEE ITEM 11)			
						MA MORNINATION OF PORT	TOT OF		
129 PLEASANT 8T					<b>6</b>	36C77620F0091	POCHOR	DER HUMI	
CONCORD NH 03301				0	100. DATED (SEE ITEM 15)				
соов 37QH7	FACI	UTY CODE				05-18-2020			
11. THIS	ITEM ONL	Y APPLIES TO AME	NDM	ENTS OF SOLICITA	ATIO	NS			
(a) By completing items 8 and 15, and returning offer submitted, or (c) By separate letter or electric ACKNOWLEDGMENT TO BE RECEIVED AT RESULTIN REJECTION OF YOUR OFFER. If or electronic communication, provided each lette the opening hour and date specified.	onic commun IE PLACE DI by virtue of th or electronic	ication which includes a ESIGNATED FOR THE is amendment you desi communication makes	RECE re to c	ance to the solicitation HPT OF OFFERS PRIC hange an offer already	end a OR TO subm	THE HOUR AND DATE	ULURE E SPECI be made	OF YOU FIED M by lette	AY
12 ACCOUNTING AND APPROPRIATION DAYA (Frequired See CONTINUATION Page	101-20	C00533 -4-5164-0192	- M-11100						
		ONLY TO MODIFICA ONTRACT/ORDER N	1000						
A THIS CHANGE ORDER IS ISSUED PURSUANT TO:	(Specify authority	THE CHANGES SET FORTH	I DY I TQL	A 14 ANE MADE IN THE CON	TRACT	ORDER NO. IN ITEM 19A.			
8. THE ABOVE NUMBERED CONTRACT/ORDER IS MO SET FORTH IN ITEM 14, PURBLIANT TO THE AUTHOR	TY OF FAR 43.10	d(n).	HANGES	(outh as changes in po	ying offi	pe, appropriation date, etc.)			
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED IN	TO PURBUANT 1	TO AUTHORITY OF:							
D. OTHER (Specify type of modification and authority)									
E. IMPORTANT: Contractor is not	X is requ	lred to sign this docume	ent and	return 1	copies	to the issuing office.			
2 S S S S S S S S S S S S S S S S S S S		on headings, including selfcitatio				4-11			
Pursuant to the authority cited in cited in Block 10A.	section	IJC this modifies	ation	shall set for	tne	toffowing cuanges	i ror (	ne co	ntract
<ol> <li>Add 4,500,000 gloves to the exi</li> <li>Increase the price of the contr</li> <li>Delivery of the gowns to be com</li> <li>Change the type of glove being</li> </ol>	act by \$6° pleted no	75,000.00 from \$0 later than Octob	60,49 ber 1	5,000.00 to a to				170,0	00.00.
See continuation pages for details All other terms and conditions sha									
Except as provided herein, all terms and conditions of the docume	nt referenced in the	om BA or 10A, as herotolare sha	ingad, re	mains unchanged and in full to	roe and	officit.			
ISA. NAME AND TITLE OF BIGHER (Type or pring)	_		1112	AME AND TITLE OF CONTRA	CTING	OPPOER (Type or point)			
Lori A. Wegver, Dep	outy Co	smm15510 ncv		contracting Office	COL				
158. CONTRECTOR OFFEROR VIOLENTIAL CONTRECTOR OF PERSON NAMED	M	9.30.20	Mic Spa	Moias W		Olgitally signed by Nicho Sparks 452466 Blat 6/10080.09.29 00:25:3		0ATE 810 9/29/20	

#### **CONTINUATION PAGE**

See below for price/cost schedule of items added to the contract with this modification.

Reference purchase order number 101C00533 for invoicing against this modification. 20,500,000 of these gowns will be shipped by via air. The Government will provide transportation for the PPE. The breakdown of sizes and quantity is below.

Size	Total
Small	6,540,000
Medium	8,520,000
Large	3,680,000
X-Large	1,760,000
	20,500,000

The type of glove being provided has changed due to no longer being available. See attached specification sheet for new type of glove.

#### A.1 PRICE/COST SCHEDULE

#### ITEM INFORMATION

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
7001	NITRILE EXAMINATION G Contract Period: Option 7 POP Begin: 06-05-2020 POP End: 10-15-2020 PRINCIPAL NAICS CODE Supplies Manufacturing PRODUCT/SERVICE COL Instruments, Equipment, au	; 339113 - Surgio DE: 6515 - Medic	al Applia		\$187,500.00
7002	NITRILE EXAMINATION G Contract Period: Option 7 POP Begin: 06-05-2020 POP End: 10-15-2020 PRINCIPAL NAICS CODE Supplies Manufacturing PRODUCT/SERVICE COD Instrumenta, Equipment, as	; 339113 - Surgio DE: 6515 - Medic	M al Applia		\$262,500.00
7003	NITRILE EXAMINATION G	1,000,000.00		\$0.150000	\$150,000.00

POP Begin: 08-05-2020 POP End: 10-15-2020 PRINCIPAL NAICS CODE: 339113 - Surgical Appliance and Supplies Manufacturing PRODUCT/SERVICE CODE: 6515 - Medical and Surgical Instruments, Equipment, and Supplies 7004 \$0.150000 \$75,000.00 500,000.00 EA NITRILE EXAMINATION GLOVES, X-LARGE Contract Period: Option 7 POP Begin: 06-05-2020 POP End: 10-15-2020 PRINCIPAL NAICS CODE: 339113 - Surgical Appliance and Supplies Manufacturing PRODUCT/SERVICE CODE: 6515 - Medical and Surgical Instruments, Equipment, and Supplies

> GRAND \$675,000.00 TOTAL

#### **ACCOUNTING AND APPROPRIATION DATA**

1	101-360/10160-5164-800300 ADCMD for Clinic-2632 Other Medical and Dental-SPPCG00A1	101-20-3-5164-0115 (P)	\$0.00
ACRN	APPROPRIATION	REQUISITION NUMBER	TAUOMA