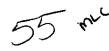
MAR13'19 PM 2:10 DAS





JOHN J. BARTHELMES COMMISSIONER

February 28, 2019

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, New Hampshire 03301

ł

#### **Requested Action**

State of New Hampshire

DEPARTMENT OF SAFETY OFFICE OF THE COMMISSIONER 33 HAZEN DR. CONCORD, NH 03305 603/271-2791

Authorize the Department of Safety, Division of State Police, to accept and expend \$11,000.00 of pass-through federal funds from the Department of Safety, Office of Highway Safety, entitled Department of Safety Forensic Laboratory Equipment Training, to continue training Forensic staff in relation to the new Preliminary Breath Tests (PBT's) and Intoxilyzer 9000 equipment recently purchased. Effective upon Governor and Council approval through June 30, 2019. Funding Source: 100% Agency Income.

Funds are to be budgeted in the account titled:

02-23-23-234010-22110000 Dept. of Safety – Division of State Police – Highway Safety Equipment and Training Grants

<u>Class</u> 009-405921	Description Agency Income	\$ Current Adjusted Authorized (659,265.50)	<u>Re</u> \$	equested Action (11,000.00)	<u> </u> \$	Revised Adjusted Authorized (670,265.50)
018-500106	Overtime	\$ 21,071.35	\$	0.00	\$	21,071.35
020-500200	Current Expenses	\$ 27,500.00	\$	0.00	\$	27,500.00
030-500311	Equipment	\$ 253,565.72	\$	0.00	\$	253,565.72
040-500800	Indirect Costs	\$ 6,530.19	\$	1,207.00	\$	7,737.19
046-500465	Consultants	\$ 340,921.00	\$	0.00	\$	340,921.00
060-500602	Benefits	\$ 4,176.53	\$	0.00	\$	4,176.53
066-500554	Employee Training	\$ 0.00	\$	1,500.00	\$	1,500.00
080-500713	Out-of-State Travel	\$ 5,500.71	\$	8,293.00	\$	13,793.71
	Total	\$ 659,265.50	\$	11,000.00	\$	670,265.50

#### **Explanation**

These funds from the Office of Highway Safety will enable the Forensic Laboratory personnel to continue training for the new PBT's and Intoxilyzer 9000 equipment recently purchased. This training is crucial to maintain the effectiveness of this equipment and the overall program that serves as a countermeasure to minimize the unnecessary impairment related crashes and the resulting deaths and injuries that occur on New Hampshire roads.

The funds are to be budgeted as follows:

Funds in class 040, Indirect Costs, will be used to pay indirect costs to Administrative Services and applied to applicable expenses.

١

His Excellency, Governor Christopher T. Sununu and the Honorable Council February 28, 2019 Page 2 of 2

Funds in class 041, Audit Fund Set Aside, are not appropriated because the department that receives the Federal grant from the federal granting agency is responsible for paying the audit fund set aside.

Funds in class, 066, Employee Training, will be used to pay for the registration cost related to training on the new PBTs and Intoxilyzer 9000 equipment.

Funds in class 080, Out-of-State Travel, will be used to train lab staff and for training-related travel costs.

In the event that Agency Income becomes no longer available General and/or Highway funds will not be requested to support this program.

Respectfully submitted,

. Barthelmes Commissioner of Safety

Department of Safety Highway Safety Equipment and Training Grants Fiscal Situation

## 02-23-23-234010-22110000

.

Federal Funds Awarded:	
FFY 2018 - DOS Data Analyst - 10/1/2017 - 9/30/2018	\$16,583,25
FFY 2018 - NHSP VPN Installation - 10/1/2017-9/30/2018	\$164,921.22
FFY 2018 - DOS Forensic Lab PBT's - 7/1/18-9/30/2018	\$109,570.60
FFY 2018 - DOS Forensic Gas Cromatograph - 7/1/18-9/30/2018	\$180,565.00
FFY 2019 - DOS Data Analyst - 10/1/2018 - 9/30/2019	\$17,062.13
FFY 2019 - NHSP VPN Installation - 10/1/2018-9/30/2019	\$176,000.00
FFY 2019 - DOS Forensic labortory Equipment Training - 2/1/2019-9/30/2019	\$21,998.97
Total Grant Funds Awarded	\$686,701.17
Less: SFY 2018 Expenditures Less: SFY 2019 Current Adjusted Authorized	\$5,435.23 \$659,265.50
	·····
Remaining excess grant funds available to appropriate	\$22,000.44
This Request	\$11,000.00

,

.

ı.

.

.

#### The State of New Hampshire and the Subrecipient hereby Mutually agree as follows: GENERAL PROVISIONS

## Grant Agreement Title: DOS Forensic Laboratory Equipment Training

Grant Agreement #: 19-247

1. Identification and Definitio	ns.			
1.1. State Agency Name New Hampshire Depar Office of Highway Safe		1.2. State Agency Address 33 Hazen Drive, Second Floor Concord, NH 03305		
1.3. Subrecipient Name NH Department of Safety Division of State Police		1.4. Subrecipient Address 33 Hazen Drive Concord, NH 03305		
Colonel's Email Address: christopher.wagner@dos.n	h.gov	Grant Contact Email: christopher.wagner@dos.	nh.gov	
1.4.1 Subrecipient Type (St County Govt, College/Univ State		1.4.2 DUNS 060340564		
1.5. Subrecipient Phone #	1.6. Effective Date	1.7. Completion Date	1.8. Grant Limitation	
603-223-8813	February 1, 2019	September 30, 2019	\$211,998197	
1.9. Grant Officer for State John A. Clegg	Agency	1.10. State Agency Teleph 603-271-2893	one Number	
"By signing this form we ce grant, including if applicab	rtify that we have complied with le RSA 31:95-b."	any public meeting require	ment for acceptance of this	
1.11. Subrecipient Signatu	re l	1.12. Name & Title of Subrecipient Signor 1 Timothy J. Pifer		
Toma gip	<u> </u>	Director, Forensic Laboratory		
Subrecipient Signature 2		Name & Title of Subrecipier Robert L. Quinn		
Subrecipient Signature 3		DOS Assistant Commissioner Name & Title of Subrecipier		
officer, personally appeare	1.13. Acknowledgment: State of New Hampshire, County of <u>MERLIMACK</u> , on OH 15/19, before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Peace (Seal) Maucy L	Public or Justice of the	1.1 Standard & GASSIDNO Notaty Peace State of New Hampshir Wy Commission Explose April NAHCY L. ASSI	BALATAPIL	
1.14. State Agency Signa	7	me & Title of State Agency S nn J. Barthelmes, Commissio	2	
	NH NH	Department of Safety	Date: 2/15/19	
	y General (Form, Substance and			
By:	Assi or and Council (if applicable)	istant Attorney General, On:		
By:	or and council (ir applicable)	On:	1 1	

Subrecipient Initials \_ Page 1 of 3

-TSM



The State of New Hampshire and the Subrecipient hereby Mutually agree as follows: GENERAL PROVISIONS

Project Title: DOS Data Analysis

Project #: 310-185-015

1. Identification and Definiti	ons.				
1.1. State Agency Name New Hampshire Dep Office of Highway Sa		1.2. State Agency Address 33 Ilazen Drive, Second Moor Concord, NH 03305			
1.3. Subrecipient Name • NH Department of Saf Division of State Polic	· ·	1.4. Subrecipient Addres 33 Hazen Drive Concord, NH 03305			
Chief's Email Address: Colonel Christopher J. Wi	190cr.	Grant Contact Email: Christopher.wagner@do	5.nh.goy		
	tate Govt, City/Town Govt,	1.4.2 DUNS 060340564	· · ·		
1.5. Subrecipient Phone #	1.6. Effective Date	1.7. Completion Date	1.8. Grant Limitation		
603-223-8813	October 1, 2017	September 30, 2018	\$16,583.25 \		
1.9. Grant Officer for State John A. Clegg	L Agency	1.10. State Agency Telept 603-271-2893			
"By signing this form we co grant, including if applicat	ertify that we have complied with to RSA 31:95-b."	any public meeting require	ment for acceptance of this		
1.11. Subjectiolent Signatu	?	.12. Name & Title of Subrecipient Signor I Colonel Christopher J. Wagner			
		Director, NH State Police Name & Title of Subrecipicat Signor 2			
Subrecipient Signature 2		Robert L. Quinn DOS Assistant Commissioner			
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3			
officer, personally appeared		1.12., known to me (or sati	ls document in the capacity		
1.14. State Agency Signat	ure(s) 1.15. Nan	e & Title of State Agency S	ignor(s)		
g Ballom	John NH	J. Barthelmes, Commission Department of Safety	Dutc: <u>/// 3///7</u>		
g Ballom		J. Barthelmes, Commission Department of Safety	Dutc: <u>/// 3///7</u>		
J. Ballin 1-16. Approval by Attorney	John NH rGeneral (Form; Substance and:	J. Barthelmes, Commission Department of Safety	Dutc: <u>/// 3///7</u>		
J. Ballim 1-36. Approval by Attorney By:	John NH rGeneral (Form; Substance and:	a J. Barthelmes, Commission Department of Safety Execution) (If G & C approv	Dutc: <u>/// 3///7</u>		

Subrecipient Initials \_\_\_\_\_ Page 1 of 3

Date \_\_\_\_

...

.

#### The State of New Hampshire and the Subrecipient bereby Mutually agree as follows: GENERAL PROVISIONS

Project Title: NUSP VPN Installation

Project #: 310-18S-002

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety		1.2. State Agency Address 33 Hazen Drive, Second Floor			
Office of Highway Safety		Concord, NII 03305			
1.3. Subrecipient Name NH Department of Safe		33 Hazen Drive			
Division of State Police	•	Concord, NH 03305			
Chief's Email Address:		Grant Contact Ernail:			
Christopher J. Wagner		christopher.wagner@dos	. <u>nh.us</u>		
County Govt, College/Univ	ate Govi, City/Town Govi,	1A.2 DUNS			
State	charge, outer (opening)	060340564			
1.5. Subrecipient Phone #	1.6. Effective Date	1.7. Completion Date	1.8. Grant Limitation		
603-223-3888	October 1. 2017	September 30, 2018	\$164,921.22X		
1.9. Grant Officer for State John A. Clegg	Agebcy	1.10. State Agency Teleph 603-271-2893	sone Number		
grant, including if applicab	rtify that we have complied with le RSA 31:95-b."	any public meeting requires	ment for acceptance of this		
1.11. Subred Signatur		12. Name & Title of Subrecipient Signor 1 closed Christopher J. Wagner			
190		Director, NH State Police			
Subrecipient Signature 2		Name & Title of Subrecipien Robert L. Quinn DOS Assistant Commissioner	-		
		Name & Title of Subrecipien			
officer, personally appeared person(s) whose name is sig- indicated in block 3.12.	1.13. Acknowledgment: State of New Hampshire, County of, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.				
1.13.1. Signature of Notary Public or Justice of the Peace (Seal) 1.13.2 Name & Title of Notary Public or Justice of the Peace			ry Public or Justice of the		
1.14. State Agency Signatu	-	ne & Title of State Agency Si	gnor(s)		
Josephilma	John J. Barthelmes, Commissioner NII Department of Safety Date: 11/2/17				
1.16. Approval by Attorney	General (Form, Substance and	Execution) (if G & C approv			
By:		iant Attorney General, On:	11		
1.17. Approval by Governor	and Council (if applicable)				
By:		· • • • • • • • • • • • • • • • • • • •	11		
•					

Subrecipient Initials Page 1 of 3

The State of New Hampshire and the Subrecipient hereby
Mutually agree as follows:
GENERAL PROVISIONS

Project Title: DOS Forensic Lab PBT's

Project #: 308-18S-102

1.	Ident	ification	and	Definitions.	

J.J. State Agency Name New Hampshire Depa Office of Highway Sa		1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305				
1.3. Subrecipient Name Department of Safety Division of State Police		1.4. Subrecipient Address 33 Hazen Drive Concord, NH 03305				
Chiel's Email Address:		Grant Contact Email: Timothy.pifer@dos.nh.go				
1.4.1 Subrecipient Type (S County Govt, College/Univ State	tate Govt, City/Town Govt, versity, Other (Specify)	1.4.2 DUNS 060340564				
1.5. Subrecipient Phone #	1.6. Effective Date	1.7. Completion Date	1.8. Grant Limitation			
603-223-3854	July 1, 2018	September 30, 2018	\$109,570.60			
1.9. Grant Officer for State John Clegg	Agency	1.10. State Agency Teleph 603-271-2893	ione Number			
"By signing this form we ce grant, including if applicab		th any public meeting requires	ment for acceptance of this			
- Subrecipient Signator		1.12. Name & Title of Subrecipient Signor 1 Timothy J. Pifer, Forensic Laboratory Director				
Subrecipient Signature 2	-		Name & Title of Subrecipient Signor 2 Robert I. Quinn, DOS Assistant Commissioner			
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3				
officer, personally appeared	the person(s) identified in blo	of, on / / ck 1.12., known to me (or satis ledged that he/she executed th	factorily proven) to be the			
1.13.1. Signature of Notary Public or Justice of the Peace (Scal) 1.13.2 Name & Title of Notary Public or Justice of the Peace (Scal)			y Public or Justice of the			
1.14. State Agency Signatu	ire(s) 1.15. Na	ame & Title of State Agency Si	gnor(s)			
ASithare		hn J. Barthelmes, Commission I Department of Safety	er Date: <u>6/28/18</u>			
	Ceneral (Form Substance and	f Execution) (if G & C approv	al required)			
1.16. Approval by Attorney	ocacian (i or in, obostance and					
1.36. Approval by Attorney By:		istant Attorney General, On:	11			
	٨٢٢	istant Attorney General, On:				

(1) <u>(F. OF WORK</u>: In exclange for grant lunds provided by the State of New Hampshile, skiing through the Agency identified in block 1.1 ([1], "filer referred to as "the State"), pursuant to RSA 21-P:55-63, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attacked hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

Subrecipient	Initials_	TPU
	ngclof3	

Date ALUTE

## The State of New Hampshire and the Subrecipient hereby Mutually agree as follows: GENERAL PROVISIONS

Project Title: DOS Forensic Lab Gas Chromatograph

...

Project #: 308-18S-103

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Depa Office of Highway Sat		1.2. State Agency Addres 33 Hazen Drive, Roon Concord, NH 03305			
1.3. Subrecipient Name Department of Safety Division of State Police		1.4. Subrecipient Address 33 Hazen Drive Concord, NH 03305			
Chief's Email Address:		Grant Contact Email:			
1.4.1 Subrecipient Type (So County Govt, College/Univ	late Govt, City/Town Govt, versity, Other (Specify)	1.4.2 DUNS 060340564			
1.5. Subrecipient Phone #	1.6. Effective Date	1.7. Completion Date	1.8. Grant Limitation		
603-223-3888	July 1, 2018	September 30, 2018	<b>\$</b> 180,565.00 🗡		
1.9. Grant Officer for State John Clegg	Agency	1.10. State Agency Teleph 603-271-2131	one Number		
"By signing this form we ce grant, including if applicab	rtify that we have complied with le RSA 31:95-b."	th any public meeting requirer	nent for acceptance of this		
1.11. Subrecipient Signatur	re 1 .	1.12. Name & Title of Subrecipient Signor 1 Timothy J. Pifer, Forensic Laboratory Director			
Subrecipton Signature 2		Name & Title of Subrecipien Robert I. Quinn, DOS Assistar	Name & Title of Subrecipient Signor 2 Robert I. Quinn, DOS Assistant Commissioner		
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3			
officer, personally appeared	ate of New Hampshire, County the person(s) identified in bloch and in block 1.11., and acknow	ck 1.12., known to me (or satis	actorily proven) to be the		
1.13.1. Signature of Notary Peace (Seal)	Public or Justice of the	1.13.2 Name & Title of Notar Peace	y Public or Justice of the		
1.14. State Agency Signatu	ere(s) 1.15. Na	me & Title of State Agency Si	gnør(s)		
John J. Barthelmes, Commissioner NH Department of Safety Date: 6/28/18					
1.16. Approval by Attorney	General (Form, Substance and	Execution) (if G & C approva			
By:	Assi	stant Attorney General, On:	/ /		
1.17. Approval by Governor	and Council (if applicable)				
By:		On:	11		
SCOPE OF WORK: In exchange	for grant funds provided by the State of	of New Hampshire, acting through the	Agency identified in block 1.1		

(hereinafter referred to as "the State"), pursuant to RSA 21-P:55-63, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

#### The State of New Hampshire and the Subrecipient hereby Mutually agree as follows: GENERAL PROVISIONS

.

Grant Agreement Title: NHSP Data Analysis Grant Agreement #: 19-246					
1. Identification and Definitions.					
1.1. State Agency Name New Hampshire Depa Office of Highway Saf			1.2. State Agency Address 33 Hazen Drive, Second Floor Concord, NH 03305		
1.3. Subrecipient Name NH Department of Safe Division of State Police	-	1.4. Subrecipient Addres 33 Hazen Drive Concord, NH 03305	1.4. Subrecipient Address 33 Hazen Drive		
Colonel's Email Address: christopher.wagner@dos.n	b.gov	Grant Contact Emnil: christopher.wagner@dos			
1.4.1 Subrecipient Type (St County Govt, College/Univ State		1.4.2 DUNS 060340564			
1.5. Subrecipient Phone #	1.6. Effective Date	1.7. Completion Date	1.8. Grant Limitation		
603-223-8813	October 1, 2018	September 30, 2019	\$17,062.13		
1.9. Grant Officer for State John A. Clegg	Agency	1.10. State Agency Telep! 603-271-2893			
"By signing this form we cen grant, including if applicable	rtify that we have complied with le RSA 31:95-b."	th any public meeting require	ment for acceptance of this		
SubretinionDSignatur		1.12. Name & Title of Subrecipient Signor 1 Colonel Christopher J. Wagner Director, NH State Police			
Subrecipient Signature 7	•	· · · · · · · · · · · · · · · · · · ·	•		
Subrecipient Signature 3					
officer, personally appeared	ate of New Hampshire, County the person(s) identified in bloc acd in block 1.11., and acknow	ck 1.12., known to me (or satis	, before the undersigned factorily proven) to be the is document in the capacity		
1.13.1. Signature of Notary Peace (Seal)	Public or Justice of the	1.13.2 Name & Title of Notar Peace	ry Public or Justice of the		
1.14. State Agency Siguate	ure(s) 1.15. No	ame & Title of State Agency Si	ignor(s)		
A.C. L.	John J. Barthelmes, Commissioner NH Department of Safety Date: 10/24/19				
1.16. Approval by Attorney	General (Form, Substance and	i Execution) (if G & C approv	al required)		
By:	Ass	istant Attorney General, On:	1.1		
1.17. Approval by Governor	and Council (if applicable)				
$\frown$	······································	On:			

\*\*\*

...

.

#### The State of New Hampshire and the Subrecipient hereby Mutually agree as follows: GENERAL PROVISIONS

Grant Agreement Title: NHSP VPN Installation

Grant Agreement #: 19-246

1. Identification and Definitions.

.

1.1. State Agency Name New Hampshire Depa Office of Highway Saf	-	1.2. State Agency Address 33 Hazen Drive, Second Floor Concord, NH 03305			
1.3. Subrecipient Name NH Department of Safe Division of State Police	•	1.4. Subrecipient Address 33 Hazen Drive Concord, NH 03305			
Colonel's Email Address: christopher.wsgner@dos.m	h.uş	Grant Contact Email: christopher.wagner@dos.	nh.us		
1.4.1 Subrecipient Type (St County Govt, College/Univ State		1.4.2 DUNS 060340564			
1.5. Subrecipient Phone #	1.6. Effective Date	1.7. Completion Date	1.8. Grant Limitation		
603-223-3888	October 1, 2018	September 30, 2019	\$176,000.00		
1.9. Grant Officer for State John A. Clegg	Agency	1.10. State Agency Teleph 603-271-2893	one Number		
"By signing this form we ce grant, including if applicab	rtify that we have complied with le RSA 31:95-b."	any public meeting requirer	nent for acceptance of this		
1.11. Subercipicat Signatur	re 1	1.12. Name & Title of Subrecipient Signor 1 Colonel Christopher J. Wagner Director, NH State Police			
Subrecipien Signifure 2		Name & Title of Subrecipien Robert L. Quinn DOS Assistant Commissioner			
Subrecipient Signature 3					
officer, personally appeared	1.13. Acknowledgment: State of New Hampshire, County of, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.				
1.13.1. Signature of Notary Public or Justice of the Peace (Scal) 1.13.2 Name & Title of Notary Public or Justice of the Peace			y Public or Justice of the		
1.14. State Agency Signat		me & Title of State Agency Si	gnor(s)		
Je Se the limat	Job NB	n J. Barthelmes, Commission Department of Safety	J. Barthelmes, Commissioner Department of Safety Date: <u>/0/2///2</u>		
1.16. Approval by Attorney	General (Form, Substance and	Execution) (if G & C approv	al required)		
By:	Assi	stant Attorney General, On:	11		
1.17. Approval by Governo	r and Council (if applicable)				
By:		On:	1.1		

-----

------