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# State of New Hampshire

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

ROBERT L. QUINN  
COMMISSIONER OF SAFETY

October 9, 2019

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

### Requested Action

Authorize the Department of Safety, Division of Fire Standards and Training and Emergency Medical Services, to accept and expend \$95,416.00 of federal pass through funds, entitled "EMS Records User Management Module", from the Office of Highway Safety to provide a computer software upgrade for first responders to process license and training information. Effective upon Governor and Council approval through September 30, 2020. Funding source: 100% Agency Income.

Funds are to be budgeted as follows:

02-023-023-237010-33400000 Dept. of Safety – Fire Standards-Trng-EMS – Fire Stds & Training Grants

<u>Class</u>	<u>Description</u>	<u>Current Authorized</u>	<u>Requested Action</u>	<u>Revised Adjusted Authorized</u>
001-406308	Transfer from Other Agency	(\$34,109.00)	(\$0.00)	(\$34,109.00)
099-407085	Agency Income	(\$218,887.59)	(\$95,416.00)	(\$314,303.59)
030-500311	Equipment	38,496.59	0.00	38,496.59
038-509038	Technology-Software	180,391.00	95,416.00	275,807.00
050-500109	Personal Services – Temp/Appoint	30,795.00	0.00	30,795.00
060-500601	Benefits	2,356.00	0.00	2,356.00
070-500704	In-State Travel Reimbursement	958.00	0.00	958.00
<b>Total</b>		<b>\$252,996.59</b>	<b>\$95,416.00</b>	<b>\$348,412.59</b>

### Explanation

The EMS Records User Management Module continuation will fund the remaining software contract, which provides a significant upgrade to the current EMS records management system. This upgrade will include the addition of a user interface for all local first responders. This interface will enable them to submit applications for EMS provider licenses and training courses offered through the Division. Additionally, this interface will allow local first responders direct access to their state level licensing and training information in real time through an online portal. This upgrade will significantly reduce the time it takes to process license application and training information and give first responders direct access to their information.

The funds are to be budgeted as follows:

Funds in class 038 will be used to contract with a software vendor to supply the EMS Records Management module.

Respectfully submitted,

Robert L. Quinn  
Commissioner of Safety

**Division of Fire Standards & Training & Emergency Medical Services  
Fire Standards and Training grants**

**10/8/2019**

**Fiscal Situation: Account 02-23-23-237010-33400000**

**Federal Funds Awarded:**

NH EMS Records Management Module 10/01/2018-09/30/2019	\$	405,419.00
Ebola Preparedness and Response Activities SFY2018 approval through May 2020	\$	226,009.00
NH EMS Records Management Module 10/01/2019-09/30/2020	\$	<u>95,416.00</u>
<b>Total Grant Funds Awarded</b>	<b>\$</b>	<b>726,844.00</b>

Less State SFY19 expenses on NH EMS Records Management Module 10/1/2018-09/30/19	\$	(137,834.00)
Less Unspent Balance of NH EMS Records Management Module 10/1/2018-09/30/19	\$	(48,697.00)
Less State expenses on Ebola Preparedness and Response Activities	\$	-
Less Unspent Balance of Ebola Preparedness and Response Activities	\$	<u>(191,900.00)</u>
<b>Total Prior Fiscal Year Actual Expenditures and Unspent Balances</b>	<b>\$</b>	<b>(378,431.00)</b>

<b>Net Grant Funds Remaining</b>	<b>\$</b>	<b>348,413.00</b>
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Less: SFY20 State appropriation including prior year encumbrances:	\$	<u>(252,996.59)</u>
	\$	95,416.41

<b>This Request</b>	<b>\$</b>	<b>95,416.00</b>
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STATE OF NEW HAMPSHIRE  
Inter-Department Communication

TO: Chief Jeffrey Phillips  
NH Department of Safety  
Division of Fire Standards & Training and  
Emergency Medical Services  
FSTEMS

DATE: September 24, 2019

FROM: Commissioner Robert L. Quinn  
Office of Highway Safety  
NH Department of Safety

SUBJECT: NH Division of Fire Standards & Training and  
Emergency Medical Services  
Highway Safety Grant #20-249

Dear Chief Phillips:

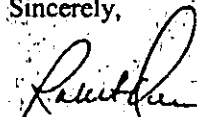
It is my pleasure to inform you that the Office of Highway Safety has approved your highway safety grant agreement entitled NH Division of Fire Standards & Training and Emergency Medical Services – "EMS Records User Management Module"

This approval obligates federal funds in the amount of \$95,416.50 with an effective date of October 1, 2019.

Please refer to Exhibit B – **Reimbursement Schedule and Required Paperwork** on page 13 within your Grant Agreement for instructions on submitting reimbursement requests.

Transmittal of this is understood to require submission of the grant agreement by you to Governor and Council for their acceptance of the funds and approval for the establishment of appropriation codes and controls by the Division of Administrative Services.

Sincerely,



Robert L. Quinn, Coordinator

/jal  
Enclosure  
cc: Perry E. Plummer, Assistant Commissioner

RECEIVED

SEP 20 2019

OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT FFY2020

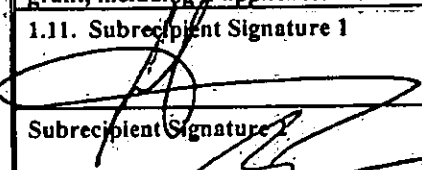
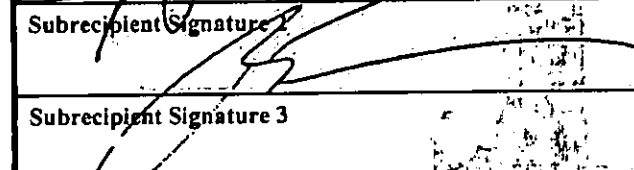
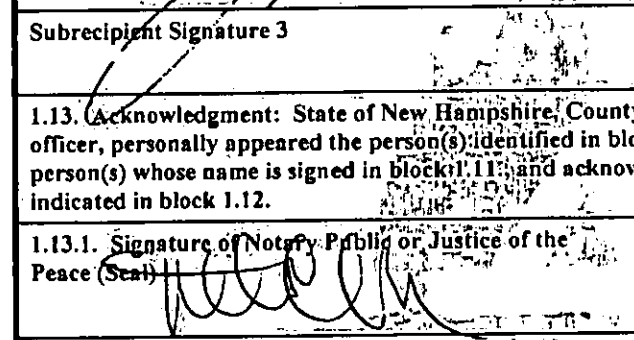

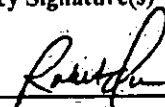
OFFICE OF HIGHWAY SAFETY

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

Grant Agreement Title: NH EMS Records User Management Module

Grant Agreement #: 20-249

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Second Floor Concord, NH 03305	
1.3. Subrecipient Name NH Division of Fire Standards and Training and Emergency Medical Services (FSTEMS)		1.4. Subrecipient Address 33 Hazen Drive Concord, NH 03305	
Chief's Email Address: jeffrey.phillips@dos.nh.gov		Grant Contact Email: Richard.Cooper@dos.nh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) State		1.4.2 DUNS 060340564	
1.5. Subrecipient Phone # 603-223-4200	1.6. Effective Date October 1, 2019	1.7. Completion Date September 30, 2020	1.8. Grant Limitation <del>695,416.50</del>
1.9. Grant Officer for State Agency John A. Clegg		1.10. State Agency Telephone Number 603-271-2893	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 		1.12. Name & Title of Subrecipient Signor 1 Jeffrey Phillips, Chief, NH Division of Fire Standards and Training and Emergency Medical Services	
Subrecipient Signature 2 		Name & Title of Subrecipient Signor 2 Perry E. Plummer DOS Assistant Commissioner	
Subrecipient Signature 3 		Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of Merrimack on 09/17/19 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 Public or Justice of the Peace (Seal) 		1.13.2. Name & Title of Notary Public or Justice of the Peace Heather Clough Notary Public	
1.14. State Agency Signature(s) 		1.15. Name & Title of State Agency Signor(s) Robert L. Quinn, Commissioner NH Department of Safety Date: 9/23/19	
1.16. Approval by Attorney General (Form, Substance and Execution) (If G & C approval required) By: Assistant Attorney General, On: / /			
1.17. Approval by Governor and Council (if applicable) By: On: / /			

HEATHER C. CLOUGH  
Notary Public-New Hampshire  
My Commission Expires May 16, 2023

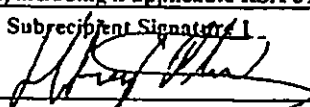

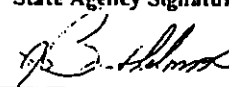
2. SCOPE OF WORK In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-P:55-63, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

**OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT**

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

Grant Agreement Title: **NH EMS Records User Management Module** Grant Agreement #: **19-249**

**I. Identification and Definitions.**

<b>1.1. State Agency Name</b> New Hampshire Department of Safety Office of Highway Safety		<b>1.2. State Agency Address</b> 33 Hazen Drive, Second Floor Concord, NH 03305	
<b>1.3. Subrecipient Name</b> NH Division of Fire Standards and Training and Emergency Medical Services (FSTEMS)		<b>1.4. Subrecipient Address</b> 33 Hazen Drive Concord, NH 03305	
Chief's Email Address: jeffrey.phillips@dos.nh.gov		Grant Contact Email: Richard.Cooper@dos.nh.gov	
<b>1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify))</b> State		<b>1.4.2 DUNS</b>  06640564	
<b>1.5. Subrecipient Phone #</b> 603-223-4200	<b>1.6. Effective Date</b> October 1, 2018	<b>1.7. Completion Date</b> September 30, 2019	<b>1.8. Grant Limitation</b> <del>5405419.947</del>
<b>1.9. Grant Officer for State Agency</b> John A. Clegg		<b>1.10. State Agency Telephone Number</b> 603-271-2893	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
<b>1.11. Subrecipient Signature 1</b> 		<b>1.12. Name &amp; Title of Subrecipient Signor 1</b> Jeffrey Phillips, Chief, NH Division of Fire Standards and Training and Emergency Medical Services	
<b>Subrecipient Signature 2</b> 		<b>Name &amp; Title of Subrecipient Signor 2</b> Robert L. Quinn DOS Assistant Commissioner	
<b>Subrecipient Signature 3</b>		<b>Name &amp; Title of Subrecipient Signor 3</b>	
<b>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.</b>			
<b>1.13.1. Signature of Notary Public or Justice of the Peace (Seal)</b>		<b>1.13.2 Name &amp; Title of Notary Public or Justice of the Peace</b>	
<b>1.14. State Agency Signature(s)</b> 		<b>1.15. Name &amp; Title of State Agency Signor(s)</b> John J. Barthelmes, Commissioner NH Department of Safety Date: <u>10/1/18</u>	
<b>1.16. Approval by Attorney General (Form, Substance and Execution) (if G &amp; C approval required)</b> By: _____ Assistant Attorney General, On: / /			
<b>1.17. Approval by Governor and Council (if applicable)</b> By: _____ On: / /			

**MEMORANDUM OF AGREEMENT**  
between the  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
and the  
**DEPARTMENT OF SAFETY**

**Subject: Hospital Preparedness Program (HPP) Ebola Preparedness and Response Grant**

This Memorandum of Agreement (MOA) describes activities that have been agreed to between the Department of Health and Human Services, Division of Public Health Services (DPHS), Bureau of Infectious Disease Control (BIDC) and the Department of Safety (DOS); Division of Fire Standards and Training and EMS, Bureau of Emergency Medical Services (BEMS) related to collaboration on Ebola and other emerging infectious disease pathogens preparedness and response activities.

This new grant awarded by the Assistant Secretary for Preparedness and Response (ASPR) is intended to ensure the nation's health care system is ready to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. While the focus will be on preparedness for Ebola, it is expected that preparedness for other novel, highly pathogenic diseases will also be enhanced through these activities. Health care worker safety is best achieved through a deep understanding and correct implementation of infection control, appropriate use of personal protective equipment (PPE), continuous training, demonstration of competencies, and participation in frequent exercises. Assuring that Ebola patients are safely and well cared for in the health care system and that frontline providers are trained to recognize and isolate a person with suspected Ebola are the cornerstones of this grant.

This Agreement sets forth the roles and responsibilities of both DHHS and DOS in carrying out the grant.

This MOA will take effect upon Governor and Council approval and remain in effect through May 17, 2020. This agreement has the option to renew pending availability of funding, the agreement of the parties, and approval by Governor and Council.

For the purposes of this Agreement, DHHS and DOS agree to cooperate as follows:

**I. Department of Health and Human Services**

The Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control, agrees to:

1. *Accept and administer the cooperative agreement for the project.*
2. *Serve as the Principal Investigator/Project Coordinator for the Cooperative Agreement.*
3. *Assure that the Cooperative Agreement funds budgeted for the Bureau of EMS will be made available to the Bureau of EMS, Department of Safety (DOS), through an interagency transfer of \$226,009, approved by Governor and Council. Such funds will enable the Bureau of EMS to carry out the identified responsibilities of the Cooperative Agreement.*

4. *Provide the DOS with funding in the amount of \$226,009, on a reimbursement basis, to fund the part-time services of a Project Coordinator, and to contribute to expenses necessary for the implementation of this project, as set forth in the project budget and workplan.*
5. *Assist the BEMS staff with project implementation.*
6. *Monitor the activities of the Cooperative Agreement as outlined in the Cooperative Agreement workplan.*
7. *Meet quarterly or as indicated with the Bureau of EMS staff to discuss the Cooperative Agreement activities carried out by the Bureau of EMS staff.*
8. *Be responsible for assuring that any program reporting requirements requested by the Assistant Secretary for Preparedness and Response (ASPR) are provided to the ASPR.*
9. *Work with the Bureau of EMS staff to obtain performance measure data and program information necessary for monitoring the Cooperative Agreement and developing and writing any required reports.*
10. *Attend/participate in any ASPR-required meetings, trainings, or presentations with the Bureau of EMS staff as appropriate.*

## II. Department of Safety

The Department of Safety, Bureau of EMS agrees to:

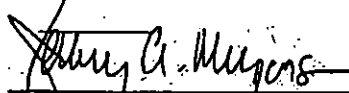
1. *Employ the part-time position of Project Coordinator as outlined in the Cooperative Agreement application and job description.*
2. *Utilize grant funds for budgeted project-related expenses to enhance Ebola and other infectious disease readiness among statewide EMS as outlined in the Cooperative Agreement budget if approved in advance by the Governor and Council. Reimbursement for the expenses will be paid to the Department of Safety, through an interagency payment not less than monthly, which will enable the BEMS to carry out the identified responsibilities of the Cooperative Agreement.*
3. *Collaborate with the DPHS to carry out the requirements of the Cooperative Agreement including participation in the development of a safe ground transport plan that allows for intra-state transport of potential Ebola patients, infection control training and participation in training and exercises.*

It Is Further Understood and Agreed Between DPHS, BIDC and DOS, Bureau of EMS:


1. *That neither DHHS, DPHS, BIDC nor DOS, Bureau of EMS will be responsible for any expenses or costs incurred under this Agreement prior to the date of Governor and Council approval.*

2. That the maximum amount of funds available for reimbursement under this Agreement from the DPHS shall be a total of ~~\$276,009~~ for program activities through ~~May 17, 2020~~ with one hundred percent (100%) of those costs covered by funds provided by the ASPR. Neither DPHS, nor the Bureau of EMS will be responsible for any expenses or costs incurred under this Agreement in excess of the above amounts unless additional funding is expressly authorized by the DPHS prior to the work being performed, agreement of the parties, and Governor and Council approval.
3. That Bureau of EMS agrees to commence the project upon Governor and Council approval. Failure to meet this deadline without good cause may cancel the DPHS participation in this project, at the discretion of DPHS. Any remaining funds will be forfeited. DOS is responsible for informing DPHS if any condition arises that may result in this deadline being unattainable.
4. DPHS agrees to provide funding based on the availability of ASPR funds received for this program.
5. Alterations and updates to the work plan can be made through a written agreement by both parties. The work plan is part of this MOA and referenced as Attachment A.
6. This MOA can be terminated by either party with 30 days written notice to the parties listed below. All expenses as of the date of termination or MOA expiration will be considered due the DOS.

IN WITNESS WHEREOF, the respective parties have hereunto set their hands on the dates indicated.

  
\_\_\_\_\_  
Jeffrey A. Meyers  
Commissioner  
Department of Health and Human Services

9/12/16  
\_\_\_\_\_  
(Date)

  
\_\_\_\_\_  
John J. Barthelmes  
Commissioner  
Department of Safety

9/1/16  
\_\_\_\_\_  
(Date)

Approved by Attorney General (Form, Substance and Execution)

By: \_\_\_\_\_ Assistant Attorney General, on \_\_\_\_\_

Secretary of State This is to certify that the GOVERNOR AND COUNCIL on \_\_\_\_\_ approved this AGREEMENT.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Attest)

\_\_\_\_\_  
(Secretary of State)