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STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF CORRECTIONS  
 DIVISION OF ADMINISTRATION  
 P.O. BOX 1806  
 CONCORD, NH 03302-1806  
 603-271-5610 FAX: 1-888-908-6609  
 TDD Access: 1-800-735-2964  
 www.nh.gov/nhdoc

Helen E. Hanks  
 Commissioner

Robin H. Maddaus  
 Director

June 2, 2021

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

**REQUESTED ACTION**

Authorize the NH Department of Corrections (NHDOC) to enter into a sole source contract with Eric Joyce d/b/a Joyce Dental Laboratory (VC# 258914), 373 Court Street, Laconia, NH 03246, in the amount of \$125,175.00, for the provision of Dental Laboratory services, with the option to renew for two (2) additional periods of up to three (3) years each, effective upon Governor and Executive Council approval for the period beginning July 1, 2021 to June 30, 2024. 100% General Funds

Funds are anticipated to be available in account Medical Dental: 02-46-46-465010-8234-101-500728 for Fiscal Years 2022, 2023 and 2024 with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, if needed and justified.

Contract: Eric Joyce d/b/a Joyce Dental Laboratory

| Account                         | Description      | FY 2022      | FY 2023      | FY 2024      | Total         |
|---------------------------------|------------------|--------------|--------------|--------------|---------------|
| 02-46-46-465010-8234-101-500728 | Dental Providers | 41,725.00    | 41,725.00    | 41,725.00    | 125,175.00    |
| Total Contract Amount           |                  | \$ 41,725.00 | \$ 41,725.00 | \$ 41,725.00 | \$ 125,175.00 |

**EXPLANATION**

The purpose of this sole source contract is for the vendor to continue to provide dental laboratory services to the residents and patients of the NHDOC. Over the past decade, the Department has published three (3) request for proposals (RFP's) for the provision of dental laboratory services: RFP NHDOC 10-03-GFMED, RFP NHDOC 14-04-GFEMD and RFP NHDOC 17-02-GFMED. With each published RFP, the Department received either one or two bids per solicitation demonstrating limited regional competition, but consistently received a response from Eric Joyce d/b/a Joyce Dental Laboratory. The NHDOC received interest from a company in California from the last solicitation, however the Department foresaw logistical issues of managing the required services, specifically corrective services needed for the proper fit of the manufactured prosthetic devices. Thus potentially delaying the need of receiving the proper care for the resident.

This contract will provide dental laboratory services for the residents and patients of the Northern NH Correctional Facility (NCF), Berlin, and the NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU), NH Correctional Facility for Women (NHCF-W), and the Concord Transitional Work Center, Concord, NH. These services include dental repairs, relines, rebases, mouth guards, dentures, acrylic partials and cast partials and are necessary to enable residents and patients to receive proper nutrition and preventative dental care.

Respectfully Submitted,

Helen E. Hanks  
 Commissioner

FORM NUMBER P-37 (version 12/11/2019)

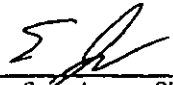
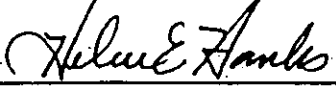


**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

|  |  |  |   |
|--|--|--|---|
| <b>1.1 State Agency Name</b><br>NH Department of Corrections   |  | <b>1.2 State Agency Address</b><br>P.O. Box 1806<br>105 Pleasant Street<br>Concord, NH 03302 |   |
| <b>1.3 Contractor Name</b><br>Eric Joyce d/b/a Joyce Dental Laboratory   |  | <b>1.4 Contractor Address</b><br>33 Court Street<br>Laconia, NH 03246                        |   |
| <b>1.5 Contractor Phone Number</b><br>603-524-2911   | <b>1.6 Account Number</b><br>02-46-46-465010-8234-101-500728 | <b>1.7 Completion Date</b><br>June 30, 2024  | <b>1.8 Price Limitation</b><br>\$125,175.00 |
| <b>1.9 Contracting Officer for State Agency</b><br>Paula L. Mattis   |  | <b>1.10 State Agency Telephone Number</b><br>603-271-5663                                    |   |
| <b>1.11 Contractor Signature</b><br> Date: 4/18/2021   |  | <b>1.12 Name and Title of Contractor Signatory</b><br>Eric Joyce, Owner                      |   |
| <b>1.13 State Agency Signature</b><br> Date: 5/27/2021  |  | <b>1.14 Name and Title of State Agency Signatory</b><br>Helen E. Hanks, Commissioner         |   |
| <b>1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</b><br>By:  Director, On: 6/1/2021 |  |  |   |
| <b>1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable)</b><br>By:  On: 5/27/2021                  |  |  |   |
| <b>1.17 Approval by the Governor and Executive Council (if applicable)</b><br>G&C Item number: _____ G&C Meeting Date: _____   |  |  |   |

**2. SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor to the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

## 8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

## 9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

## 10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

**11. CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

## 12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

**13. INDEMNIFICATION.** Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

#### 14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

#### 15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. **AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. **CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. **CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. **HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. **SPECIAL PROVISIONS.** Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. **SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. **ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

## DENTAL LABORATORY SERVICES

This Agreement is between the State of New Hampshire, acting by and through the STATE OF NEW HAMPSHIRE, DEPARTMENT OF CORRECTIONS ("State" or "Department"), 105 Pleasant Street, Concord, NH 03301 and Eric Joyce d/b/a Joyce Dental Laboratory ("Contractor"), a New Hampshire Sole Proprietor, 373 Court Street, Laconia, NH 03246.

WHEREAS, the State and the Contractor have agreed for the Contractor to provide Dental Laboratory Services for the NH Department of Corrections (NHDOC).

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Agreement and set forth herein, the parties hereto agree as follows:

### EXHIBIT A

#### SPECIAL PROVISIONS

1. To amend the Insurance provision, section 14.3, of the original P-37 contract by changing the last sentence of the clause to: "Cancellation notice by the Insurer to the Certificate Holder will be delivered in accordance with the policy provisions."

### EXHIBIT B

#### SCOPE OF SERVICES

##### 1. Purpose

The purpose of this Agreement is for the provision of Dental Laboratory Services for the resident/patient population within the NH Department of Corrections correctional system to support the need of the manufacture and repair of prosthetic devices to include but not limited to:

- Relines;
- Rebases;
- Repairs (acrylic);
- Mouth Guards (hard);
- Dentures (partial and full); and
- Acrylic Partials (clasp-less, wire clasps).

##### 2. Term of Contract

The term shall be for the period beginning upon the Effective Date through June 30, 2024, as defined in Section 1. General Provisions of this Agreement with the option to extend contracted services for two (2) additional periods of up to three (3) years each subject to the continued availability of funds, satisfactory Contractor performance, and Commissioner approval.

##### 3. Facilities Served

Northern NH Correctional Facility (NCF), Berlin, NH; Southern NH Correctional Facilities: NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU), NH Correctional Facility for Women (NHCF-W), and Concord Transitional Work Center (TWC), Concord, NH which are marked with an "X" in the following table:

| Northern Region – Northern NH Correctional Facility |   |                        |                   |
|---|---|------------------------|-------------------|
| X   | Northern NH Correctional Facility (NCF)       | 138 East Milan Road    | Berlin, NH 03570  |
| Southern – Southern NH Correctional Facilities      |   |                        |                   |
| X   | NH State Prison for Men – (NHSP-M)            | 281 North State Street | Concord, NH 03301 |
| X   | Secure Psychiatric Unit (SPU)                 | 281 North State Street | Concord, NH 03301 |
| X   | NH Correctional Facility for Women – (NHCF-W) | 42 Perimeter Road      | Concord, NH 03301 |
| X   | Concord Transitional Work Center – (TWC)      | 275 North State Street | Concord, NH 03301 |

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#### 4. General Assumptions

##### 4.1. Dental Laboratory Services:

- 4.1.1. Laboratory cases (dentures, models, partials, impressions, wax bites & denture set-ups) shall be picked up at the NHSP-M.
  - 4.1.2. Regular cases are to be returned within ten (10) working days and Relines or Rebases are to be returned within two (2) working days to the prospective NHSP-M location.
  - 4.1.3. Work needing to be redone to the Dentist's specifications (until the specifications are met) will be at no cost to the NH Department of Corrections.
  - 4.1.4. NH Department of Corrections staff may conduct periodic quality reviews.
  - 4.1.5. If quality is found to be lacking (i.e. poor fit, poor esthetics, defects in materials or workmanship) or if the percentage of work needing to be redone exceeds ten percent (10%), the Department may seek corrective action following the Performance Management, Paragraph 14., Exhibit B, Scope of Services, of the Contract.
  - 4.1.6. All materials (denture teeth, acrylics, and wrought wire) are to be of quality consistent with American Dental Association (ADA) specifications.
  - 4.1.7. Infection Control Program is to be used by the contract service provider in accordance with American Dental Association standards.
- 4.2. NH Department of Corrections Contact: The Director of Medical & Forensic Services or designee shall contact the Contractor when service is needed.
- 4.3. Contractor Tools and Equipment: The Contractor must furnish the required tools and equipment inclusive of computer hardware, if applicable, necessary to provide the requested services of the Contract. Any tools, containers and vehicles the Contractor needs to provide the required services must be inventoried before entering and leaving the facility and are subject to search by NH Department of Corrections security staff at any and all times while on NH Department of Corrections facility grounds.
- 4.4. Rules and Regulations: The Contractor agrees to comply with all Policy, Procedure and Directives of the NH Department of Corrections. The Contractor shall adhere to the Department's Administrative Rules, Conduct and Confidentiality of Information policies.
- 4.5. Additional Facilities: Upon agreement of both parties, additional facilities belonging or associated to the NH Department of Corrections may be added to the Contract.
- 4.6. Licenses, Credentials and Certificates: The Contractor and its staff, if applicable, shall possess the licenses, credentials and/or certification required by law and regulations to provide the required Dental Laboratory Services.
- 4.7. Qualified Technicians/Personnel: The Contractor shall have in their employ a sufficient number of qualified technicians/personnel to conduct the required scope of service.
- 4.8. Admittance: The NH Department of Corrections may, at its sole discretion, remove from or refuse admittance to any Department facility any person providing services under a contract without incurring penalty or cost for exercising this right. The Contractor shall be responsible for assuring that the services that the person(s) so removed or denied access are delivered.
- 4.8.1. Contractor shall adhere to any restrictions imposed pertaining to the COVID-19 pandemic and/or executive and emergency orders set by the Governor of the State of NH to include but not limited to covering nose and mouth with a cloth covering and maintaining social distancing while on facility grounds.
- 4.9. Contractor Sign-In Sheet: Contractors' staff shall be expected to sign-in and out of the corresponding facility receiving services. At a minimum, Contractor staff shall provide their company name, personal first and last name, time-in and time-out, date of service, corresponding facility and may be required to provide vehicle make, model and license plate number.

#### 5. Administrative Rules, Policies, Regulations and Policy and Procedure Directives

Contractor shall comply with any applicable NH Department of Corrections Administrative Rules, Policies, Regulations and Policy and Procedure Directives (PPD's) to include but not limited to PPD 371 (formerly 5.08): *Staff Personal Property Permitted In and Restricted from Prison Facilities*. Additional information can be located as a separate link: [http://www.nh.gov/nhdoc/business/rfp\\_bidding\\_tools.htm](http://www.nh.gov/nhdoc/business/rfp_bidding_tools.htm)

#### 6. Prison Rape Elimination Act (PREA) of 2003

Contractor shall comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C.15601 et. seq.), with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted. Contractor acknowledges that, in addition to self-monitoring requirements, the State will conduct

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compliance monitoring of PREA standards, which may require an outside independent audit. Additional information can be located as a separate link: [http://www.nh.gov/nhdoc/business/rfb\\_bidding\\_tools.htm](http://www.nh.gov/nhdoc/business/rfb_bidding_tools.htm)

**7. Protected Health Information (PHI)**

Contractor shall safeguard any and all PHI according to the terms of the Health Information Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments.

In performing its obligations under the Contract, the Contractor may gain access to information of the patients, including confidential information or Patient Health Information (PHI). The Contractor shall not use information developed or obtained during the performance of, or acquired or developed by reason of the Contract, except as is directly connected to and necessary for the Contractor's performance under the Contract.

The Contractor agrees to maintain the confidentiality of and to protect from unauthorized use, disclosure, publication, reproduction and all information of the patient that becomes available to the Contractor in connection with its performance under the Contract. In the event of unauthorized use of or disclosure of the patient's information, the Contractor shall immediately notify the NH Department of Corrections.

All financial, statistical, personnel and/or technical data supplied by NH Department of Corrections to the Contractor are confidential. The Contractor is required to use reasonable care to protect the confidentiality of such data. Any use, sale or offering of this data in any form by the Contractor, or any individual or entity in the Contractor's charge or employ, will be considered a violation of this Contract and may result in contract termination. In addition, such conduct may be reported to the State Attorney General for possible criminal prosecution.

**8. Change of Ownership**

In the event that the Contractor should change ownership for any reason whatsoever, the NH Department of Corrections shall have the option of continuing under the Contract with the Contractor or its successors or assigns for the full remaining term of the Contract, continuing under the Contract with the Contractor or, its successors or, assigns for such period of time as determined necessary by the NH Department of Corrections, or terminating the Contract.

**9. Contractor Designated Liaison**

Contractor shall designate a representative to act as a liaison between the Contractor and the Department of Corrections for the duration of the Contract and any renewals thereof. The Contractor shall, within five (5) days after the award of the Contract: submit a written identification and notification to NH Department of Corrections of the name, title, address, telephone & fax number, of its organization as a duly authorized representative to whom all correspondence, official notices and requests related to the Contractor's performance under the Contract.

- 9.1. Any written notice to the Contractor shall be deemed sufficient when deposited in the U.S. mail, postage prepaid and addressed to the person designated by the Contractor under this paragraph.
- 9.2. The Contractor shall have the right to change or substitute the name of the individual described above as deemed necessary provided that any such change is not effective until the Commissioner of the NH Department of Corrections actually receives notice of this change.
- 9.3. Changes to the named Liaison by the Contractor must be made in writing and forwarded to NH Department of Corrections, Director of Medical and Forensic Services, or designee, P.O. Box 1806, Concord, NH 03302.

**10. Contractor Liaison's Responsibilities**

Contractor's designated liaison shall be responsible for:

- 10.1. Representing the Contractor on all matters pertaining to the Contract and any renewals thereof. Such a representative shall be authorized and empowered to represent the Contractor regarding all aspects of the Contract and any renewals thereof.
- 10.2. Monitoring the Contractor's compliance with the terms of the Contract and any renewals thereof.
- 10.3. Receiving and responding to all inquiries and requests made by NH Department of Corrections in the time frames and format specified by NH Department of Corrections in this Contract and any renewals thereof; and
- 10.4. Meeting with representatives of NH Department of Corrections on a periodic or as-needed basis to resolve issues, which may arise.

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#### **11. NH Department of Corrections Contract Liaison Responsibilities**

NH Department of Corrections' Commissioner, or designee, shall act as liaison between the Contractor and the NH Department of Corrections for the duration of the Contract and any renewals thereof. The NH Department of Corrections reserves the right to change its representative, at its sole discretion, during the term of the Contract, and shall provide the Contractor with written notice of such change. The NH Department of Corrections representative shall be responsible for:

- 11.1. Representing the NH Department of Corrections on all matters pertaining to the Contract. The representative shall be authorized and empowered to represent the NH Department of Corrections regarding all aspects of the Contract.
- 11.2. Monitoring compliance with the terms of the Contract.
- 11.3. Responding to all inquiries and requests related to the Contract made by the Contractor, under the terms and in the time frames specified by the Contract.
- 11.4. Meeting with the Contractor's representative on a periodic or as-needed basis and resolving issues, which arise.
- 11.5. Informing the Contractor of any discretionary action taken by the NH Department of Corrections pursuant to the provision of the Contract.

#### **12. Reporting Requirements**

NH Department of Corrections shall, at its sole discretion:

- 12.1. Request the Contractor to provide proof of any and all licenses/certifications to perform/provide the requested Dental Laboratory services as required authorities having local, state and/or federal jurisdiction at any time during the life of the Contract and any renewals thereof.
- 12.2. All material developed or acquired by the Contractor, as a result of work under the Contract shall become the property of the State of New Hampshire. No material or reports prepared by the Contractor shall be released to the public without the prior written consent of the NH Department of Corrections.
- 12.3. Reports shall include but not limited to:
  - 12.3.1. Monthly summary of cost of service type by facility, quantity, unit cost and extended cost; and
  - 12.3.2. Breakdown of invoices at the discretion of the NH Department of Corrections.
- 12.4. Any reports and/or information requested by the NH Department of Corrections forwarded to NH Department of Corrections, Director of Medical and Forensic Services, or designee, P.O. Box 1806, Concord, NH 03302.
- 12.5. It is the intent of the NH Department of Corrections to work with the Contractor so that the Contractor can provide any reporting requirements that meets the Department's needs.

#### **13. Performance Evaluation**

NH Department of Corrections shall, at its sole discretion monitor and evaluate the Contractor's compliance with the Terms and Conditions and adherence to the Scope of Services of the Contract for the life of the Contract and any renewals thereof.

#### **14. Performance Management**

NH Department of Corrections shall, at its sole discretion:

- 14.1. Inform the Contractor of any dissatisfaction with the Contractor's performance and include requirements for corrective action.
- 14.2. Terminate the Contract as permitted by law, if the NH Department of Corrections determines that the Contractor:
  - 14.2.1. Does not comply with the terms of the Contract.
  - 14.2.2. Has lost or has been notified of intention to lose their certification/licensure/permits.
  - 14.2.3. The Contractor shall fully coordinate the performance activities of the Contract with those of the NH Department of Corrections. As the work of the Contractor progresses, advice and information on matters covered by the Contract shall be made available by the Contractor to the NH Department of Corrections as requested by the Department throughout the effective period of the Contract.

#### **15. Bankruptcy or Insolvency Proceeding Notifications**

- 15.1. Upon filing for any bankruptcy or insolvency proceeding by or against the Contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Contractor must notify the NH Department of Corrections immediately.
- 15.2. Upon learning of the actions herein identified, the NH Department of Corrections reserves the right at its sole discretion to either cancel the Contract in whole or in part, or, re-affirm the Contract in whole in part.

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**16. Cancellation of Contract**

NH Department of Corrections may cancel the Contract at any time for breach of contractual obligations by providing the Contractor with a written notice of such cancellation. Should the NH Department of Corrections exercise its right to cancel the Contract, the cancellation shall become effective on the date as specified in the Notice of Cancellation sent to the Contractor.

16.1. The NH Department of Corrections reserves that right to terminate the Contract without penalty or recourse by giving the Contractor a written notice of such termination at least sixty (60) days prior to the effective termination date.

16.2. The NH Department of Corrections reserves the right to cancel this Contract for the convenience of the State with no penalties by giving the Contractor sixty (60) days' notice of said cancellation.

**17. Audit Requirement**

Contractor agrees to comply with any recommendations arising from periodic audits on the performance of the Contract, providing that the recommendations do not require unreasonable hardship, which would normally affect the value of the Contract.

**18. Notification to the Contractor**

NH Department of Corrections shall be responsible for notifying the Contractor of any policy or procedural changes affecting the contracted services at least thirty (30) days before the implementation of such policy or procedure. The Contractor shall implement the changes on the date specified by the Department.

**19. Liability Insurance Requirements**

Contractor shall provide, for the life of the Contract and any renewals thereof, the minimum General Liability coverage to be no less than \$1,000,000.00 per each occurrence and \$2,000,000.00 general aggregate.

**EXHIBIT C**

**METHOD OF PAYMENT AND CONTRACT PRICE**

1. The Contractor, Eric Joyce d/b/a Joyce Dental Laboratory, shall provide itemized invoices for services provided to the applicable General Assumptions and required Scope of Services.
2. Services are to be invoiced monthly commencing thirty (30) days after the start of service. Due dates for monthly invoices will be the 15<sup>th</sup> following the month in which services are provided.
3. Invoices shall be sent to the NH Department of Corrections, Financial Services, P.O. Box 1806, Concord, NH 03302, or designee, for approval. The "Bill To" address on the invoice shall be: NH Department of Corrections, Financial Services, P.O. Box 1806, Concord, NH 03302.
4. The NH Department of Corrections may adjust the payment amount identified on a Contractor's monthly invoice. The NH Department of Corrections shall suspend payment to an invoice if an invoice is not submitted in accordance with the instructions established by the NH Department of Corrections.
5. The NH Department of Corrections Bureau of Financial Services may issue payment to the Contractor within thirty (30) days of receipt of an approved invoice. Invoices shall contain the following information:
  - a. Invoice date and number;
  - b. Description of services rendered;
  - c. Date of service;
  - d. Facility served; and
  - e. Quantity, Unit Cost and Extended Cost.
6. Payment shall be made to the name and address identified in the Contract as the "Contractor" unless: (a) the Contractor has authorized a different name and mailing address in writing or (b) authorized a different name and mailing address in an official State of New Hampshire Contractor Registration Application Form or (c) unless a court of law specifies otherwise. The Contractor shall not invoice federal tax. The State's tax-exempt certificate number is 026000618.
7. Original three-year price limitation shall not exceed one hundred twenty-five thousand, one hundred seventy-five dollars and no cents (\$125,175.00).
8. Unit costs shall be adjusted by renewal term amended only by an instrument in writing signed by the parties, effective on each July 1<sup>st</sup> of the Term based on a three percent (3%) escalation.

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**9. Estimated Volume and Unit Cost Structure**

| Item #  | Description  | Estimated Volume per Year | Unit Cost | Annual Cost (Est. Vol. x Unit Cost) |
|---|--|---------------------------|-----------|-------------------------------------|
| <b>Dentures</b>   |  |                           |           |                                     |
| 1.  | Model  | 1                         | \$ 15.00  | \$ 15.00                            |
| 2.  | Bite Block   | 1                         | \$ 30.00  | \$ 30.00                            |
| 3.  | Custom Tray  | 1                         | \$ 30.00  | \$ 30.00                            |
| 4.  | Articulation   | 1                         | \$ 15.00  | \$ 15.00                            |
| 5.  | Setup Full Upper   | 1                         | \$ 70.00  | \$ 70.00                            |
| 6.  | Setup Full Lower   | 1                         | \$ 70.00  | \$ 70.00                            |
| 7.  | Setup Partial Upper  | 1                         | \$ 65.00  | \$ 65.00                            |
| 8.  | Setup Partial Lower  | 1                         | \$ 65.00  | \$ 65.00                            |
| 9.  | Finish Full Upper  | 40                        | \$ 220.00 | \$ 8,800.00                         |
| 10.   | Finish Full Lower  | 20                        | \$ 220.00 | \$ 4,400.00                         |
| 11.   | Hard Night Guard   | 10                        | \$ 80.00  | \$ 800.00                           |
| 12.   | Soft Night Guard   | 1                         | \$ 80.00  | \$ 80.00                            |
| 13.   | Repairs (Acrylic)  | 31                        | \$ 75.00  | \$ 2,325.00                         |
| 14.   | Repairs (Metal)  | 1                         | \$ 70.00  | \$ 70.00                            |
| 15.   | Relines  | 18                        | \$ 85.00  | \$ 1,530.00                         |
| 16.   | Rebases  | 1                         | \$ 85.00  | \$ 85.00                            |
| 17.   | Partials - Acrylic (Bid on one to four teeth replaced and five and over for each of the following partials). |                           |           |                                     |
| 17a.  | Acrylic Partial (one to four teeth with two wire clasps)   | 74                        | \$ 170.00 | \$ 12,580.00                        |
| 17b.  | Acrylic Partial (5 teeth and over with two wire clasps)  | 56                        | \$ 175.00 | \$ 9,800.00                         |
| Subtotal Dentures (Total Annual Cost Colum 1-16 & 17a-b)    |  |                           |           | \$ 40,830.00                        |
| <b>Cast Metal Partials</b>                                  |  |                           |           |                                     |
| 1.  | Upper Frame  | 1                         | \$ 190.00 | \$ 190.00                           |
| 2.  | Lower Frame  | 1                         | \$ 190.00 | \$ 190.00                           |
| 3.  | Extra Clasp & Rest   | 1                         | \$ 35.00  | \$ 35.00                            |
| 4.  | Extra Attachments  | 1                         | \$ 35.00  | \$ 35.00                            |
| 5.  | Equiposie Technique  | 1                         | \$ 190.00 | \$ 190.00                           |
| 6.  | Weld   | 1                         | \$ 45.00  | \$ 45.00                            |
| 7.  | Wrought Wire   | 1                         | \$ 20.00  | \$ 20.00                            |
| 8.  | Cu-Sil® Partial  | 1                         | \$ 190.00 | \$ 190.00                           |
| Subtotal Cast Metal Partials (Total Annual Cost Column 1-8) |  |                           |           | \$ 895.00                           |
| ADD: Total Annual Cost of Dentures and Cast Metal Partials  |  |                           |           | \$ 41,725.00                        |
| Total Contract (Multiply Total Annual Cost x 3)             |  |                           |           | \$ 125,175.00                       |

Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

## Glossary of Terms

Various terms and abbreviations used within this Contract. This glossary terms and acronym list is an attempt to help make reading this document easier and more understandable.

| <b>Term</b>   | <b>Acronym</b> | <b>Description/Definition</b> |
|---|----------------|-------------------------------|
| American Dental Association                           | ADA            |                               |
| Concord Transitional Work Center                      | TWC            |                               |
| Coronavirus Disease                                   | COVID-19       |                               |
| Doing Business As                                     | D/B/A          |                               |
| Health Information Portability and Accountability Act | HIPAA          |                               |
| New Hampshire   | NH             |                               |
| NH Department of Corrections                          | NHDOC          |                               |
| NH Correctional Facility for Women                    | NHCF-W         |                               |
| NH State Prison for Men                               | NHSP-M         |                               |
| Northern NH Correctional Facility                     | NCF            |                               |
| Policy and Procedure Directives                       | PPD            |                               |
| Post Office   | P.O.           |                               |
| Prison Rape Elimination Act                           | PREA           |                               |
| Protected Health Information                          | PHI            |                               |
| Secure Psychiatric Unit                               | SPU            |                               |
| State of NH Long Form Contract                        | P-37           |                               |
| United States   | U.S.           |                               |

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# State of New Hampshire

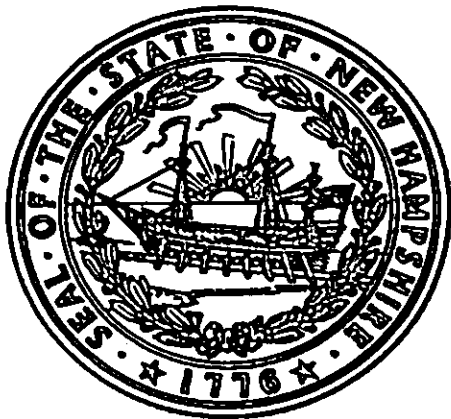
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that JOYCE DENTAL LABORATORY is a New Hampshire Trade Name registered to transact business in New Hampshire on March 25, 2020. 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: 839154

Certificate Number: 0005349921



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 15th day of April A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State

Certificate of Authority # 6

(Sole Proprietor)

**Sole Proprietor Certification of Authority**

I, Eric Joyce, hereby certify that I am a Sole Proprietor  
(Name)  
of Joyce Dental Laboratory which is a tradename registered with the Secretary of  
(Name of Business)

under RSA 349. I certify that I am the sole owner of my business and of the tradename.

I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the business.

DATED: 4/18/2021

ATTEST: Eric Joyce Owner  
(Name and Title)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/15/2021

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).

|   |  |                                      |
|---|--|--------------------------------------|
| <b>PRODUCER</b><br>Maheu Insurance<br>172 Union Ave<br>Laconia NH 03246                       | <b>CONTACT NAME:</b> Roland L. Maheu<br><b>PHONE (A/C No. Ext):</b> (603) 524-0753<br><b>E-MAIL ADDRESS:</b> Rmaheu@maheuinsurance.com | <b>FAX (A/C No.):</b> (603) 524-9283 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      |
| <b>INSURED</b><br>JOYCE, ERIC DBA JOYCE DENTAL LABORATORY<br>373 COURT ST<br>LACONIA NH 03246 | <b>INSURER A:</b> PROVIDENCE MUTUAL  |                                      |
|   | <b>INSURER B:</b>  |                                      |
|   | <b>INSURER C:</b>  |                                      |
|   | <b>INSURER D:</b>  |                                      |
|   | <b>INSURER E:</b>  |                                      |
|   | <b>INSURER F:</b>  |                                      |

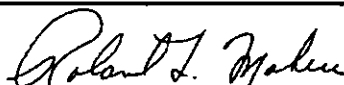
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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   |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|--|
| X        | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:               |           |          | BOP 0056588 11 | 03/07/2021              | 03/07/2022              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> AUTOS ONLY |           |          |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |                |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>if yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | N/A            |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

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

MANUFACTURE AND REPAIR FALSE TEETH

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>STATE OF NH DEPARTMENT OF CORRECTIONS<br>PO BOX 1806<br>CONCORD, NH 03302-1806 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE  <PD> |
|---|---|

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**Eric Joyce d/b/a Joyce Dental Laboratory**

April 15, 2021


NH Department of Corrections  
P.O. Box 1806  
Concord, NH 03301

Re: Workers' Compensation

To Whom It May Concern,

As I am the Sole owner, Sole-Proprietor, Eric Joyce d/b/a Joyce Dental Laboratory, contracting services in an individual capacity, Eric Joyce, I am not required to carry Workers' Compensation insurance.

Sincerely,



Eric Joyce  
373 Court Street  
Laconia, NH 03246



NH DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE RULES

Cor 307 Items Considered Contraband. Contraband shall consist of:

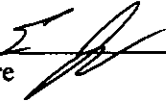
- a) Any substance or item whose possession is unlawful for the person or the general public possessing it including but not limited to:
  - (1) narcotics
  - (2) controlled drugs or
  - (3) automatic or concealed weapons possessed by those not licensed to have them.
- b) Any firearm, simulated firearm, or device designed to propel or guide a projectile against a person, animal or target.
- c) Any bullets, cartridges, projectiles or similar items designed to be projected against a person, animal or target.
- d) Any explosive device, bomb, grenade, dynamite or dynamite cap or detonating device including primers, primer cord, explosive powder or similar items or simulations of these items.
- e) Any drug item, whether medically prescribed or not, in excess of a one day supply or in such quantities that a person would suffer intoxication or illness if the entire available quantity were consumed alone or in combination with other available substances.
- f) Any intoxicating beverage.
- g) Sums of money or negotiable instruments in excess of \$100.00.
- h) Lock-picking kits or tools or instruments on picking locks, making keys or obtaining surreptitious entry or exit.
- i) The following types of items in the possession of an individual who is not in a vehicle, but shall not be contraband stored in a secured vehicle:
  - (1) knives and knife-like weapons, clubs and club-like weapons,
  - (2) tobacco, alcohol, drugs including prescription drugs unless prior approval is granted in writing by the facility Warden/designee, or Director/designee,
  - (3) maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds or its vicinity,
  - (4) pornography or pictures of visitors or prospective visitors undressed,
  - (5) radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials,
  - (6) identification documents, licenses and credentials not in the possession of the person to whom properly issued,
  - (7) ropes, saws, grappling hooks, fishing line, masks, artificial beards or mustaches, cutting wheels or string rope or line impregnated with cutting material or similar items to facilitate escapes,
  - (8) balloons, condoms, false-bottomed containers or other containers which could facilitate transfer of contraband.

COR 307.02 Contraband on prison grounds is prohibited. The possession, transport, introduction, use, sale or storage of contraband on the prison grounds without prior approval of the Commissioner of Corrections or his designee is prohibited under the provision of RSA 622:24 and RSA 622:25.

COR 307.03 Searches and Inspections Authorized.

- a) Any person or property on state prison grounds shall be subject to search to discover contraband...  
Travel onto prison grounds shall constitute implied consent to search for contraband. In such cases where implied consent exists, the visitor will be given a choice of either consenting to the search or immediately leaving the prison grounds. Nothing in this rule however, prevents non-consensual searches in situations where probable cause exists to believe that the visitor is or had attempted to introduce contraband into the prison pursuant to the law of New Hampshire concerning search, seizure and arrest.
- b) All motor vehicles parked on prison grounds shall be locked and have the keys removed. Custodial personnel shall check to insure that vehicles are locked and shall visually inspect the plain view interior of the vehicles. Vehicles discovered unlocked shall be searched to insure that no contraband is present. Contraband discovered during searches shall be confiscated for evidence, as shall contraband discovered during plain view inspections.
- c) All persons entering the facilities to visit with residents or staff, or to perform services at the facilities or to tour the facilities shall be subject to having their persons checked. All items and clothing carried into the institution shall be searched for contraband.

Eric Joyce \_\_\_\_\_  
Name

 \_\_\_\_\_  
Signature

4/18/2021 \_\_\_\_\_  
Date

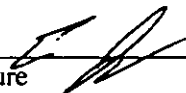
NH DEPARTMENT OF CORRECTIONS  
RULES OF CONDUCT FOR PERSONS PROVIDING CONTRACT SERVICES

1. Engaging in any of the following activities with persons under departmental control is strictly prohibited:
  - a. Any contact, including correspondence, other than the performance of your services for which you have been contracted.
  - b. Giving or selling of anything
  - c. Accepting or buying anything
2. Any person providing contract services who is found to be under the influence of intoxicants or drugs will be removed from facility grounds and barred from future entry to NH Department of Corrections property.
3. Possession of any item considered to be contraband as defined in the New Hampshire code of Administrative Rules, Part COR 307 is a violation of the rules and the laws of the State of New Hampshire and may result in legal action under RSA 622:24 or other statutes.
4. In the event of any emergency situation, i.e., fire, disturbance, etc., you will follow the instructions of the escorting staff or report immediately to the closest available staff.
5. All rules, regulations and policies of the NH Department of Corrections are designed for the safety of the staff, visitors and residents, the security of the facility and an orderly flow of necessary movement and activities. If unsure of any policy and procedure, ask for immediate assistance from a staff member.
6. Harassment and discrimination directed toward anyone based on sex, race, creed, color, national origin or age are illegal under federal and state laws and will not be tolerated in the work place. Maintenance of a discriminatory work environment is also prohibited. Everyone has a duty to observe the law and will be subject to removal for failing to do so.
7. During the performance of your services you are responsible to the facility administrator, and by your signature below, agree to abide by all the rules, regulations, policies and procedures of the NH Department of Corrections and the State of New Hampshire.
8. In lieu of Contracted staff participating in the Corrections Academy, the Vendor through the Commissioner or his designees will establish a training/orientation facilitated by the Vendor to supplement this requirement and appropriate orient Vendor staff to the rules, regulations, policies and procedures of the Department of Corrections and the State of New Hampshire.

Eric Joyce

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature



\_\_\_\_\_  
Date

4/18/2021

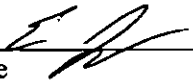
NH DEPARTMENT OF CORRECTIONS  
CONFIDENTIALITY OF INFORMATION AGREEMENT

I understand and agree that all employed by the organization/agency I represent must abide by all rules, regulations and laws of the State of New Hampshire and the NH Department of Corrections that relate to the confidentiality of records and all other privileged information.

I further agree that all employed by or subcontracted through the organization I represent are not to discuss any confidential or privileged information with family, friends or any persons not professionally involved with the NH Department of Corrections. If persons under Departmental control of the NH Department of Corrections, or, anyone outside of the NH Department of Corrections' employ approaches any of the organization's employees or subcontractors and requests information, the staff/employees of the organization I represent will immediately contact their supervisor, notify the NH Department of Corrections, and file an incident report or statement report with the appropriate NH Department of Corrections representative.

Any violation of the above may result in immediate termination of any and all contractual obligations.

Eric Joyce  
\_\_\_\_\_  
Name

  
\_\_\_\_\_  
Signature

4/18/2021  
\_\_\_\_\_  
Date



STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF CORRECTIONS  
 DIVISION OF ADMINISTRATION

Helen E. Hanks  
 Commissioner

Robin Maddaus  
 Director

P.O. BOX 1806  
 CONCORD, NH 03302-1806

603-271-5610 FAX: 1-888-908-6609  
 TDD Access: 1-800-735-2964  
 www.nh.gov/nhdoc

PRISON RAPE ELIMINATION ACT  
 ACKNOWLEDGEMENT FORM

The Prison Rape Elimination Act (PREA) of 2003 (with Final Rule August 2012) is a federal law established to address the elimination and prevention of sexual assault and sexual harassment within correctional systems and detention facilities. This Act applies to all correctional facilities, including prisons, jails, juvenile facilities and community corrections residential facilities. PREA incidents involve the following conduct:

- Resident-on-resident sexual assault
- Resident-on-resident abusive sexual contact
- Staff sexual misconduct
- Staff sexual harassment, assault of a resident

The act aimed to curb prison rape through a “zero-tolerance” policy, as well as through research and information gathering. The NH Department of Corrections has zero tolerance relating to the sexual assault/rape of offenders and recognizes these offenders as crime victims. Due to this recognition and adherence to the federal Prison Rape Elimination Act (PREA) of 2003, the NH Department of Corrections extends the “zero tolerance” to the following:

- Contractor/subcontractor misconduct
- Contractor/subcontractor harassment, assault of a resident

As a Contractor and/or Subcontractor of the NH Department of Corrections, I acknowledge that I have been provided information on the Prison Rape Elimination Act of 2003 Public Law 108-79—Sept. 4, 2003 and have been informed that as a Contractor and/or Subcontractor of the NH Department of Corrections, sexual conduct between Contractor and/or Subcontractor and offenders is prohibited. Sexual harassment or sexual misconduct involving an offender can be a violation of NH RSA 632-A:2, 632-A:3 and 632-A:4, Chapter 632-A: Sexual Assault and Related Offenses, and result in criminal prosecution.

As a Contractor and/or Subcontractor of the NH Department of Corrections, I understand that I shall inform all employees of the Contractor and/or Subcontractor to adhere to all policies concerning PREA, RSA 632-A:2, RSA 632-A:3, RSA 632-A:4 and departmental policies including NHDOC PPD 5.19 - PREA; NHDOC Administrative Rules, Conduct and Confidentiality Information regarding my conduct, reporting of incidents and treatment of those under the supervision of the NH Department of Corrections. (Ref. RSA Chapter 632-A, NHDOC PPD 5.19 and Administrative Rules, Rules of Conduct for Persons Providing Contract Services, Confidentiality of Information Agreement).

Name (print): Eric Joyce Date: 4/18/2021  
 (Name of Contract Signatory)

Signature:   
 (Signature of Contract Signatory)