48 Dm



State of New Hampshire

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

March 6, 2017

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 State Police, to accept and expend \$21,821.000 of federal pass-through funds from the Department of Safety, Office of Highway Safety, entitled New Hampshire State Police C.A.R. (Collision Analysis & Reconstruction) – Advanced Traffic Crash Investigation & Reconstruction Training to pay the registration and training costs for investigation and reconstruction training. Effective upon Governor and Council approval through June 30, 2017. 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	<u>C</u> \$	urrent Adjusted Authorized (2,065,157.51)	Red \$	quested Action (21,821.00)	<u>I</u> \$	Revised Adjusted Authorized (2,086,978.51)
018-500106	Overtime	\$	12,336.00	\$	-	\$	12,336.00
019-500105	Holiday Pay	\$	1,429.52	\$	-	\$	1,429.52
020-500221	Current Expenses	\$	0.22	\$	-	\$	0.22
030-500311	Equipment	\$	1,384,497.41	\$	-	\$	1,384,497.41
037-500173	Technology - Hardware	\$	11,800.00	\$	-	\$	11,800.00
038-500177	Technology - Software	\$	25,600.00	\$	-	\$	25,600.00
039-500180	Telecommunications	\$	0.60	\$	-	\$	0.60
040-500800	Indirect Cost	\$	50,792.95	\$	2,201.00	\$	52,993.95
046-500465	Consultants	\$	337,078.50	\$	-	\$	337,078.50
059-500117	Temp - Full Time	\$	146,493.00	\$	-	\$	146,493.00
060-500602	Benefits	\$	86,129.31	\$	-	\$	86,129.31
080-500713	Out-of-State Travel	\$	9,000.00	\$_	19,620.00	\$	28,620.00
	Total	\$	2,065,157.51	\$	21,821.00	\$	2,086,978.51

Explanation

This request to accept and expend funds from the Office of Highway Safety will enable NH Department of Safety C.A.R. members to attend training related to traffic crash investigations and reconstruction in New Braintree, MA. The training will take place between March 27, 2017 and May 12, 2017. The first course will build upon theories and techniques previously learned and will delve into the advanced concepts of traffic crash investigations. The second course will build upon the first and the students will take part in a more intense study of time/distance calculations, two-dimensional momentum, and impact

His Excellency, Governor Christopher T. Sununu and the Honorable Council March 6, 2017 Page 2 of 2

speed calculations using momentum equations. This specialized training is not offered in New Hampshire and requires travel to Massachusetts.

The funds are to be budgeted as follows:

Funds in class 040 will be used to pay for Indirect Costs on all eligible expenses.

Funds in class 080 will be used to pay for the training registration and the meal allowance while in training.

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,

John J. Barthelmes Commissioner of Safety

Department of Safety Highway Safety Equipment and Training Grants Fiscal Situation

02-23-23-234010-22110000

Federal Funds Awarded:	
FFY 2016 Grant - NHSP Captain Position - 10/1-9/30/2016	\$165,714.00
FFY 2016 Grant - VPN Installation Assistance - 10/1-9/30/2016	\$165,977.65
FFY 2016 Grant - NHSP Crash Records Management System 10/1-9/30/2016	\$109,960.50
FFY 2016 Grant - NHSP Robotic Total Stations	\$135,000.00
FFY 2016 Grant - NHSP C.A.R. Equipment	\$37,400.00
FFY 2017 Grant - VPN Installation Assistance - 10/1-9/30/2017	\$164,081.40
FFY 2017 Grant - NHSP Captain Position - 10/1-9/30/2017	\$160,000.00
FFY 2017 Grant - DOS Forensic Lab PBT's	\$127,500.00
FFY 2017 Grant - DOS Forensic Lab Intoxilyzers	\$1,143,207.80
FFY 2017 NHSP C.A.R Advanced Traffic Crash Investigation & Reconstruction Training	\$21,821.36
Total Grant Funds Awarded	\$2,230,662.71
Less: SFY 2016 Grant Expenditures	\$106,693.64
Less: SFY 2017 Current Adjusted Authorized	\$2,065,157.51
Remaining excess grant funds available to appropriate	\$58,811.56
This Request	\$21,821.00

OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

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

Project Title: New Hampshire State Police C.A.R. - Advanced Traffic Crash Investigation & Reconstruction Training

Project #: 308-17S-120

I. Identification and Definition	ons.						
1.1. State Agency Name New Hampshire Depa Office of Highway Sat		1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305					
1.3. Subrecipient Name Department of Safety/New I	lampshire State Police	1.4. Subrecipient Addres 33 Hazen Drive, Concord					
Project Director Email Ad Colonel Christopher Wag New Hampshire State Pol christopher.wagner@dos.r	ner, Director ice	Grant Contact Email: christopher.wagner@do	Grant Contact Email: christopher.wagner@dos.nh.gov				
1.4.1 Subrecipient Type - S State	tate Government	1.4.2 DUNS 060340564					
1.5. Subrecipient Phone # 603-223-3888	1.6. Effective Date February 1, 2017	1.7. Completion Date September 30, 2017	1.8. Grant Limitation \$21,821.36				
1.9. Grant Officer for State John A. Clegg	Agency	1.10. State Agency Telepl 603-271-2893	hone Number				
"By signing this form we ce grant, including if applicab	rtify that we have complied with le RSA 31:95-b."	n any public meeting require	ment for acceptance of this				
1.11. Subreciplent Signatu		1.12. Name & Title of Subrecipient Signor I Christopher Wagner, Colonel, New Hampshire State Police					
Subrecipient Signature 2		Name & Title of Subrecipient Signor 2 Robert L. Quinn, Assistant Commissioner					
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3					
officer, personally appeared	ate of New Hampshire, County I the person(s) identified in bloc ned in block 1.11., and acknowl	k 1.12., known to me (or sati	sfactorily proven) to be the				
1.13.1. Signature of Notary Peace (Seal)	Public or Justice of the	1.13.2 Name & Title of Nota Peace	ry Public or Justice of the				
1.14. State Agency Signat	ure(s) 1.15. Na	me & Title of State Agency S	ignor(s)				
Josephilm	Joh NH	n J. Barthelmes, Commissio Department of Safety	ner Date: <u>7/23/17</u>				
1.16. Approval by Attorney	General (Form, Substance and	Execution) (if G & C approv	val required)				
By:		stant Attorney General, On:	1 1				
1.17. Approval by Governo	r and Council (if applicable)						
By:		On:	1 /				
(hereinafter referred to as "the Sta	e for grant funds provided by the State of the pursuant to RSA 21-P:55-63, the ork identified and more particularly descri	Subrecipient identified in block 1.3	(hereinaster referred to as "the				

work being hereinafter referred to as "the Project"). Subrecipient Initials Rev. 04/2016

Page 1 of 3 Date

EXHIBIT B

Grant Amount and Method of Payment

1. GRANT AMOUNT

	EEDED AL DUDGET AND BEDGONNEL DATA	
a.	FEDERAL BUDGET AND PERSONNEL DATA Personnel Services Salary	
b.	Current Expenses	
c.	Equipment	
-	z-quipmont .	
d.	Indirect Costs and Audit Expense	
-	\$19,620.00 x 11.22 percent	\$2,201.36
	\$1,651.02 - 405D Funds (17-02 M6OT 22)	
	\$550.34 - 402 Funds (17-02 AL 22)	
e.	Contractual Services	
f.	Travel Expenses	
	Registration – 6 troopers x 2 trainings x \$1,095.00/training	\$13,140.00
	C.A.R Training \$9,855.00-405D Funds (17-02 M6OT 22) C.A.R Training \$3,285.00-402 Funds (17-02 AL 22)	
	Moole 6 troopers v 2 trainings v 10 days v \$54/day	6,480.00
l	Meals - 6 troopers x 2 trainings x 10 days x \$54/day \$4,860.00-405D Funds (17-02 M6OT 22)	
	\$1,620.00-402 Funds (17-02 AL 22)	
Tota	d	\$21,821.36

Project Cost is 80% Federal Funds, 20% Applicant Share	
Awarding Agency: Office of Highway Safety (OHS)	
Project Title & Number: NHSP C.A.R. Traffic Crash Investigation & Reconstruction Training	
PSP & Task #: 17-02 M6OT 22 = \$16,366.02 / 17-02 AL 22 = \$5,455.34	
Funding Source: 405D Funds / 402 Funds	
Catalog of Federal Domestic Assistance (CFDA) Number: 20.616 / 20.600	
In Kind Match: \$4,091.51 (405D Funds 17-02 M6OT 22) / \$1,363.84 (402 Funds 17-02 AL 22)	

2. PAYMENT SCHEDULE

a.	The Subrecipient	agrees	that	the	total	payment	by	the	State	under	this	grant	agreem	ent
	shall be up to \$21.	,821.36												

	Grantee Initials	
Rev. 11/2015	Page 2 of 12	Date

•	•		For HSA Use Only					
tate Of New Hampshire lighway Safety Agency	Date Receive	umber						
8 Regional Drive, Building oncord, NH 03301-8530	September	r 29, 2015	#300-16	S-002				
Oncoru, IVII 05501-8550			Date Approv	ed	PSP and T	ask# ·		
			September	29, 2015	16-08, 01			
ut I								
Project Title		-	2. Type of Ap	plication (Check	One)			
H State Police Captain Po	osition		X Initial Revisio Continu					
Applicant								
	DUNS Number 060340:	564 ·	B. Address of	Agency				
I Department of Safety			33 Hazen Driv Concord NH 0	-	-			
Government Unit (Check	One)		D. Name Add	ress of Governme	ental Unit			
X State City/Town			State of New H	lampshire				
County .			Concord, NH 03301					
Other (specify):								
ract Duration			Functional Area	PA - Planning	& Administr	ation		
A. Contract Period			CFDA#	20.600				
Start Date: Termination Date:	October 1, 2015 September 30, 2016		Program Title State & Community Highway Safety Funding Source National Highway Traffic Safety Administratio					
)assertion of Project (De		ale A) and Samoe	of Funds			<u> </u>		
lescription of Project (De				- 1 C	.3			
	Budget (Provide itemiza					Other Francis		
Cost Category	Total Budget	Federal Budge	t Local Bu	aget State	e Budget	Other Funds		
rsonnel Services	\$165,714.00	\$165,714.0	00					
rrent Expense								
uipment								
lirect Costs Audit			<u> </u>					
ntractual Services				<u> </u>				
let								
Estimated Costs ling Non-Federal Share	\$165,714.00	\$165,714.	00					
cal Benefit: equicipated that the federal share for local benefit will be: 0% (\$0.00)								
1								

			For HSA Use Only					
Of New Hampshire lighway Safety Agency	•		Date Received Project Number					
8 Regional Drive, Buildin	ng 2		October 8, 2015 #310-16S-002					
oncord, NH 03301-8530			Date Approved	PSP and	Task#			
			October.8, 20	15 16-04, 07	•			
ut I		Į						
Project Title			2. Type of Application	on (Check One)				
PN Installation		•	X Initial	•				
,			Revision Continuation		•			
			Communication					
Applicant	•							
Name of Agency	DUNS Number 0603405	64	B. Address of Agency	,				
I Department of Safety			33 Hazen Drive	011				
vision of State Police			Concord NH 03305-0		·			
Government Unit (Check X State	One)		D. Name Address of					
State City/Town			State of New Hampshire					
County			Concord, NH 03301					
Other (specify):								
ract Duration	•		Functional Area K9-	408 Data Program In	centive			
12. Contract Period		ſ	CFDA# 20.61					
Start Date:	October 1, 2015		_		Improvements Grant			
Termination Date:	September 30, 2016		Funding Source Natio	nal Highway Traine	Safety Adminstration			
Description of Project (Des	scribe in detail in Schedu	le A) and Source	of Funds					
	Budget (Provide itemiza	tion as called for o	on Schedule B) and Sou	rce of Funds				
Cost Category	Total Budget	Federal Budget	Local Budget	State Budget	Other Funds			
rsonnel Services				-	<u> </u>			
rrent Expense	•							
uipment								
lirect Costs Audit	\$18,951.65	\$18,951.6	5	<u> </u>	<u> </u>			
ntractual Services	\$147,026.00	\$147,026.0	0					
ıcı								
Estimated Costs ling Non-Federal Share	\$165,977.65	\$165 , 977.6	is ×					
ocal Benefit:	real chars for local hands	t will be 10%	(\$0.00)					

		_	For HSA Use Only					
. Of New Hampshire Highway Safety Agency			Date Received Project Number					
8 Regional Drive, Buildi			October 22, 2015 #310-16S-003					
concord, NH 03301-8530			Date Approved PSP and Task #					
			October 22m 20	16-04, 02				
art I								
Project Title			2. Type of Applicatio	n (Check One)				
H State Police CRMS Ve	ndor 1		X Initial					
			Revision	_				
			Continuation					
Applicant								
. Name of Agency	DUNS Number 060340:	564	B. Address of Agency	,				
H Department of Safety ivision of State Police			33 Hazen Drive	^1 *				
			Concord NH 03305-0		· · · · · · · · · · · · · · · · · · ·			
Government Unit (Check	(One)		D. Name Address of 0	•				
City/Town		İ	State of New Hampshire					
County Other (specify):			Concord, NH 03301					
Outer (specify):	•							
ract Duration		1	nctional Area M3D	_	n			
Contract Period		3	FDA# 20.61 rogram Title Traffi	-	(\ 			
Start Date: Termination Date:	October 1, 2015 September 30, 2016	,		c Safety Info System ! nal Highway Traffic S	-			
Description of Project (De	scribe in detail in Schedu	ile A) and Source of	Funds					
	Budget (Provide itemiza	tion as called for on	Schedule B) and Sour	ce of Funds				
Cost Category	Total Budget.	Federal Budget	get Local Budget State Budget Other Funds					
rsomel Services	-							
nrent Expense	·							
[uipment								
direct Costs Audit	\$12,555.50	\$12,555.50						
ntractual Services	\$97,405.00	\$97,405.00						
ber								
Estimated Costs ding Non-Federal Share	\$109,960.50	\$109,960.50	X					
ocal Benefit:								

For HSA Use Only

State of New Hampshire Office of Highway Safety	Date Received	mber					
3 Hazen Drive, Room 109A	August 11, 2016 308-16S-092						
Concord, NH 03305		Date Approved PSP and Task #			ask#		
		August 11	2016	16-02, 22			
'art I		ığ.					
. Project Title		2. Type of App	lication (Check	One)			
JH State Police Robotic Total Stations (5)		X Initial	·	·			
		Revision	4:				
		Continua	tion				
. Applicant		·					
L. Name of Agency DUNS Number 060340:	564	B. Address of A	-				
IH Department of Safety vivision of State Police		33 Hazen Drive Concord NH 03					
. Government Unit (Check One)		D. Name Addre		ental Unit			
X State		State of New Ha					
City/Town County			_				
Other (specify):		Concord, NH 03301					
Control Direction		Functional Area	M6OT - 405d	mpaired Driv	ving Low		
Contract Duration A. Contract Period		CFDA# 20.616					
Start Date: August 15, 2016		Program Title Impaired Driving CountermeasuresGrant					
Termination Date: September 30, 2016		Funding Source	National Highv	vay Traffic S	afety Administratio		
Description of Project (Describe in detail in Sched	ule A) and Source	of Funds	1				
Budget (Provide itemiz	ation as called for	on Schedule B) an	d Source of Fun	ds			
Cost Category Total Budget	Federal Budge	t Local Bud	get State	Budget	Other Funds		
'ersonnel Services							
Current Expense							
quipment \$101,250.00	\$101,250.	00					
ndirect Costs Audit							
Contractual Services							
ther							
al Estimated Costs uding Non-Federal Share \$101,250.00	\$101,250.	00					
Local Benefit:							
It is anticipated that the federal share for local bene	fit will be: 0%	<u>6 (\$0.00)</u>					

For HSA Use Only State of New Hampshire Date Received Project Number Office of Highway Safety 33 Hazen Drive, Room 109A 308-16S-092 August 11, 2016 Concord, NH 03305 Date Approved PSP and Task # August 11, 2016 16-03, 01 Part I . Project Title 2. Type of Application (Check One) Initial **VH State Police Robotic Total Stations (5)** Revision Continuation . Applicant 1. Name of Agency DUNS Number 060340564 B. Address of Agency **IH** Department of Safety 33 Hazen Drive Division of State Police Concord NH 03305-0011 D. Name Address of Governmental Unit . Government Unit (Check One) State State of New Hampshire City/Town County Concord, NH 03301 Other (specify): Functional Area PT - Police Traffic Services . Contract Duration CFDA# 20.600 A. Contract Period Program Title State & Community Highway Safety August 15, 2016 Start Date: Termination Date: September 30, 2016 **Funding Source** National Highway Traffic Safety Administratio Description of Project (Describe in detail in Schedule A) and Source of Funds Budget (Provide itemization as called for on Schedule B) and Source of Funds State Budget Other Funds Cost Category Federal Budget Local Budget **Total Budget** 'ersonnel Services Current Expense \$33,750.00 \$33,750.00 3quipment ndirect Costs Audit Contractual Services)ther + \$101, 250.00 = \$135 000.00 al Estimated Costs \$33,750.00 luding Non-Federal Share \$33,750.00 Local Benefit: It is anticipated that the federal share for local benefit will be: <u>0% (\$0.00)</u>

1					For HSA	Use Only	
State of New Hampshire Office of Highway Safety				Date Received Project Number			
33 Hazen Drive, Room 109A			August 11, 2016			308-16S-0	193 ·
Concord, NH 03305			н -	Approved	U10	PSP and 7	
	•				01.6	16-02, 23	
			Augu	st 11, 2	016		
Part I							
. Project Title			1 ~		tion (Check (One)	
IH State Police C.A.R. Equ	ipment ·			Initial Revision Continuation	L		
. Applicant							
	DUNS Number 060340	564	B. Add	ress of Ager	су		
H Department of Safety				en Drive d NH 03305	-0011		
. Government Unit (Check	One)				of Governme	otal linit	
X State	Опе			New Hamp		MIAI OIII	
City/Town County Other (specify):			Concord, NH 03301				
			Function	ıl Area Mó	OT - 405d I	mpaired Dri	ving Low
Contract Duration A. Contract Period			CFDA#		616	•	
Start Date:	August 15, 2016	Į.	Program	Tide Im	paired Drivin	g Counterm	easuresGrant
Termination Date:	September 30, 2016		Funding S	Source Na	tional Highw	ay Traffic S	afety Administratio
Description of Project (Des	scribe in detail in Sched	ile A) and Source	of Funds		•		
	Budget (Provide itemizz	tion as called for	n Schedu	ile B) and Se	ource of Fund	is	
Cost Category	Total Budget	Federal Budge	L	ocal Budget	State	Budget	Other Funds
ersonnel Services							
Surrent Expense							
quipment	\$28,050.00	\$28,050.0	0	·			
idirect Costs Audit		-					·
ontractual Services							
ther							
al Estimated Costs ading Non-Federal Share	\$28,050.00	\$28,050.0	O »				
Local Benefit:	ral share for local benef	it will be: 0%	(\$0.00)		7.4		

			For HSA Use Only			
State of New Hampshire Office of Highway Safety 33 Hazen Drive, Room 109A Concord, NH 03305			Date Received	Project N	umber	
		.	August 11, 201	6 308-165-	308-16S-093	
		1	Date Approved	Task#		
				6 16-03, 01		
> . . *		Į.	August 11, 201	6 1200,00		
'art I			 			
. Project Title		ł	2. Type of Application	n (Check One)	•	
IH State Police C.A.R. Eq	uipment		X Initial Revision			
		1	Continuation			
. Applicant	•					
	DUNS Number 0603405	564	B. Address of Agency			
IH Department of Safety			33 Hazen Drive Concord NH 03305-00	111	•	
Government Unit (Check	(One)		D. Name Address of C			
City/Town		1	State of New Hampshire			
County		.	Concord, NH 03301			
Other (specify):						
Contract Duration		I	unctional Area PT - P	Police Traffic Service	s	
A. Contract Period			FDA# 20.600	-		
Start Date:			Program Title State & Community Highway Safety Funding Source National Highway Traffic Safety Administratio			
Termination Date:	September 30, 2016		mong Source Nation	ial Highway Trame	Salety Administratio	
Description of Project (De	scribe in detail in Schedu	ile A) and Source o	f Funds			
•	Budget (Provide itemiza	tion as called for o	Schedule B) and Sour	ce of Funds		
Cost Category	Total Budget	Federal Budget	Local Budget	State Budget	Other Funds	
ersonnel Services			·			
hirrent Expense				-		
quipment	\$9,350.00	\$9,350.00				
ndirect Costs Audit				•		
ontractual Services						
ther						
al Estimated Costs ading Non-Federal Share	\$9,350.00	\$9,350.00		= \$37,400	total X	
Local Benefit:				4.3		
t is anticipated that the fede	eral share for local benefi	t will be: 0%	(00.02)			

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

Project Title: NHSP VPN Installation

Project #: 310-17S-009

ons.	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
ortment of Safety Tety	33 Hazen Drive, Roo	1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305		
ety	33 Hazen Drive	1.4. Subrecipient Address 33 Hazen Drive Concord, NH 03305		
	Grant Contact Email:	Grant Contact Email:		
ate Govt, City/Town Govt, ersity, Other (Specify)	1.4.2 DUNS 060340564			
1.6. Effective Date	1.7. Completion Date	1.8. Grant Limitation		
10/01/16	09/30/17	S164,081.40 ×		
Agency	1.10. State Agency Telepl 271-2893			
	with any public meeting require	ment for acceptance of this		
ě1.		.12. Name & Title of Subrecipient Signor 1 Robert L. Quinn, DOS Assistant Commissioner		
		Name & Title of Subreciplent Signor 2 Richard C. Balley, DOS Assistant Commissioner		
	Name & Title of Subreciples	Name & Title of Subrecipient Signor 3		
the person(s) identified in b	lock 1.12., known to me (or satis	factorily proven) to be the		
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 of Peace (Seal)				
Cassidy	Motid	Motokry		
re(s) U 1.15.	Name & Title of State Agency S	gnorts)		
John J. Barthelmes, Commissioner NII Department of Safety Date: 9-29-16				
General (Form, Substance a	nd Execution) (if G & C approv	al required)		
	ssistant Attorney General, Ou:	11		
and Council (if applicable)				
	On:	11		
), pursuant to RSA 21-P35-63, il	he Subrecipient identified in block 1.3	(hereinafter referred to as "the		
	rety Tate Govt, City/Town Govt, ersity, Other (Specify) 1.6. Effective Date 10/01/16 Agency retify that we have complied to RSA 31:95-b." The of New Hampshire, Count the person(s) identified in block 1.11., and acknowled e in block 1.11., and a	retiment of Safety fety 23 Hazen Drive, Roc Concord, NH 03305 14. Subrecipient Addres 33 Hazen Drive Concord, NH 03305 Grant Contact Emall: 24 Grant Contact Emall: 25 Grant Contact Emall: 26 Grant Contact Emall: 26 Grant Contact Emall: 26 Grant Contact Emall: 27 Grant Contact Emall: 28 Grant Contact Emall: 29 Grant Contact Emall: 20 Grant Contact Emall: 20 Grant Contact Emall: 20 Grant Contact Emall: 21 Grant Completion Date 21 Grant Completion Date 21 Grant Completion Date 22 Grant Completion Date 23 Hazen Drive, Roc Contact Grant Contact Emall: 26 Grant Contact Emall: 26 Grant Contact Emall: 27 Grant Completion Date 27 Grant Completion Date 27 Grant Completion Date 27 Grant Contact Emall: 28 Grant Contact Emall: 29 Grant Contact Emall: 20 Grant Contact Emall: 20 Grant Contact Emall: 20 Grant Contact Emall: 20 Grant Contact Emall: 21 Grant Contact Emall: 22 Grant Contact Emall: 23 Hazen Drive, Roc Grant Contact Emall: 22 Grant Contact Emall: 23 Hazen Drive, Roc Grant Contact Emall: 24 Grant Good Grant Contact Emall: 25 Grant Contact Emall: 26 Grant Contact Emall: 27 Grant Good Good Good Grant Emall: 28 Grant Contact Emall: 29 Grant Contact Emall: 20 Grant Good Good Good Good Good Good Good Goo		

OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

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

Project Title: NHSP Captain Position

1. Identification and Definitions.

Project #: 300-17S-002

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety			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		
Chief's Email Address: N/A			Grant Contact Email: John.clegg@dos.nh.gov		
1.4.1 Subrecipient Type (St County Govt, College/Univ State Government	ate Govt, City/Town Govt, ersity, Other (Specify)		1.4.2 DUNS 060340564		
1.5. Subrecipient Phone #	1.6. Effective Date		1.7. Completion Date	1.8. Grant Limitation	
223-3888	10/01/16		09/30/17	\$160,000.00	
1.9. Grant Officer for State John Clegg	Agency		1.10. State Agency Telephone Number 271-2893		
"By signing this form we ce grant, including if applicab	rtify that we have complied wit le RSA 31:95-b."	hа	my public meeting requirer	nent for acceptance of this	
1.11. Subrespient Signatur	e 1		.12. Name & Title of Subrecipient Signor 1 Robert L Quinn, DOS Assistant Commissioner		
			ame & Title of Subrecipient Signor 2 ichard C. Bailey, DOS Assistant Commissioner		
Subrecipient Signature 3			ame & Title of Subrecipient Signor 3		
1.13. Acknowledgment: State of New Hampshire, County of Medium on All Chefore 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					
Maucyl Coosedy Notary Public Commission Expires April 18, 2017					
1.14. State Agency Signature(s) 1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: 9-29-16					
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)					
Ву:			On:	/ /	
SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, using through the Agency identified in block 1.1					

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Thimpshire, ucting 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").

Subrecipient Initials	
Page 1 of 3	Date

Rev. 04/2016

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

Project Title: DOS Forensic Lab PBTs

Project #: 308-17S-097

1. Identification and Definition	ons.	•			
1.1. State Agency Name New Hampshire Depa Office of Highway Sat		1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305			
1.3. Subrecipient Name NH Department of Saf Division of State Police		1.4. Subrecipient Address 33. Hazen Drive Concord, NH 03305			
Chiel's Email Address: N/A		Grant Contact Email: timothy.pifer@dos.nh.gov			
1.4.1 Subrecipient Type (Se 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		
223-3888 1.9. Grant Officer for State John Clegg	10/01/16 Agency	09/30/17 1.10. State Agency Teleph 271-2893	\$127,500.00 1		
"By signing this form we ce grant, including if applicab	rtify that we have complied wit le RSA 31:95-b."	h any public meeting requires	nent for acceptance of this		
1.11. Subrecipient Signatur		1.12. Name & Title of Subrecipient Signor 1 Robert L. Quinn, DOS Assistant Commissioner			
Subrecipient Signature 2		Name & Title of Subrecipient Signor 2 Richard C Bailey, DOS Assistant Commissioner			
Subrecipient Signature 3	_	Name & Title of Subrecipient Signor 3 TIMOTHY J. PIFEL, NII STATE POLICE LAS ONESTE			
1.13. Acknowledgment: State of New Hampshire, County of Montanach on 969/16 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) NANCY L. CASSIDY, Notary Public Peace NANCY L. CASSIDY NOTARY Public					
1.14. State Agency Signature(s) 15. Name & Title of State Agency Signor(s)					
John J. Barthelmes, Commissioner NH Department of Safety Date: 9-29-16					
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	r and Council (if applicable)				
By:		On:	1 1		
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 A (the scope of work being hereinafter referred to as "the Project").

Subrecipient Initials	
Page Lof 3	Date

Rev. 04/2016

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

Project Title:	DOS Forensic Lab	Intoxilyzers
----------------	------------------	--------------

I Identification and Definitions

Project #: 308-17S-110

1. Identification and Definitions					
1.1. State Agency Name New Hampshire Departme Office of Highway Safety	1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305				
1.3. Subrecipient Name New Hampshire Departmen	1.4. Subrecipient Address 33 Hazen Drive				
Forensic Laboratory		Concord, NH 03305			
Chief's Email Address: N/A		Grant Contact Email: timothy.pifer@dos.nh.gov			
1.4.1 Subrecipient Type (State (College/University, Other (Spec State	Govt, City/Town Govt, County Govt ify)	1.4.2 DUNS 060340564			
1.5. Subrecipient Phone # 603-223-3854	1.6. Effective Date November 1, 2016	1.7. Completion Date 1.8. Grant Lim		1.8. Grant Limitation \$1,143,207.80	
1.9. Grant Officer for State Age John A. Clegg	ncy	1.10. State Agen 271-2893	cy Telephone	Number	
"By signing this form we certify applicable RSA 31:95-b."	that we have complied with any pul	reeting requiren	nent for accep	tance of this grant, including if	
1.11. Subrecipient Signature 1	ter .	.12. Name & Title of Subrecipient Signor 1 imothy J. Pifer Director, DOS Forensic Laboratory			
Subrecipient Signature &	Name & Title of Subrecipient Signor 2 Robert L. Quinn Assistant Commissioner, Department of Safety				
Subrecipient Signature 3	Name & Title of Subrecipient Signor 3				
appeared the person(s) identified	f New Hampshire, County of Merr I in block 1.12., known to me (or sat nat he/she executed this document in	orily proven) to	be the person	ı(s) whose name is signed in	
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				blic or Justice of the Peace	
Faule Ch	Panela Redion Notory Public				
1.14. State Agency Signature(s) 1.15. Name & Title of State Agency Signor(s)					
John J. Barthelmes, Commissioner NH Department of Safety Date: 16/29/16					
1.16. Approval by Attorney Gen	eral (Form, Substance and Executio	G & C approva	ıl required)		
Ву:	Assistant Attorney General, On: / /				
1.17. Approval by Governor and	Council (if applicable)			·	
By: On: / /					
SCOPE OF WORK: In exchange for an	ant funds provided by the Smie of New Hamps	ting through the Age	ncy identified in h	slock 1.1 (hereinstler referred to ac "the	

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 A (the scope of work being hereinafter referred to as "the Project").

. AREA COVERED. Except as otherwise specifically provided for herein, the Subrecipient shall perform the Project in, and with respect to, the State of New Hampshire.

computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.

9.2. Between the Effective Date and the Completion Date the Subrecipient shall

Subrecipient Initials
Page 1 of 3

Date 10/26/16