



Lori A. Shabinette
Commissioner

Kerrin A. Rounds
Chief Financial Officer

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

129 PLEASANT STREET, CONCORD, NH 03301-3857
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September 1, 2020

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court
State House
Concord, NH 03301

His Excellency, Governor Christopher T. Sununu
and Honorable Council
State House
Concord, NH 03301

INFORMATIONAL ITEM

Pursuant to RSA 21-P:43; RSA 4:45; RSA 4:47 and Executive Order 2020-04 as extended by Executive Order 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15 and 2020-16, Governor Sununu has authorized the Department of Health and Human Services, Office of the Commissioner, to accept and expend agency income in the amount of \$4,150,000 from the Department of Veteran's Affairs, in return for DHHS providing Personal Protective Equipment (PPE), effective thru June 30, 2021. 100% Agency Income

05-95-95-950010-56760000 HEALTH AND SOCIAL SERVICES; DEPARTMENT OF HEALTH AND HUMAN SERVICES; HHS: OFFICE OF THE COMMISSIONER; OFFICE OF BUSINESS OPERATIONS

Class-Account	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
Revenue				
000-403900	Federal Funds	\$ 2,102,663.00		\$ 2,102,663.00
000-403970	Federal Funds	\$ 2,564,241.00		\$ 2,564,241.00
000-404396	Federal Funds	\$ 143,354.00		\$ 143,354.00
000-404460	Federal Funds	\$ 37,516.00		\$ 37,516.00
009-401949	Other Funds	\$ 50,000.00		\$ 50,000.00
009-407085	Other Funds	\$ 3,399,400.00	\$ 4,150,000.00	\$ 7,549,400.00
	General Funds	\$ 26,296,426.00		\$ 26,296,426.00
	Total Revenue	\$ 34,593,600.00	\$ 4,150,000.00	\$ 38,743,600.00

Class-Account	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
Expenses				
010-500100	Personal Serv Perm	\$ 6,437,758.00	-	\$ 6,437,758.00
012-500128	Person Serv Unclass	\$ 382,934.00		\$ 382,934.00
018-500106	Overtime	\$ 182,000.00		\$ 182,000.00
020-500200	Current Expenses	\$ 206,425.00		\$ 206,425.00
022-500255	Rents-Leases Other	\$ 3,766.00		\$ 3,766.00
026-500251	Organizational Dues	\$ 5,000.00		\$ 5,000.00
028-582814	Transfers to Genl Serv	\$ 29,602.00		\$ 29,602.00
030-500301	Equipment New	\$ 9,168.00		\$ 9,168.00
039-500188	Telecommunication	\$ 1,640,515.00		\$ 1,640,515.00
041-500801	Audit Fund Set Aside	\$ 5,114.00		\$ 5,114.00
042-500620	Additional Fringe	\$ 150,067.00		\$ 150,067.00
050-500109	Personal Service Temp	\$ 206,070.00		\$ 206,070.00
057-500535	Books Periodicals Subsc	\$ 229.00		\$ 229.00
059-500117	Temp Full Time	\$ 10,000.00		\$ 10,000.00
060-500602	Benefits	\$ 3,538,048.00	-	\$ 3,538,048.00
066-500543	Employee Training	\$ 104.00		\$ 104.00
070-500704	In State Travel	\$ 23,883.00		\$ 23,883.00
080-500710	Out of State Travel	\$ 11,286.00		\$ 11,286.00
102-500731	Contracts for Prog Serv	\$ 583,333.00		\$ 583,333.00
103-502664	Contracts for Op Serv	\$ 21,068,298.00	\$ 4,150,000.00	\$ 25,218,298.00
501-500425	Payments to Clients	\$ 100,000.00	-	\$ 100,000.00
	Total Expenses	\$ 34,593,600.00	\$ 4,150,000.00	\$ 38,743,600.00

EXPLANATION

The Department of Health and Human Services was able to assist the Department of Veteran's Affairs with their effort to procure Personal Protective Equipment. This need developed with the onset of the Covid19 pandemic. It was agreed that delivery of 5,000,000 swabs at \$.83/each (\$4,150,000) would be made as soon as the product arrives in New Hampshire. Payment to the State of New Hampshire will be made at that time.

Respectfully submitted,



For
Lori A. Shibinette
Commissioner

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NUMBER P00001		3. EFFECTIVE DATE 06-5-2020	4. REQUISITION/PURCHASE REQ. NUMBER 101-20-3-5164-0079	5. PROJECT NUMBER (if applicable)
6. ISSUED BY CODE 36A776 Department of Veterans Affairs Program Contracting Activity Central 6150 Oak Tree Blvd, Suite 300 Independence OH 44131	7. ADMINISTERED BY (if other than Item 6) CODE 3EE776 Department of Veterans Affairs Program Contracting Activity Central 6150 Oak Tree Blvd, Suite 300 Independence, OH 44131			

8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) The State of New Hampshire 129 Pleasant Street Concord, NH CODE 83629	(X)	9A. AMENDMENT OF SOLICITATION NUMBER
		9B. DATED (SEE ITEM 11)
	Y	10A. MODIFICATION OF CONTRACT/ORDER NUMBER 3EC77620P0091
		10B. DATED (SEE ITEM 13) 5-18-2020
FACILITY CODE		

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. **FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER.** If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required) \$5,810,000.00 to be obligated from IFCAP Purchase Order 101C00326

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF FAR 52.212-4 (c)
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return ¹ _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This supplemental agreement modifies the contract to reflect the following changes:

- Increase the quantity of sterile swabs by 5,000,000 from 2,000,000 to 7,000,000.
- * ② Increase the total price from \$1,660,000.00 to \$5,810,000.00.
- The delivery date for the additional 5,000,000 sterile swabs is 6/29/2020

All other terms and conditions remain the unchanged.

Except as provided herein, all terms and conditions of the document referenced in Item 8A or 18A, as heretofore changed, remains unchanged and in full force and effect.

18A. NAME AND TITLE OF SIGNER (Type or print)	18A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Shon J. Johnson Digitally signed by Shon J. Johnson 198386
18B. CONTRACTOR/OFFEROR <i>Row Weaver</i> (Signature of person authorized to sign)	18C. DATE SIGNED 6.5.20
18D. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)	18E. DATE SIGNED Date: 2020.06.15 08:02:29 -04'00' 6.



State of New Hampshire Purchase Order

PURCHASE ORDER NUMBER 1073819
This number must appear on all invoices, packages, cartons, bills of lading, and packing slips.

Date: 05/18/2020
Status: REVISION
Ship Via:
FOB: Destination
Freight Terms: Vendor Paid
Terms: Due Upon Receipt
Due Days: 1

Revision Number: 002

Bill To: HHS: COMMISSIONER
129 PLEASANT STREET
CONCORD NH 03301

GIGUNDA GROUP; INC
139 FLIGHTLINE RD
PORTSMOUTH NH 03801

Ship To:
CRAIG BEULAC
NH AIR NATIONAL GUARD BASE
26 REGIONAL DR
CONCORD NH 03301

Vendor #: 205401
Contact: Ryan FitzSimmons

Phone:
Fax: 91

Agency Contact: James.Cavallini@dhhs.nh.gov

In accordance with Quote # GGI-3521

Table with columns: LINE, QTY, UOM, DESCRIPTION, UNIT PRICE, EXTENDED PRICE. Includes line items for 6" STERILE SWABS and a Purchase Order Summary section.

Buyer: Joseph Bouchard
Phone: 603-271-2650
Process Level: 09500

Total Amount: \$5,810,000.00

Signature of Joseph Bouchard