



State of New Hampshire

DEPARTMENT OF SAFETY OFFICE OF THE COMMISSIONER

33 HAZEN DR. CONCORD, NH 03305

603/271-2791

JOHN J. BARTHELMES
COMMISSIONER

November 19, 2018

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 \$17,062.00 of federal pass-through funds from the Department of Safety, Office of Highway Safety, entitled DOS Data Analyst, to pay for overtime related costs for the State Police Data Analyst. Effective upon Governor and Council approval through June 30, 2019. Funding Source: 100% Agency Income.

Funds are to be budgeted in the account titled:

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

<u>Class</u>	<u>Description</u>	<u>Current Adjusted Authorized</u>	<u>Requested Action</u>	<u>Revised Adjusted Authorized</u>
009-405921	Agency Income	\$ (466,203.50)	\$ (17,062.00)	\$ (483,265.50)
018-500106	Overtime	\$ 8,391.35	\$ 12,680.00	\$ 21,071.35
020-500200	Consumable Supplies	\$ 27,500.00	\$ 0.00	\$ 27,500.00
030-500311	Equipment	\$ 253,565.72	\$ 0.00	\$ 253,565.72
040-500800	Indirect Costs	\$ 4,659.19	\$ 1,871.00	\$ 6,530.19
046-500465	Consultants	\$ 164,921.00	\$ 0.00	\$ 164,921.00
060-500602	Benefits	\$ 1,665.53	\$ 2,511.00	\$ 4,176.53
080-500713	Out-of-State Travel	\$ 5,500.71	\$ 0.00	\$ 5,500.71
	Total	\$ 466,203.50	\$ 17,062.00	\$ 483,265.50

Explanation

This request to accept and expend funds from the Office of Highway Safety will enable the existing Data Analyst to retrieve and analyze Highway Safety related data (crashes, arrests, ticketing, etc.) that will identify highway safety problem areas or concerns. This data will then be shared with State, local, and county law enforcement agencies or other partners to support enforcement or media outreach efforts, target areas of concern for legislative change, or other initiatives.

The funds are to be budgeted as follows:

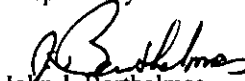
Funds in class 018, Overtime, will be used to pay for the overtime for the Data Analyst.

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

Funds in class 060 will be used to pay for benefits related to the overtime expenses.

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 2018 - DOS Data Analyst - 10/1/2017 - 9/30/2018	\$16,583.25
FFY 2018 - NHSP VPN Installation - 10/1/2017-9/30/2018	\$164,921.22
FFY 2018 - DOS Forensic Lab PBT's - 7/1/18-9/30/2018	\$109,570.60
FFY 2018 - DOS Forensic Gas Chromatograph - 7/1/18-9/30/2018	\$180,565.00
FFY 2019 - DOS Data Analyst - 10/1/2018 - 9/30/2019	\$17,062.13
Total Grant Funds Awarded	<u>\$488,702.20</u>

Less: SFY 2018 Expenditures	\$5,435.23
Less: SFY 2019 Current Adjusted Authorized	\$466,203.50

Remaining excess grant funds available to appropriate	<u>\$17,063.47</u>
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This Request	\$17,062.00
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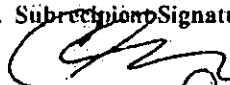
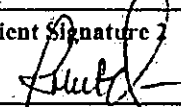
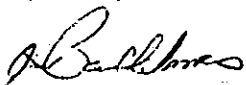
OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

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

Grant Agreement Title: NHSP Data Analysis

Grant Agreement #: 19-246

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Second Floor Concord, NH 03305	
1.3. Subrecipient Name NH Department of Safety Division of State Police		1.4. Subrecipient Address 33 Hazen Drive Concord, NH 03305	
Colonel's Email Address: christopher.wagner@dos.nh.gov		Grant Contact Email: christopher.wagner@dos.nh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) State		1.4.2 DUNS 060340564	
1.5. Subrecipient Phone # 603-223-8813	1.6. Effective Date October 1, 2018	1.7. Completion Date September 30, 2019	1.8. Grant Limitation 1917406213
1.9. Grant Officer for State Agency John A. Clegg		1.10. State Agency Telephone Number 603-271-2893	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 		1.12. Name & Title of Subrecipient Signor 1 Colonel Christopher J. Wagner Director, NH State Police	
Subrecipient Signature 2 		Name & Title of Subrecipient Signor 2 Robert L. Quinn DOS Assistant Commissioner	
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of _____, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)		1.13.2 Name & Title of Notary Public or Justice of the Peace	
1.14. State Agency Signature(s) 		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: 10/24/19	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: / /			
1.17. Approval by Governor and Council (if applicable) By: _____ On: / /			

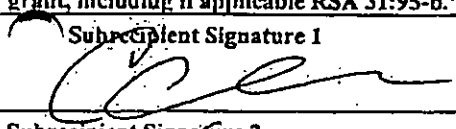
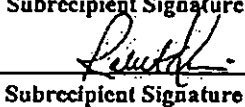
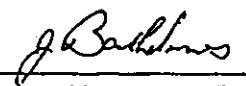
OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

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

Project Title: DOS Data Analysis

Project #: 310-18S-015

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Second Floor Concord, NH 03305	
1.3. Subrecipient Name NH Department of Safety Division of State Police		1.4. Subrecipient Address 33 Hazen Drive Concord, NH 03305	
Chief's Email Address: Colonel Christopher J. Wagner		Grant Contact Email: Christopher.wagner@dos.nh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) State		1.4.2 DUNS 060340564	
1.5. Subrecipient Phone # 603-223-8813	1.6. Effective Date October 1, 2017	1.7. Completion Date September 30, 2018	1.8. Grant Limitation \$16,583.25 *
1.9. Grant Officer for State Agency John A. Clegg		1.10. State Agency Telephone Number 603-271-2893	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
Subrecipient Signature 1 		1.12. Name & Title of Subrecipient Signor 1 Colonel Christopher J. Wagner Director, NH State Police	
Subrecipient Signature 2 		Name & Title of Subrecipient Signor 2 Robert L. Quinn DOS Assistant Commissioner	
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of _____, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)		1.13.2 Name & Title of Notary Public or Justice of the Peace	
1.14. State Agency Signature(s) 		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: <u>11/3/17</u>	
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) On: / /			


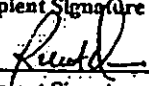
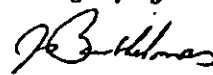
OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

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

Project Title: **NHSP VPN Installation**

Project #: **310-18S-002**

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Second Floor Concord, NH 03305	
1.3. Subrecipient Name NH Department of Safety Division of State Police		1.4. Subrecipient Address 33 Hazen Drive Concord, NH 03305	
Chief's Email Address: Christopher J. Wagner		Grant Contact Email: christopher.wagner@dos.nh.us	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) State		1.4.2 DUNS 060340564	
1.5. Subrecipient Phone # 603-223-3888	1.6. Effective Date October 1, 2017	1.7. Completion Date September 30, 2018	1.8. Grant Limitation \$164,921.22*
1.9. Grant Officer for State Agency John A. Clegg		1.10. State Agency Telephone Number 603-271-2893	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 		1.12. Name & Title of Subrecipient Signor 1 Colonel Christopher J. Wagner Director, NH State Police	
Subrecipient Signature 2 		Name & Title of Subrecipient Signor 2 Robert L. Quinn DOS Assistant Commissioner	
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of _____, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)		1.13.2 Name & Title of Notary Public or Justice of the Peace	
1.14. State Agency Signature(s) 		1.15. Name & Title of State Agency Signor(s) John J. Barthelme, Commissioner NH Department of Safety Date: 11/3/17	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: / /			
1.17. Approval by Governor and Council (if applicable) By: _____ On: / /			

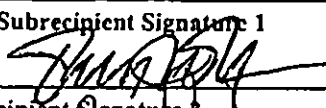
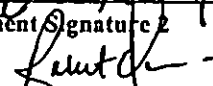
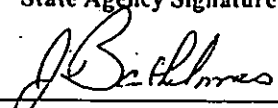
OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

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

Project Title: DOS Forensic Lab PBT's

Project #: 308-18S-102

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, 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:		Grant Contact Email: Timothy.pifer@dos.nh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) State		1.4.2 DUNS 060340564	
1.5. Subrecipient Phone # 603-223-3854	1.6. Effective Date July 1, 2018	1.7. Completion Date September 30, 2018	1.8. Grant Limitation \$109,570.60
1.9. Grant Officer for State Agency John Clegg		1.10. State Agency Telephone Number 603-271-2893	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 		1.12. Name & Title of Subrecipient Signor 1 Timothy J. Pifer, Forensic Laboratory Director	
Subrecipient Signature 2 		Name & Title of Subrecipient Signor 2 Robert I. Quinn, DOS Assistant Commissioner	
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of _____, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)		1.13.2 Name & Title of Notary Public or Justice of the Peace	
1.14. State Agency Signature(s) 		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: 6/28/18	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required)			
By:		Assistant Attorney General, On: / /	
1.17. Approval by Governor and Council (if applicable)			
By:		On: / /	

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").



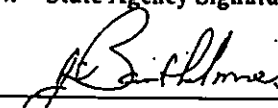
OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

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

Project Title: DOS Forensic Lab Gas Chromatograph

Project #: 308-18S-103

1. Identification and Definitions.

1.1. State Agency Name New Hampshire 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:		Grant Contact Email:	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify))		1.4.2 DUNS 060340564	
1.5. Subrecipient Phone # 603-223-3888	1.6. Effective Date July 1, 2018	1.7. Completion Date September 30, 2018	1.8. Grant Limitation \$180,565.00 *
1.9. Grant Officer for State Agency John Clegg		1.10. State Agency Telephone Number 603-271-2131	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 		1.12. Name & Title of Subrecipient Signor 1 Timothy J. Pifer, Forensic Laboratory Director	
Subrecipient Signature 2 		Name & Title of Subrecipient Signor 2 Robert I. Quinn, DOS Assistant Commissioner	
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of _____, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)		1.13.2 Name & Title of Notary Public or Justice of the Peace	
1.14. State Agency Signature(s) 		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: 6/28/18	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: / /			
1.17. Approval by Governor and Council (if applicable) By: _____ On: / /			

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").