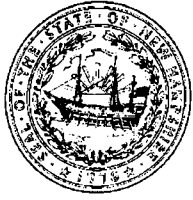


5/21/15

MAY 21 '15 PM 1:01 DAS

54 *[Signature]*



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

William L. Wrenn
Commissioner

Doreen Wittenberg
Director

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

603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964

May 18, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the New Hampshire Department of Corrections to enter into an amendment to exercise the renewal option in the contract, Agreement, with Eric Joyce d/b/a Joyce Dental Laboratory (VC# 156583), 373 Court Street, Lacoina, NH 03246, for the provision of Dental Laboratory services, by increasing the price limitation by \$93,012.00 from \$85,363.75 in the amount not to exceed \$178,375.75 and extending the completion date of the agreement from June 30, 2015 to June 30, 2017, effective July 1, 2015 or date upon Governor and Executive Council approval, whichever is later. Governor and Executive Council approved the original agreement on January 29, 2014, Item #21. 100% General Funds.

Funding is available in the following account, *Medical-Dental*: 02-46-46-465010-8234-101-500728, as follows with the authority to adjust encumbrances in each State Fiscal year through the Budget Office, if necessary and justified. Funding for SFY 2016 & 2017 is contingent upon the availability and continued appropriation of funds.

Original Contract, Agreement 2014-21: Joyce Dental Laboratory					
Account:	Description:	SFY 14-15	SFY 16	SFY 17	Total
02-46-46-465010-8234-101-500728	Medical and Dental	\$ 85,363.75	\$ -	\$ -	\$ 85,363.75
Admendment Agreement # 1:					
Account:	Description:	SFY 16	SFY 16	SFY 17	Total
02-46-46-465010-8234-101-500728	Medical and Dental	-	\$ 46,506.00	\$ 46,506.00	\$ 93,012.00
Total Contract		\$ 85,363.75	\$ 46,506.00	\$ 46,506.00	\$ 178,375.75

EXPLANATION

The purpose of this amendment is for the continuation of Dental Laboratory services for inmates and patients of the Northern Correctional Facility (NCF), Berlin, NH State Prison for Men (NHSP-M), Secures Psychiatric Unit (SPU), Concord, NH and the NH State Prison for Women (NHSP-W), Goffstown, NH. These services include dental repairs, relines, rebases, mouth guards, dentures, acrylic partials and cast partials and are necessary to enable inmate and patients to receive proper nutrition and preventative dental care.

The original contract, Agreement, between the NH Department of Corrections (NHDOC) and Eric Joyce d/b/a Joyce Dental Laboratory, in the amount of \$85,363.75 was approved by Governor and Executive Council on January 29, 2014, 2013, Item # 21, for the period of April 5, 2014 through June 30, 2015, with the option to renew for one (1) additional period of up to two (2) years.

Amendment Agreement # 1 shall modify the Agreement's, completion date, price limitation, and service provisions of the original contract, Agreement.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "William L. Wren", written over a horizontal line.

William L. Wren
Commissioner



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION**

**William L. Wrenn
Commissioner**

**Doreen Wittenberg
Director**

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

603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964

AMENDMENT AGREEMENT # 1

This amendment is between the State of New Hampshire, acting by and through STATE OF NEW HAMPSHIRE, DEPARTMENT OF CORRECTIONS (“State” or “Department”), and ERIC JOYCE (SOLE PROPRIETOR) D/B/A JOYCE DENTAL LABORATORY (“Contractor”), a New Hampshire Tradename with a place of business at 373 Court Street, Laconia, NH 03246.

WHEREAS, pursuant to a Contract (“Agreement 2014-21”) approved by the Governor and Executive Council on January 29, 2014, Item #21, with an effective date of April 5, 2014, the Contractor agreed to perform Dental Laboratory Services based upon the terms and conditions specified in the Agreement as amended and in consideration of certain sums specified; and

WHEREAS, the State and Contractor have agreed to make changes to the scope of services, estimated budget and terms and conditions of the Agreement; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement and Exhibit A, Paragraph 2, the State may renew the Agreement for one (1) additional period of up to two (2) years only by an instrument in writing signed by the parties and after approval of such amendment by the N.H. Governor and Executive Council; and

WHEREAS, the parties agree to increase the price limitation and extend the Agreement for an additional two (2) years; and

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 follow:

To amend as follows:

1. Form P-37, General Provisions, Block 1.7, Completion Date, to read: “June 30, 2017”;
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read: “\$175,893.75”; *EG WSW*
“178,375.75”; *EG WSW*
3. Form P-37, General Provisions, Section 14. Insurance, subparagraph 14.1.1, to read: “comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts not less than \$250,000.00 per claim and \$1,000,000 per occurrence”;
4. Scope of Services, Exhibit A, Section 2., Terms of Contract, to read: “Contract(s) awarded by the NH Department of Corrections as a result of this RFP is expected to be effective for the period beginning July 1, 2015 or upon approval of the Governor and Executive Council (G&C) of the State of New Hampshire whichever is later through June 30, 2017.”; and

5. Insert 18.7, Scope of Services, Exhibit A, Special Notes, Section 18., to read: “Contractor must 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 compliance monitoring of PREA standards which may require an outside independent audit.”; and
6. Delete Estimated Budget/Method of Payment, Exhibit B, Section 2. Estimated Budget page 24 of 27; and
7. Add Estimated Budget/Method of Payment, Exhibit B-1, Section 2. Estimated Budget page 24 of 27; and
8. Special Provisions, Exhibit C, Special Provisions, Section 1.1, to read: To modify the Form P-37, General Provisions, Section 14. Insurance, paragraph 14.3, by changing the last sentence of the clause to read: “Cancellation notice by the Insurer to the Certificate Holder will be delivered in accordance with the policy provisions.”; and
9. That this amendment shall become effective from on the date the N.H. Governor and Executive Council approve the amendment; and
10. That all other provisions of the Agreement shall remain in full force and effect.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.
SIGNATURE PAGE FOLLOWS.

SIGNATURE PAGE TO AMENDMENT AGREEMENT # 1 TO: Dental Laboratory Services Agreement 2014-21.

STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

By: [Signature]
Name: William L. Wrenn
Title: Commissioner
Date:

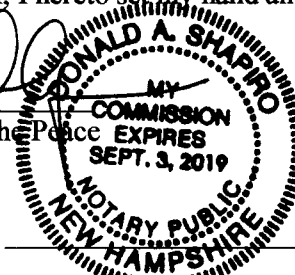
ERIC JOYCE D/B/A JOYCE DENTAL LABORATORY

By: [Signature]
Name: Eric Joyce
Title: Owner
Date: 05/12/2015

STATE OF New Hampshire
COUNTY OF HILLSBOROUGH

On this 12 day of MAY 2015, before me, ERIC JOYCE, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is signed above and acknowledged that he/she executed this document in the capacity indicated above.

In witness thereof, I hereto set my hand and official seal.

[Signature]
Notary Public/Justice of the Peace


My Commission Expires: _____

[Signature]
Approval by N.H. Attorney General
(Form, Substance and Execution)

5/21/15
Date

Approved by the N.H. Governor and Executive Council

Date

**Estimated Budget/Method of Payment
Exhibit B-1**

2. Estimated Budget:

Item #	Description	Estimated Volume per Year	Unit Cost	Total Annual Cost (Est. Vol. x Unit Cost)
Dentures				
1.	Model	1	\$ 12.00	\$ 12.00
2.	Bite Block	1	\$ 28.00	\$ 28.00
3.	Custom Tray	1	\$ 28.00	\$ 28.00
4.	Articulation	1	\$ 12.00	\$ 12.00
5.	Setup Full Upper	1	\$ 68.00	\$ 68.00
6.	Setup Full Lower	1	\$ 68.00	\$ 68.00
7.	Setup Partial Upper	1	\$ 59.00	\$ 59.00
8.	Setup Partial Lower	1	\$ 59.00	\$ 59.00
9.	Finish Full Upper	79	\$ 198.00	\$ 15,642.00
10.	Finish Full Lower	69	\$ 198.00	\$ 13,662.00
11.	Hard Night Guard	1	\$ 72.00	\$ 72.00
12.	Soft Night Guard	1	\$ 65.00	\$ 65.00
13.	Repairs (Acrylic)	44	\$ 60.00	\$ 2,640.00
14.	Reparis (Metal)	1	\$ 60.00	\$ 60.00
15.	Relines	3	\$ 72.00	\$ 216.00
16.	Rebases	1	\$ 65.00	\$ 65.00
17.	Partials - Acrylic (Bid on one to four teeth replaced and five and over for each of the following partials). *Acrylic Partial (one to four teeth with two wire			
17a.	claps)	44	\$ 149.00	\$ 6,556.00
17b.	*Acrylic Partial (five teeth and over with two wire claps)	41	\$ 154.00	\$ 6,314.00
Subtotal Dentures (Total Annual Cost Colum 1-16 & 17a-b)				\$ 45,626.00
Cast Metal Partials				
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	\$ 25.00	\$ 25.00
7.	Wrought Wire	1	\$ 25.00	\$ 25.00
8.	Cu-Sil® Partial	1	\$ 190.00	\$ 190.00
Subtotal Cast Metal Partials (Total Annual Cost Column 1-8)				\$ 880.00
ADD: Total Annual Cost of Dentures and Cast Metal Partials				\$ 46,506.00
Total Contract (Multiply Total Annual Cost x 2)				\$ 93,012.00

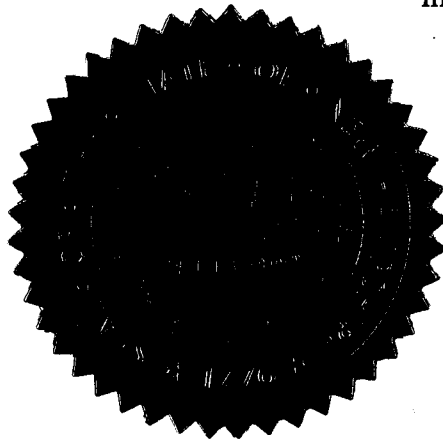
Promoting Public Safety through Integrity, Respect, Professionalism, Collaboration and Accountability

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 on January 11, 2010 and that Eric Joyce presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.

In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of January, A.D. 2015



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

William M. Gardner
Secretary of State



State of New Hampshire
Department of State
 Corporations Division
 107 North Main Street
 Concord, N.H. 03301-4989
 603-271-3244

Filed
 Date Filed: 12/22/2014
 Effective Date: 01/11/2015
 Business ID: 624514
 William M. Gardner
 Secretary of State

APPLICATION FOR RENEWAL OF TRADE NAME
Final Notice

Joyce Dental Laboratory
 373 Court St
 Laconia, NH 03246

Business ID #: 624514
 Expiration Date: 01/11/2015
 Filing Fee: \$ 50.00

Check here if business address has changed and indicate change below.

# Street / PO BOX	City / Town	State	Zip
-------------------	-------------	-------	-----

Check here if mailing address has changed and indicate change below.

# Street / PO BOX	City / Town	State	Zip
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The following registrant(s) is / are doing business under the above listed Trade Name.
You must contact this office if there is a change in Registrants:

Registered By	No. & Street	City / Town	State	Zip
Joyce, Eric	361 Court St	Laconia	NH	03246

Check here if registrant address has changed and indicate change below.

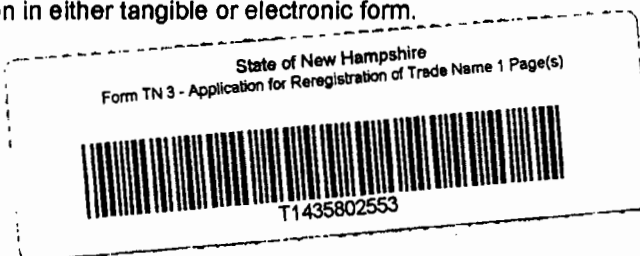
Registrant new address # Street / PO BOX	City / Town	State	Zip
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Nature of Business: Dental laboratory

Signed: (Must be signed by all listed Registrants. Note business entities must include title for authorized person signing.)

[Signature]

Disclaimer: All documents filed with the Corporate Division become public records and will be available for public inspection in either tangible or electronic form.



CERTIFICATE OF AUTHORITY
(Sole Proprietor)

I, Eric Joyce, as a Sole Owner of my Business, Joyce Dental Laboratory,
(Name of Contract Signatory) (Name/Title of Business)

certify that I am authorized to enter into a contract with the State of New Hampshire, Department
of Corrections on behalf of myself.

IN WITNESS WHEREOF, I have set my hand as the Sole Owner of the Business this

12 day of May, 20 15.
(Day) (Month) (Yr)
Eric Joyce
(Signature of Contract Signatory)

STATE OF New Hampshire COUNTY OF Hillsborough

On this the 12 day of May, 20 15, before me, ERIC JOYCE,
(Day) (Month) (Yr)

the undersigned Officer, personally appeared Eric Joyce, who acknowledge
(Name of Contract Signatory)

her/himself to be the Sole Owner of Joyce Dental Laboratory, a
(Name/Title of Business)

Business, and that she/he, as such Sole Owner being authorized to do so, executed the foregoing

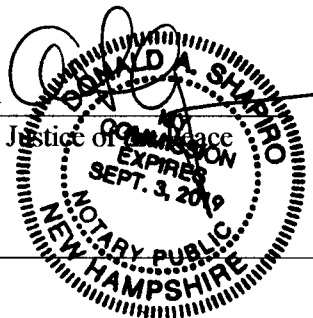
instrument for the purposes therein contained, by signing the name of the Business by

her/himself as, Joyce Dental Laboratory.
(Name/Title of Business)

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(OFFICIAL SEAL)

Donald A. Shapiro
Notary Public / Justice of the Peace



My Commission Expires: _____

May 11, 2015

NH Department of Corrections
P.O. Box 1806
Concord, NH 03302-1806

Re: Workers' Compensation Insurance Requirement

To Whom It May Concern:

This is to request an exemption from the Worker's Compensation Insurance requirement. I am the sole owner, sole-proprietor, of my organization, Eric Joyce d/b/a Joyce Dental Laboratory, and I am not required to carry workers' compensation.

Thank you,

A handwritten signature in black ink, appearing to read "Eric Joyce", written in a cursive style.

Eric Joyce, Owner
Joyce Dental Laboratory
373 Court Street
Laconia, NH 03246



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION**

**William L. Wrenn
Commissioner

Bob Mullen
Director**

P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964

**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 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 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 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: 05/12/2015
(Name of Contract Signatory)

Signature: Eric Joyce
(Signature of Contract Signatory)

BM



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-5610 FAX: 603-271-5639
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William L. Wrenn
Commissioner
Bob Mullen
Director

January 14, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

G & C
Pending _____
Approved JAN 29, 2014
Item # # 21

REQUESTED ACTION

Authorize the New Hampshire Department of Corrections to enter into a contract with Eric Joyce d/b/a Joyce Dental Laboratory (VC# 156583), 373 Court Street, Lacoia, NH 03246, in the amount of \$85,363.75 to provide Dental Laboratory Services for the New Hampshire Department of Corrections effective for the period beginning April 5, 2014, or upon Governor and Executive Council approval, whichever is later, through June 30, 2015 with the option to renew for one (1) additional period of up to two (2) year(s). 100% General Funds

Funds are available in the following account, *Medical-Dental*: 02-46-46-465010-8234-101-500728, as follows with the authority to adjust encumbrances in each State Fiscal year through the Budget Office, if necessary and justified.

Joyce Dental Laboratory			
Account:	Description:	SFY 2014	SFY 2015
02-46-46-465010-8234-101-500728	Medical and Dental	\$ 17,072.75	\$ 68,291.00
Total Contract			\$ 85,363.75

EXPLANATION

This contract is for the provision of Dental Laboratory Services for inmates and patients of the Northern Correctional Facility (NCF), Berlin, NH State Prison for Men (NHSP-M), Secures Psychiatric Unit (SPU), Concord, NH and the NH State Prison for Women (NHSP-W), Goffstown, NH. These services include dental repairs, relines, rebases, mouth guards, dentures, acrylic partials and cast partials and are necessary to enable inmate and patients to receive proper nutrition and preventative dental care.

The RFP was posted on the New Hampshire Department of Corrections website: <http://www.nh.gov/nhdcc/business/rfp.html> for eight (8) consecutive weeks and notified eleven (11) potential vendors of the RFP posting. As a result of the issuance of the RFP, one (1) potential vendor, the incumbent, responded by submitting a proposal in the amount of \$136,582.00 to encompass a twenty-four (24) month period.

In accordance to the Terms and Conditions of the RFP, the New Hampshire Department of Corrections awarded the contract to the only bidder, Eric Joyce d/b/a Joyce Dental Laboratory. This contract is prorated for a fifteen (15) month period, in the amount of \$85,363.75, to align the contract end date with the State's fiscal year end.

This RFP was scored utilizing a consensus methodology by a three-person evaluation committee for the purposes of preserving the privacy of the evaluators. The evaluation committee consisted of the following New Hampshire Department of Corrections employees: Helen Hanks, MM, Administrative Director, Division of Medical/Forensic Services, Joyce Leeka, RHIA, Medical Operations Administrator, Division of Medical/Forensic Services and Jennifer Lind, Contract/Grant Administrator, Administration.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "William L. Wrenn", written over a horizontal line.

William L. Wrenn
Commissioner



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION**

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**William L. Wrenn
Commissioner**

**Bob Mullen
Director**

**Dental Laboratory Services
RFP Bid Evaluation and Summary
NHDOC 14-04-GFMED**

Proposal Receipt and Review:

- Proposals will be reviewed to initially determine if minimum submission requirements have been met. The review will verify that the proposal was received before the date and time specified, with the correct number of copies, the presence of all required signatures, and that the proposal is sufficiently responsive to the needs outlined in the RFP to permit a complete evaluation. Failure to meet minimum submission requirements will result in the proposal being rejected and not included in the evaluation process.
- The Department will select a group of personnel to act as an evaluation team. Upon receipt, the proposal information will be disclosed to the evaluation committee members only. The proposal will not be publicly opened.
- The Department reserves the right to waive any irregularities, minor deficiencies and informalities that it considers not material to the proposal.
- The Department may cancel the procurement and make no award, if that is determined to be in the State's best interest.

Proposal Evaluation Criteria:

- Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of this request in the most cost-effective manner. Specific criteria are:
 - a. Total Estimated Cost – 55 points
 - b. Organizational Resources and Capability – 15 points
 - d. Program Structure/Plan of Operation – 15 points
 - e. Financial Stability – 10 points
 - f. References – 5 points
- Awards will be made to the responsive Vendor(s) whose proposals are deemed to be the most advantageous to the State, taking into consideration all evaluation factors in section 32 of NHDOC 14-04-GFMED RFP.
 - a. The contract will be awarded to the Bidder submitting the lowest total cost to the State based upon the New Hampshire Department of Corrections estimated volume as long as the Vendor's Ability to Provide Services, Financial Stability, Organizational Resources and Capability and Proof of Active Licensure are acceptable to the Department.

Evaluation Team Members:

- a. Helen Hanks, Director, Medical/Forensic Services, NH Department of Corrections
- b. Joyce Leeka, Operations Administrator, Medical/Forensic Services, NH Department of Corrections
- c. Jennifer Lind, Contract/Grant Administrator, Administration, NH Department of Corrections

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**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION**

**William L. Wrenn
Commissioner**

**Bob Mullen
Director**

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**Dental Laboratory Services
RFP Scoring Matrix
NHDOC 14-04-GFMED**

Respondents:

- Eric Joyce d/b/a Joyce Dental Laboratory
373 Court Street, Laconia, NH 03246

Scoring Matrix Criteria:

- Proposals were evaluated based on the proven ability of the respondents to satisfy the provisions set forth in the Scope of Services in the most cost-effective manner.
 1. Cost – 55 points
 2. Organizational Resources and Capability – 15 points
 3. Program Structure/Plan of Operation - 15 points
 4. Financial Stability – 10 points
 5. References: (5 points)

NHDOC 14-04-GFMED RFP Scoring Matrix		
<i>Evaluation Criteria</i>	<i>RFP Weight Point Value</i>	<i>Eric Joyce d/b/a Joyce Dental Laboratory</i>
Total Estimated Cost	55	55
Organizational Resources and Capability	15	15
Program Structure/Plan of Operation	15	15
Financial Stability	10	10
References	5	5
Total	100	100

Contract Award:

- Eric Joyce d/b/a Joyce Dental Laboratory
373 Court Street, Laconia, NH 03246



STATE OF NEW HAMPSHIRE
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Commissioner

Bob Mullen
Director

**Dental Laboratory Services
RFP Evaluation Committee Member Qualifications
NHDOC 14-04-GFMED**

Helen Hanks, MM, Division Director, Medical/Forensic Services:

Mrs. Hanks has served as the Director of the Medical & Forensic Services Division since 2011. Mrs. Hanks has made her career specific to the area of mental health and health care delivery since 1998 working with community mental health centers and Managed Behavioral Care organizations prior to her employment at the NH Department of Corrections. She has broad and specific knowledge of the correctional mental health system and behavioral health system, Laaman consent decree and Holliday Court Order, and the special needs of seriously mentally ill patients and inmates confined in the SPU, RTU and prison environments. Mrs. Hanks has a Bachelor of Science in Psychology from Plymouth State College with a Pre-Law minor and a Master of Management in Healthcare from Brandeis University.

Joyce Leeka, RHIA, Medical Operations Administrator, Medical/Forensic Services:

Ms. Leeka has served as the HIM Administrator since 1989. Ms. Leeka currently researches and drafts RFP's for the division with guidance from her supervisors. She has broad and specific knowledge of the correctional mental health system, Laaman and Holliday consent decrees, and the special needs of seriously mentally ill patients and inmates confined in the SPU, RTU and prison environments.

Jennifer Lind, MBA, CMA, Contract and Grant Administrator, Administration:

Ms. Lind has served as the Contract and Grant Administrator since 2010. Ms. Lind is responsible for the development of the Department's request for proposals (RFPs), contracts and grants management. Ms. Lind's current responsibilities include all aspects of the RFP delivery from project management, data collection, drafting and cross function collaboration; procurement functions and management of the Department's medical, programmatic and maintenance contracts and provides managerial oversight to the Grant Division for the Department. Prior to Ms. Lind's promotion to the Contract/Grant Administrator, she held the Program Specialist IV, Contract Specialist position and the Grant Program Coordinator position of the Department. Prior to her employment with the Department, Ms. Lind held the position of Assistant Grants Administrator at the Community College System of New Hampshire for ten years. Ms. Lind received her Bachelor's of Science in Accounting from Franklin Pierce College and a Master's of Management with a Healthcare Administration concentration from New England College. Ms. Lind has supplemented her education from prior experience in the pre-hospital care setting and has maintained her Certified Medical Assistant license since 1998.

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



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

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TDD Access: 1-800-735-2964

William L. Wrenn
Commissioner

Bob Mullen
Director

Dental Laboratory Services
Bidders List
NHDOC RFP 14-04-GFMED

Amoskeag Dental Laboratory
35 Cinnamon Drive
Goffstown, NH 03045
(o) 603-497-8460
Teeth4u@comcast.net

L-M Dental Lab
77 Bow Bog Road
Bow, NH 03304
(o) 1-800-564-0555

Ceramic Arts Dental Lab
9 Patriots Way
Rochester, NH 03839
(o) 603-332-8139

Lighthouse Dental Lab
55 Autumn Road
Hooksett, NH 03106
(o) 603-625-8855
laurie@thousedl.comcastbiz.net

Cook Dental Studio
147 Maple Street
Manchester, NH 03103
(o) 603-624-8806
cds@cookdental.net
<http://cookdentalstudio.com>

Murphy Dental Laboratory
200 Elm Street #2
Manchester, NH 03101
(o) 603-622-4673

Dos Dental Lab
21 Cricket Corner Road
Amherst, NH 03031
(o) 603-672-0908

Turner Dental Lab
101 Hall Street
Concord, NH 03301
(o) 603-225-3029
turnerdental@myfairpoint.net

Joyce Dental
373 Court Street
Laconia, NH 03246
603-524-2911
ebjoyce@hotmail.com

Wright Dental Lab
8 Badger Street
Concord, NH 03301
603-228-5655

Kingston Lab
43 Church Street
Kingston, NH 03848
603-642-7314

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

NHDOC 14-04-GFMED	Est. Total Two Year Contract:	\$	136,582.00
Division of Medical & Forensic Services	Months per Two Year Contract:		24
Dental Laboratory SFY Utilization	Estimated Utilization per Month:	\$	5,690.92

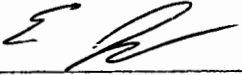
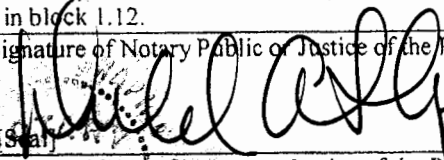
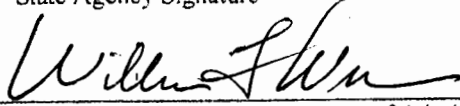
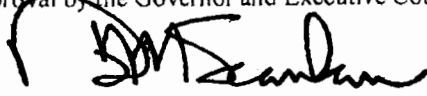
Contract	Slate Fiscal Year	Service Term per Contract	Months per Contract	Cost per Contract
Original Contract	SFY 14	April, 2014 - June 30, 2014	3	\$ 17,072.75
	SFY 15	July 1, 2014 - June 30, 2015	12	\$ 68,291.00
Subtotal - Original Contract			15	\$ 85,363.75
Optional Renewal Contract	SFY 16	July 1, 2015 - June 30, 2016	12	\$ 68,291.00
	SFY 17	July 1, 2016 - June 30, 2017	12	\$ 68,291.00
Subtotal - Renewal Contract Option			24	\$ 136,582.00
Total Estimated Contract Cost: (April 4, 2014 - June 30, 2017)				\$ 221,945.75

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Corrections		1.2 State Agency Address PO Box 1806, Concord NH 03302-1806	
1.3 Contractor Name Eric Joyce d/b/a Joyce Dental Laboratory		1.4 Contractor Address 373 Court Street, Laconia, NH 03246	
1.5 Contractor Phone Number 603-524-2911	1.6 Account Number 02-46-46-465010-8234 -101-500728	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$85,363.75
1.9 Contracting Officer for State Agency William L. Wrenn, Commissioner		1.10 State Agency Telephone Number (603) 271-5603	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Eric Joyce, Owner	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>HILLBOROUGH</u> On <u>11/24/2013</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace 			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Donald A. Shapiro</u> Notary Public			
1.14 State Agency Signature 		1.14 Name and Title of State Agency Signatory William L. Wrenn, Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <u>Mike. Bon</u> On: <u>1/15/14</u>			
1.18 Approval by the Governor and Executive Council By:  DEPUTY SECRETARY OF STATE On: JAN 29 2014			

2. EMPLOYMENT OF CONTRACTOR/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 A 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, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("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, and 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 terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account 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 B 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 in 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 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 opportunity laws. In addition, the Contractor shall comply with all applicable copyright 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 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further 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 remedied, 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 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 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 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.

9.2 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.

9.3 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.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall 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 A.

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. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. 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 maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 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 fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be

attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

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. 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. WAIVER OF BREACH. 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.

17. 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.

18. 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.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be 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.

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 provisions set forth in the attached EXHIBIT C 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 relating hereto.

SECTION B: Scope of Services, Exhibit A

1. Purpose:

The Contractor shall provide Dental Laboratory Services for the New Hampshire Department of Corrections (NHDOC) inmates, patients, and adjudicated individuals.

2. Terms of Contract:

Contract(s) awarded by the NH Department of Corrections as a result of this RFP is expected to be effective for the period beginning April 5, 2014 or upon approval of the Governor and Executive Council (G&C) of the State of New Hampshire whichever is later through June 30, 2015 with an option to renew for one (1) additional period of up to two (2) years only after the approval of the Commissioner of the NH Department of Corrections and the Governor and Executive Council.

3. Location of Services:

3.1. Northern NH Correctional Facility (NCF), Berlin, NH; Southern NH Correctional Facilities: NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU) and, NH State Prison for Women (NHSP-W), Goffstown, NH which are marked with an "X" below:

Northern Region – Northern NH Correctional Facility by Service Location			
X	Northern NH Correctional Facility (NCF)	138 East Milan Road	Berlin, NH 03570
Southern – Southern NH Correctional Facility by Service Locations			
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 State Prison for Women – (NHSP-W)	317 Mast Road	Goffstown, NH 03045

3.2. Partial Proposals for requested services for the Northern and Southern Regional Area shall not be accepted.

3.3. Proposals that reduce the NH Department of Corrections current functions shall not be accepted.

4. Current Inmate/Patient/non-Adjudicated Resident Population as of 10/11/2013:

NH Department of Corrections Current Population		
Northern NH Correctional Facility (NCF)	Berlin, NH 03570	633
NH State Prison for Men – (NHSP- M)	Concord, NH 03301	1457
Secure Psychiatric Unit (SPU) / Residential Treatment Unit (RTU)	Concord, NH 03301	85
NH State Prison for Women – (NHSP-W)	Goffstown, NH 03045	120
Community Corrections	Concord, Manchester	319
Current Inmate/Patient/non-Adjudicated Resident Population:		2614

5. Description of Services, Location, and Duration:

5.1 The Contractor shall provide full Dental Laboratory Services to include but not limited to:

- 5.1.1. Relines;
- 5.1.2. Rebases;
- 5.1.3. Repairs (acrylic);
- 5.1.4. Mouth Guards (hard);
- 5.1.5. Dentures (full);

- 5.1.6. Acrylic Partial (clasp-less, wire clasps); and
 - 5.2. Laboratory cases (dentures, models, partials, impressions, wax bites & denture set-ups) shall be picked up at:
 - 5.2.1. NH State Prison for Men (NHSP-M)
 - 5.3. Regular cases are to be returned within ten (10) working days.
 - 5.4. Relines or Rebases are to be returned to the NH Department of Corrections prospective location within two (2) days.
 - 5.4.1. 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.
 - 5.4.2. NH Department of Corrections staff may conduct periodic quality reviews.
 - 5.4.3. 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 NH Department of Corrections may cancel the Contract. Vendors will have one (1) month to comply with these standards.
 - 5.4.4. All materials (denture teeth, acrylics, and wrought wire) are to be of quality consistent with American Dental Association (ADA) specifications.
 - 5.4.5. Infection Control Program is to be used by the contract service provider in accordance with American Dental Association standards.
- 6. General Service Provisions:**
- 6.1. **Contractor Tools and Equipment:** The Contractor must furnish the required tools and equipment inclusive of computer hardware 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.
 - 6.2. **Rules and Regulations:** The Contractor agrees to comply with all rules and regulations of the NH Department of Corrections.
 - 6.3. **Additional Facilities:** Upon agreement of both parties, additional facilities belonging to the NH Department of Corrections may be added to the Contract. This provision will require Governor and Executive Council approval.
 - 6.4. **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.
 - 6.5. **Contractor Designated Liaison:** The Contractor shall designate a representative to act as a liaison between the Contractor and the NH Department of Corrections for the duration of the Contract. The Contractor shall notify the NH Department of Corrections of such named Liaison within five (5) days after the award of the Contract: submit a written identification and notification to NH Department of Corrections of the **business (no personal information)** name, title, address, telephone number, fax number, and e-mail address of one (1) individual within its organization as a duly authorized representative to whom all correspondence, official notices and requests related to the Contractor's performance under the Contract.

- 6.5.1. 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.
- 6.5.2. 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.
- 6.5.3. Changes of the named Liaison by the Contractor must be made in writing and forwarded to: NH Department of Corrections, Director of Division of Medical & Forensic Services, P.O. Box 1806, Concord, NH 03302.
- 6.6. **Contractor's Liaison's Responsibilities:** The Contractor shall designate a representative to act as a liaison between the Contractor and the NH Department of Corrections for the duration of the Contract. The representative shall be responsible for:
 - 6.6.1. Representing the Contractor on all matters pertaining to the Contract. Such as representative shall be authorized and empowered to represent the Contractor regarding all aspects of the Contract;
 - 6.6.2. Monitoring the Contract's compliance with the terms of the Contract;
 - 6.6.3. 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 RFP and in the Contract; and
 - 6.6.4. Meeting with representatives of NH Department of Corrections on a periodic or as-needed basis to resolve issues which may arise.
- 6.7. **NH Department of Corrections Contract Liaison Responsibilities:** The NH Department of Corrections' Commissioner of Corrections, or designee, shall act as liaison between the Contractor and NH Department of Corrections for the duration of the Contract. 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. NH Department of Corrections representative shall be responsible for:
 - 6.7.1. Representing NH Department of Corrections on all matters pertaining to the Contract. The representative shall be authorized and empowered to represent NH Department of Corrections regarding all aspects of the Contract subject to the New Hampshire Governor and Executive Council approval, where needed;
 - 6.7.2. Monitoring compliance with the terms of the Contract;
 - 6.7.3. 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;
 - 6.7.4. Meeting with the Contractor's representative on a periodic or as needed basis and resolving issues which arise; and
 - 6.7.5. Informing the Contractor of any discretionary action taken by NH Department of Corrections pursuant to the provisions of the Contract.
- 6.8. **Reporting Requirements:** The Contractor shall provide any and all reports as requested on an as needed basis according to a schedule and format to be determined by the NH Department of Corrections including but not limited to:
 - 6.8.1. Monthly summary of the cost of services;
 - 6.8.2. Breakdowns of billings, monthly; and
 - 6.8.3. 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 our needs.
- 6.9. **Performance Evaluation:** NH Department of Corrections shall, at its sole discretion:
 - 6.9.1. Monitor and evaluate the Contractor's compliance with the terms of the Contract;

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- 6.9.2 Request additional reports the NH Department of Corrections deems necessary for the purposes of monitoring and evaluating the performance of the Contractor under the Contract; and
- 6.9.3. Review reports submitted by the Contractor. NH Department of Corrections shall determine the acceptability of the reports. If they are not deemed acceptable, the NH Department of Corrections shall notify the Contractor and explain the deficiencies.
- 6.10. Performance Measures: Quality Control Procedures will be identified by NH Department of Corrections and the Contractor in order to monitor the Contract and measure compliance with appropriate dental procedures relative to fabrication of dental appliances.
 - 6.10.1. Request additional reports and/or reviews the NH Department of Corrections deems necessary for the purposes of monitoring and evaluating the performance of the Contractor under the Contract.
 - 6.10.2. Perform periodic programmatic and financial reviews of the Contractor's performance of responsibilities. This may include, but is not limited to, on-site inspections and audits by NH Department of Corrections, or its agent of the Contractor's records. The audits may, at a minimum, include a review of the following:
 - 6.10.2.1. Claims and financial administration;
 - 6.10.2.2. Program operations;
 - 6.10.2.3. Financial reports; and
 - 6.10.2.4. Staff qualifications.
 - 6.10.3. Inform the Contractor of any dissatisfaction with the Contractor's performance and include requirements for corrective action.
 - 6.10.4. Terminate the Contract, if NH Department of Corrections determines that the Contractor is:
 - 6.10.4.1. Not in compliance with the terms of the Contract;
 - 6.10.4.2. Has lost or has been notified of intention to lose their accreditation and/or licensure;
 - 6.10.4.3. Has lost or has been notified of intention to lose their federal certification and/or licensure; or,
 - 6.10.4.4. Terminate the Contract as otherwise permitted by law.
- 6.11. Declaration of Liaison:
 - 6.11.1. The Contractor shall, within (5) days after the award of the Contract, submit a written identification and notification to NH Department of Corrections of the name, title, business address, business telephone, fax number, and e-mail address of one (1) individual within its organization as a duly authorized representative to whom all correspondence, official notices, and requests related to the Vendor's performance under the Contract. 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.
 - 6.11.2. 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.
 - 6.11.3. NH Department of Corrections, at its discretion, in any Contract resulting from this RFP, may require the Contractor to work cooperatively with any predecessor and/or successor Contractor to assure the orderly and uninterrupted transition from

one Contractor to another. The NH Department of Corrections reserves the right to require use of a third party administrator during the life of the Contract.

7. Other Contract Provisions:

- 7.1. Modifications to the Contract: In the event of any dissatisfaction with the Contractor's performance, the NH Department of Corrections will inform the Contractor of any dissatisfaction and will include requirements for corrective action.
- 7.1.1. The Department of Corrections has the right to terminate the Contract, if the NH Department of Corrections determines that the Contractor is:
- a.) Not in compliance with the terms of the Contract, and/or
 - b.) As otherwise permitted by law or as stipulated within this Contract.
- 7.2. Coordination of Efforts: The Contractor shall fully coordinate their activities in the performance 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 NH Department of Corrections as requested by the NH Department of Corrections throughout the effective period of the Contract.
- 7.3. Disabilities Act and the Governor's Commission of the Disabled: The Contractor must be equipped to provide handicap access to services as per the Americans with Disabilities Act (ADA) and the Governor's Commission of the Disabled.

8. Bankruptcy or Insolvency Proceeding Notification:

- 8.1. Upon filing for any bankruptcy or insolvency proceeding by or against the Contractor, whether voluntary or involuntary, or up on the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Contractor must notify the NH Department of Corrections immediately.
- 8.2. 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 or in part.

9. Embodiment of the Contract:

- 9.1. The Contract between the NH Department of Corrections and the Contractor shall consist of:
- 9.1.1. The Request for Proposal (RFP) and any amendments thereto;
 - 9.1.2. The Proposal submitted by the Vendor in response to the RFP; and/or
 - 9.1.3. A negotiated document (Contract) agreed to by and between the parties that is ratified by a "meeting of the minds" after careful consideration of all of the terms and conditions and that which is approved by the Commissioner of the NH Department of Corrections and the Governor and Executive Council of the State of New Hampshire.
- 9.2. In the event of a conflict in language between the documents referenced above, the provisions and requirements set forth and/or referenced in the negotiated document noted in 9.1.3. shall govern.
- 9.3. The NH Department of Corrections reserves the right to clarify any contractual relationship in writing with the concurrence of the Contractor, and such written clarification shall govern in case of conflict with the applicable requirements stated in the RFP or the Vendor's Proposal and/or the result of a Contract.

10. Cancellation of Contract:

- 10.1. The 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.

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- 10.2. Should the NH Department of Corrections exercise its right to cancel the Contract for such reasons, the cancellation shall become effective on the date as specified in the notice of cancellation sent to the Contractor.
- 10.3. The NH Department of Corrections reserves the 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.
- 10.4. The NH Department of Corrections reserves the right to cancel the Contract for the convenience of the State with no penalties by giving the Contractor sixty (60) days notice of said cancellation.

11. Contractor Transition:

NH Department of Corrections, at its discretion, in any Contract resulting from this RFP, may require the Contractor to work cooperatively with any predecessor and/or successor Contractor to assure the orderly and uninterrupted transition from one Contractor to another.

12. Audit Requirement:

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

13. Additional Items/Locations:

Upon agreement of both parties, additional equipment and/or other facilities may be added to the Contract. In the same respect, equipment and/or facilities listed as part of the provision of services of the Contract may be deleted as well.

14. Information:

- 14.1. In performing its obligations under the Contract, the Contractor may gain access to information of the inmate/patient including confidential information. 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.
- 14.2. The Contractor agrees to maintain the confidentiality of and to protect from unauthorized use, disclosure, publication, reproduction, and all information of the inmate/patient that becomes available to the Contractor in connection with its performance under the Contract.
- 14.3. In the event of unauthorized use or disclosure of the inmate/patient information, the Contractor shall immediately notify the NH Department of Corrections.
- 14.4. 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 NH Department of Corrections.

15. Public Records:

NH RSA 91-A guarantees access to public records. As such, all responses to a competitive solicitation are public records unless exempt by law. Any information submitted as part of a bid in response to this Request for Proposal or Request for Bid (RFB) or Request for Information (RFI) may be subject to public disclosure under RSA 91-A. In addition, in accordance with RSA 9-F:1, any contract entered into as a result of this RFP (RFB or RFI) will be made accessible to the public online via the website: Transparent NH <http://www.nh.gov/transparentnh/>. Accordingly, business financial

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information and proprietary information such as trade secrets, business and financial models and forecasts, and proprietary formulas may be exempt from public disclosure under RSA 91-A:5, IV. If a Bidder believes that any information submitted in response to a Request for Proposal, Bid or Information, should be kept confidential as financial or proprietary information, the Bidder must specifically identify that information in a letter to the State Agency. Failure to comply with this section may be grounds for the complete disclosure of all submitted material not in compliance with this section.

16. Contractor Personnel:

- 16.1. The Contractor shall agree that employees of the Contractor shall perform all services required by the Contract. The Contractor shall guarantee that all personnel providing the services required by the Contract are qualified to perform their assigned tasks.
- 16.2. The Department shall be advised of, and approve in writing at least ten (10) days in advance of such change, any permanent or temporary changes to or deletions the Contractor's management, supervisory, or key professional personnel, who directly impact the deliverables to be provided under the Contract.

17. Notification to the Contractor:

The 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.

18. Special Notes:

- 18.1. The headings and footings of the sections of this document are for convenience only and shall not affect the interpretation of any section.
- 18.2. The NH Department of Corrections reserves the right to require use of a third party administrator during the life of the Contract.
- 18.3. Locations per contract year may be increased/decreased and or reassigned to alternate facilities during the Contract term at the discretion of the Department. Locations may be added and/or deleted after the awarding of a Contract at the discretion of the Department and upon mutual agreement of the Commissioner of the Department of Corrections and the Contractor.
- 18.4. In the event that the NH Department of Corrections wishes to add or remove facilities at which the Contractor is to provide services, it shall:
 - 18.4.1. Give the Contractor fourteen (14) days written notice of the proposed change; and
 - 18.4.2. Secure the Contractor's written agreement to the proposed changes.
- 18.5. Notwithstanding the foregoing, or any provision of this Agreement to the contrary, in no event shall changes to facilities be allowed that modify the "Completion Date" or "Price Limitation" of the Agreement.
- 18.6. Any change in the Contract including the Contractor responsibilities and NH Department of Corrections responsibilities described herein, whether by modification, amendment and or supplementation, must be accomplished by a formal Contract amendment signed and approved by and between the duly authorized representatives of the Contractor and the NH Department of Corrections approved by the Governor and Executive Council.

**Estimated Budget/Method of Payment
Exhibit B**

Item	Description	Estimated Volume (per Year)	Unit Cost	Total Annual Cost (Est. Vol. x Unit Cost)
Dentures				
1.	Model	1	\$12	\$12
2.	Bite Block	1	\$28	\$28
3.	Custom Tray	1	\$28	\$28
4.	Articulation	1	\$12	\$12
5.	Setup Full Upper	1	\$68	\$68
6.	Setup Full Lower	1	\$68	\$68
7.	Setup Partial Upper	1	\$59	\$59
8.	Setup Partial Lower	1	\$59	\$59
9.	Finish Full Upper	81	\$198	\$16,038
10.	Finish Full Lower	41	\$198	\$8,118
11.	Hard Night Guard	10	\$72	\$720
12.	Soft Night Guard	1	\$65	\$65
13.	Repairs (Acrylic)	62	\$60	\$3,720
14.	Repairs (Metal)	1	\$60	\$60
15.	Relines	18	\$72	\$1,296
16.	Rebases	1	\$65	\$65
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)	147	\$149	\$21,903
17b.	*Acrylic Partial (5 teeth and over with two wire clasps)	98	\$154	\$15,092
Subtotal Dentures (Total Annual Cost Column 1-16 & 17a-b)				\$67,411

Cast Metal Partial				
1.	Upper Frame	1	\$190	\$190
2.	Lower Frame	1	\$190	\$190
3.	Extra Clasp & Rest	1	\$35	\$35
4.	Extra Attachments	1	\$35	\$35
5.	Equiposie Technique	1	\$190	\$190
6.	Weld	1	\$25	\$25
7.	Wrought Wire	1	\$25	\$25
8.	Cu-Sil® Partial	1	\$190	\$190
Subtotal Cast Metal Partial (Total Annual Cost Column 1-8)				\$880
ADD: Total Annual Cost of Dentures and Cast Metal Partial				\$68,291
Total Contract (Multiply Total Annual Cost x 2)				\$136,582

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3. Method of Payment:

- 3.1. Services are to be invoiced monthly commencing thirty (30) days after the start of service. Due dates for monthly invoices will be the 15th of the month following the month in which services are provided.
- 3.2. Invoices shall be submitted no later than sixty (60) days post date of services rendered.
- 3.3. Invoices shall be sent to the NH Department of Corrections, Financial Services, P.O. Box 1806, Concord, NH 03302-1806
- 3.4. Once approved, the original invoices shall be forwarded to the Accounts Payable unit of the Department's Bureau of Financial Services for processing and issuance of payment.
- 3.5. The NH Department of Corrections may make adjustments to the payment amount identified on a Vendors 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.
- 3.6. 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, but not limited to:
 - 3.6.1. Invoice date & number;
 - 3.6.2. Quantity and description of services rendered;
 - 3.6.3. Dates of said service(s);
 - 3.6.4. Cost of services;
 - 3.6.5. Inmate/Patient name and number; and
 - 3.6.6. Itemized service/product total charge per service/product type.
- 3.7. 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.
- 3.8. Contractor errors resulting in service and/or product charge shall be at the expenses of the Contractor to include:
 - 3.8.1. Delivery of incorrect product requested/ordered by NH Department of Corrections;
 - 3.8.2. Replacement of faulty product;
 - 3.8.3. Shipping and handling charges;
 - 3.8.4. Gasoline surcharges; and
 - 3.8.5. Any related travel expenses for Contractor's personnel to facilities.

4. Appropriation of Funding:

- 4.1. The Contractor shall agree that the funds expended for the purposes of the Contract must be appropriated by the General Court of the State of New Hampshire for each State fiscal year included within the Contract period. Therefore, the Contract shall automatically terminate without penalty or termination costs if such funds are not fully appropriated.
 - 4.1.1. In the event that funds are not fully appropriated for the Contract, the Contractor shall not prohibit or otherwise limit NH Department of Corrections the right to pursue and contract for alternate solutions and remedies as deemed necessary for the conduct of State government affairs.
 - 4.1.2. The requirements stated in this paragraph shall apply to any amendment or the execution of any option to extend the Contract.

Section D: Special Provisions, Exhibit C

1. Special Provisions:

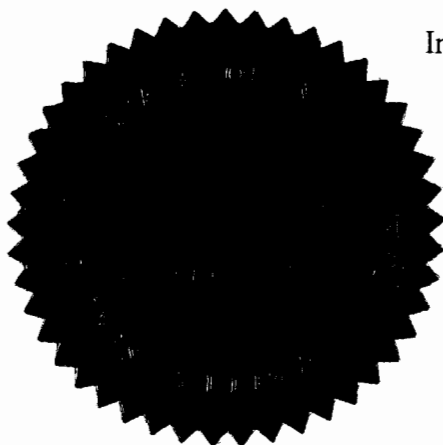
- 1.1. There are no additional provisions set forth in this Exhibit, Special Provisions, to be incorporated as part of this Contract.

The remainder of this page is intentionally blank.

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 on January 11, 2010 and that Eric Joyce presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 25th day of November, A.D. 2013

A handwritten signature in black ink, appearing to read "William M. Gardner", written in a cursive style.

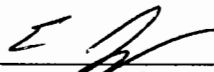
William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY
(Sole Proprietor)

I, Eric Joyce, as a Sole Owner of my Business, Joyce Dental Laboratory
certify that I am authorized to enter into a contract with the State of New Hampshire, Department
of Corrections on behalf of myself.

IN WITNESS WHEREOF, I have set my hand as the Sole Owner of the Business this

24th day of November, 2013.


Sole Owner

STATE OF New Hampshire COUNTY OF HILLSBOROUGH

On this the 24th day of November, 2013, before me, ERIC JOYCE

_____ the undersigned Officer, personally appeared _____,

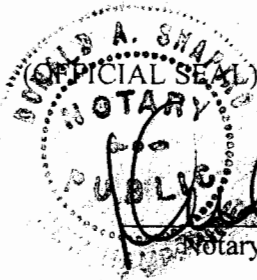
who acknowledge her/himself to be the Sole Owner, of Joyce Dental Laboratory, a

Business, and that she/he, as such Sole Owner being authorized to do so, executed the foregoing

instrument for the purposes therein contained, by signing the name of the Business by

her/himself as Joyce Dental Laboratory.

IN WITNESS WHEREOF I hereunto set my hand and official seal.



Notary Public / Justice of the Peace



My Commission Expires: 9/9/2014

**New Hampshire Department of Corrections
Division of Administration
Contract/Grant Unit**

Comprehensive General Liability Insurance Acknowledgement Form

The New Hampshire Office of the Attorney General requires that the Request for Proposal (RFP) package inform all proposal submitters of the State of New Hampshire's general liability insurance requirements. The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire.

Please select only ONE of the checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

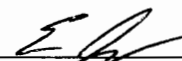
- The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

- (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Please indicate your current comprehensive general liability coverage limits below, sign, date and return with your proposal package.

\$ 1,000,000 Per Claim \$ 1,000,000 Per Incident/Occurrence \$ 2,000,000 General Aggregate


Signature & Title

owner

11/24/2013
Date

This acknowledgement must be returned with your proposal.

NH DEPARTMENT OF CORRECTIONS
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions

- a. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- b. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- c. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- d. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- e. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- f. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- g. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- h. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- i. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- j. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- k. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time.

(2) Use and Disclosure of Protected Health Information

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:

- (i) for the proper management and administration of the Business Associate;
- (ii) as required by law, pursuant to the terms set forth in paragraph d. below; or
- (iii) for data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to immediately notify Business Associate of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions on the uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate

a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, of which it becomes aware, within two (2) business days of becoming aware of such unauthorized use or disclosure or security incident.

b. Business Associate shall use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of protected health information, in electronic or any other form, that it creates, receives, maintains or transmits under this Agreement, in accordance with the Privacy and Security Rules, to prevent the use or disclosure of PHI other than as permitted by the Agreement.

c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be

receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.

e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA and the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3.d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT.

NH Department of Corrections
State of New Hampshire Agency Name

William L. Wren
Signature of Authorized Representative

William L. Wren
Authorized DOC Representative Name

Commissioner
Authorized DOC Representative Title

11/15/14
Date

Eric Joyce d/b/a
Joyce Dental Laboratory
Contractor Name

E. Joyce
Contractor Representative Signature

Eric Joyce
Authorized Contractor Representative Name

Owner
Authorized Contractor Representative Title

11/24/2013
Date

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 if stored in a secured vehicle):
- j) Knives and knife-like weapons, clubs and club-like weapons,
 - (1) tobacco, alcohol, drugs including prescription drugs unless prior approval is granted in writing by the facility Warden/designee, or Director/designee,
 - (2) maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds or its vicinity,
 - (3) pornography or pictures of visitors or prospective visitors undressed,
 - (4) cell phones and radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials,
 - (5) identification documents, licenses and credentials not in the possession of the person to whom properly issued,
 - (6) 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,
 - (7) 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

Donato A. Stupico
Witness Name

EJ
Signature

[Handwritten Signature]
Signature


11/24/2013
Date

11/24/2013
Date

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

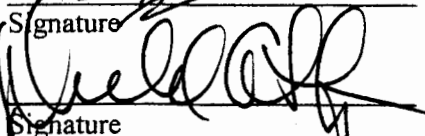
1. Engaging in any of the following activities with persons under departmental control is strictly prohibited:
 - a. Any contact, including correspondence, other than in the performance of your services for which you have been contracted.
 - b. Giving or selling of anything
 - c. Accepting or buying 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 the NH Department of Corrections property.
3. Possession of any item considered to be contraband as defined in the New Hampshire code of Administrative Rules, 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

11/24/2013
Date

Donato A. Shapiro
Witness Name


Signature

11/24/2013
Date

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 inmates or residents of the NH Department of Corrections, or, anyone outside of the NH Department of Corrections' employ approaches any of the our 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
Donna A. Shapiro
Witness Name

E. J.
Signature
[Handwritten Signature]
Signature

11/24/2013
Date
11/24/2013
Date