



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, NH 03301

Bureau of Rail & Transit
June 3, 2014

REQUESTED ACTION

Authorize the Department of Transportation to enter into a contract amendment with VNA @ HCS, Inc. (Vendor 177274), Keene, NH to increase the contract amount by \$10,599 from \$531,138 to \$541,737 for public transportation services in the City of Keene, effective upon Governor and Council approval through June 30, 2015. The original agreement was approved by Governor and Council on June 5, 2013, Item #225. 100% Federal Funds.

Funding is available as follows:

	<u>FY 2015</u>
04-96-96-964010-2916	
Public Transportation	
072-500575 Grants to Non-Profit-Federal	\$10,599

EXPLANATION

The Department has approved a request for additional Federal Transit Administration (FTA) funding from VNA @ HCS, Inc. to assist in the provision of public transit service in the City of Keene. VNA @ HCS, Inc. is a private, non-profit organization providing public transportation services for the general public and elderly individuals and individuals with disabilities in the City of Keene.

The Department entered into a two-year contract with VNA @ HCS, Inc. for the period July 1, 2013 to June 30, 2015, using committed FTA funds. The Department has additional federal funding available for SFY 2015 rural public transit activities and therefore provided a 4 % contract increase to every rural public transit system statewide. These additional funds are budgeted and separate contract amendments will be put forth for each rural transit operator. This contract amendment provides an additional \$10,599 for the second year (SFY 2015) of the two-year agreement for VNA @ HCS's Section 5311 program administration, capital preventive maintenance and operating expenses. VNA @ HCS, Inc. will provide the required non-federal matching funds, 20% for project administration and capital preventative maintenance and 50% for operating expenses.

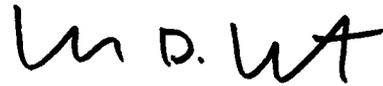
In the event that Federal funds become unavailable, general funds will not be requested to support this program.

All other provisions of the agreement shall remain in effect.

The amendment has been approved by the Attorney General as to form and execution and the Department has verified that the necessary funds are available. Copies of the fully executed amendment are on file at the Secretary of State's Office and the Department of Administrative Services, and subsequent to the Governor and Council approval will be on file at the Department of Transportation.

Your approval of this resolution is respectfully requested.

Sincerely,

A handwritten signature in black ink, appearing to read "C. D. Clement, Sr." with a stylized flourish at the end.

Christopher D. Clement, Sr.
Commissioner

Attachments

AMENDMENT TO AGREEMENT

VNA @ HCS, INC.

WHEREAS, the Governor and Council approved an agreement between the New Hampshire Department of Transportation and VNA @ HCS, Inc. on June 5, 2013, (Item #225) to be effective July 1, 2013 through June 30, 2015, and this agreement remains in effect;

WHEREAS, the Price Limitation in Section 1.8, is \$531,138, and Exhibit A describes the Scope of Work and Exhibit B describes the budget;

WHEREAS, the Department of Transportation has available Federal funds for the Section 5311 Rural Transit program;

RESOLVED, that the agreement be amended as follows:

Section 1.8, "Price Limitation" of the P-37 form to read \$541,737 (increase of \$10,599);

Exhibit B, Budget, shall be revised to include an additional \$10,599 of Federal Transit Administration (FTA) Section 5311 Rural Transit funds for State Fiscal Year 2015 for a revised contract total of \$541,737.

All other provisions of the agreement shall remain in effect.

EXHIBIT B

BUDGET (REVISED)

B.1 The Contract price, as defined in Section 1.8 of the General Provisions, is the Section 5311 and 5317 portion of the eligible project costs. Federal funds are granted as follows:

	FY 2014	REVISED FY 2015
Section 5311		
Administration	\$103,779	\$116,324
Capital (PM)	\$ 31,765	\$ 35,168
Operating	\$129,425	\$124,076
Section 5317		
Travel Training	\$ 600	\$ 600
Total Federal Funds	\$265,569	\$276,168

Funds are contingent upon Federal and State appropriations.

B.2 Fourteen days prior to the submission of the Contractor's first request for Federal Section 5311 reimbursement, the Contractor shall submit to the State a budget incorporating all funds to be expended in the provision of services pursuant to this contract. Budget revisions may be made with written approval of the State, and are limited to the six-month interval and year-end of the contract. Revisions that meet or exceed a 10% and \$2,500 change will require a detailed explanation. Budget revisions may only request the transfer of funds within a category or between categories with the same matching ratio.

B.3 The Contractor may seek reimbursement for eligible expenses listed in "Budget Categories and Line Items," listed in Guidelines for Establishment of Accounting and Bookkeeping Procedures for Recipients of Section 5311 (Rural and Small-Urban Program) Funds, with the exception of funds specifically reserved, if any, and identified in "Specifically Programmed Funds," at the end of this Exhibit

B.4 At the sole discretion of the State, the Contractor may carry forward any unexpended portion of the federal funds included in the Contract Price to a subsequent contract, if any, between the State and the Contractor.

VNA @ HCS, Inc.

By: Cathy J. Sorenson Date: May 28, 2014

Title: President/CEO

Signature: Cathy J. Sorenson

County of Cheshire

On this the 28 day of May, 2014, before me, Julie D Way, the undersigned officer, personally appeared Cathy J. Sorenson, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (s)he has executed the same for the purposes therein contained. IN WITNESS WHEREOF I hereunto set my hand and official seal.

Julie D Way
Notary Public/Justice of the Peace

NH Department of Transportation

By: Patricia C. Berling Date: 6/3/2014

Title: Director

Signature: Patricia C. Berling

Approved by Attorney General

By: Brian Buonamano Date: 6/11/14

Title: AAG

Signature: Brian Buonamano

Approved by Governor and Council

By: _____ Date: _____

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 VNA AT HCS, INC. is a New Hampshire nonprofit corporation formed November 18, 1981. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and 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 1st day of May A.D. 2014

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

VNA at HCS

Certificate of Corporate Vote

The following is a true abstract from an electronic vote for which a quorum was polled of the Board of Directors of VNA at HCS, Inc. on May 28, 2014:

"On motion duly made and seconded, it was voted to authorize the President/CEO to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Transportation, Bureau of Rail and Transit, Sections 5311, to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the New Hampshire Department of Transportation, Bureau of Rail and Transit, Sections 5311; this authorization to continue until revoked by vote of this governing board."

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that Cathy Sorenson is the President/CEO of this corporation, and is still qualified and serving in such capacity.

May 28, 2014
Date

Betsy Cotter
Betsy Cotter, Board Vice Chairperson
VNA at HCS Board of Directors

STATE OF NEW HAMPSHIRE
COUNTY OF CHESHIRE

On May 28, 2014, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Chair of the corporation identified in the foregoing certificate, and acknowledged that he executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal.

Julie Wolf
Julie Wolf, Notary Public

5-28-14
Date

Client#: 986155

HOMEHEA3

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/22/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Svcs LLC, Portland, ME 04112-0406. CONTACT NAME: Arch Insurance Company, NAIC # 11150. INSURED: Home Healthcare Hospice & Community Ser, Keene, NH 03431.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The General Liability and auto liability policies include a blanket automatic Additional Insured endorsement that provides Additional Insured status to the Certificate holder, only when there is a written contract between the named insured and the certificate holder that requires such status, and only with regard to work performed on behalf of the named insured.

CERTIFICATE HOLDER: State of New Hampshire, Department of Transportation, Bureau of Rail & Transit, Concord, NH 03302. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: E. Arnold



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/27/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kennebunk Savings Insurance 50 Portland Road PO Box 770 Kennebunk ME 04043	CONTACT NAME: Nancy Wallace PHONE (A/C, No, Ext): (207) 985-2941 FAX (A/C, No): (207) 985-3122 E-MAIL ADDRESS: nancy.wallace@kennebunksavings.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Charter Insurance	NAIC #
INSURED Home Healthcare Hospice & Community Svcs VNA at HSC PO Box 564 312 Marlboro St Keene NH 03431	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES **CERTIFICATE NUMBER:** CL138502318 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCA00539800	7/1/2013	7/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 This Certificate of Insurance is issued as a matter of information only and confers no rights upon the holder and does not amend, extend or alter the coverage afforded by policies designated on the Certificate.

CERTIFICATE HOLDER NH Dept. of Transportation Bureau of Rail & Transit PO Box 483 Concord, NH 03302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Danny Edgecomb/DE
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THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



CHRISTOPHER D. CLEMENT, SR.
COMMISSIONER

JEFF BRILLHART, P.E.
ASSISTANT COMMISSIONER

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, NH 03301

Bureau of Rail & Transit
May 1, 2013

Approved 4/5/13
Item 225

REQUESTED ACTION

Authorize the Department of Transportation to enter into an agreement with VNA @ HCS, Inc. (Vendor # 177274), Keene, NH, for an amount not to exceed \$531,138 for public transportation services in the City of Keene, for the period July 1, 2013 through June 30, 2015, effective upon approval by Governor and Council. 100% Federal Funds.

Funding for this agreement is available in the FY 2014 and 2015 budget, contingent upon the availability and continued appropriation of funds, with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified.

	<u>FY 2014</u>	<u>FY 2015</u>
04-96-96-964010-2916 Public Transportation		
072-500575 Grants to Non-Profits-Federal	\$265,569	\$265,569

EXPLANATION

The Department has approved a request for Federal Transit Administration (FTA) funding from VNA @ HCS to assist in the provision of public transit service in the City of Keene. VNA @ HCS is a private, non-profit organization providing rural public transportation services for the general public and elderly individuals and individuals with disabilities in the City of Keene.

The following routes are currently operated Monday through Friday:

- Campus Community Shuttle – Serving Keene State College Campus, 24 round trips with 10 stops
- City Express Black Route Bus – Serving Greater Keene, 9 round trips with 12 stops.
- City Express Red Route Bus – Serving Greater Keene, 8 round trips with 13 stops.

The bus schedule for VNA @ HCS is attached to this Agreement.

The Department's proposed FY 2014 and 2015 operating budget includes funds from the Federal Transit Administration (FTA) Section 5311 non-urban area formula program for public transportation in non-urbanized areas. VNA @ HCS has provided public transit utilizing these funds since 1993. The Department has allocated funding for the coming biennium based on prior funding levels, applications received, and available FTA funds. For the SFY 2014-2015 biennium, the FTA Section 5311 allocation for VNA @ HCS is \$529,938.

In addition to funds for transit operation, FTA Section 5317 New Freedom Program funds in the amount of \$1,200 are allocated to VNA @ HCS for the SFY 2014-2015 biennium for travel training services to educate individuals with disabilities and assist them in using public transit services in the City of Keene. As required by

FTA, this project is identified in a locally developed coordinated public transit – human services transportation plan.

VNA @ HCS will provide the required matching funds, 20% for administration and/or capital and 50% for operations.

The Department released a public notice on February 8, 2013 announcing the availability of funding from the FTA Section 5311 (Formula Grants for other than urbanized areas), Section 5316 (Jobs Access and Reverse Commute), and Section 5317 (New Freedom) with application submissions due March 29, 2013.

The Department received applications for eight (8) rural public transit systems as follows:

Acronym	Transit System	Applicant
AT	Advance Transit	Advance Transit
CAT	Concord Area Transit	Community Action Programs Belknap-Merrimack Counties
WTS	Winnepesaukee Transit System	Community Action Programs Belknap-Merrimack Counties
CAHS	Community Alliance Transportation Services	Community Alliance for Human Services
VNA	City Express	VNA @ Home Healthcare, Hospice & Community Services
NCT	North Country Transit	Tri-County Community Action Program
CCT	Carroll County Transit	Tri-County Community Action Program
CRT	Connecticut River Transit	Connecticut River Transit

An evaluation committee that consisted of Shelley Winters (NHDOT Rail & Transit Administrator), Frederick Butler (NHDOT Rail & Transit Transportation Specialist), and Christopher Morgan (retired NHDOT Rail & Transit Administrator) reviewed, evaluated and scored applications based on criteria as indicated in the application materials and the Department’s State Management Plans for FTA programs. Every application met the Department’s criteria for inclusion in its SFY 2014 public transit funding plan and will be awarded separate amounts for the aforementioned transit systems.

	Evaluation Criteria	Weight
1	The proposed service effectively addresses a demonstrated community need.	10%
2	The applicant has the fiscal and technical capacity and adequate budget to operate its service.	15%
3	The applicant has successful experience in providing transportation services.	15%
4	The application shows coordination with other transportation providers in the service area: public, nonprofit, and for-profit.	10%
5	The applicant demonstrates involvement in and support for the project, financial and otherwise, on the part of citizens and local government.	10%
6	The applicant demonstrates effort to involve the private sector in the delivery of transportation services.	5%
7	Elderly and disabled citizens have full access to the applicant's services.	10%

8	The applicant successfully demonstrates service efficiency and effectiveness, measured in ridership, service miles and hours, costs, and fare recovery. New applicants must demonstrate the ability to measure performance and achieve goals.	15%
9	The applicant complies with relevant Federal and state regulations, and has a history of compliance with regulations and reporting requirements.	10%
		100%

Rating Scale (0-10 scale)	
Explanation	Point Value
None. Not addressed or response of no value	0
Fair. Limited applicability	1 - 3
Good. Some applicability	4 - 6
Very Good. Substantial applicability	7 - 8
Excellent. Total applicability	9 - 10

Transit System	Average Score
Advance Transit	9.30
Concord Area Transit	8.57
Winnepesaukee Transit System	7.40
Community Alliance Transportation Services	8.38
City Express	8.45
North Country Transit	7.27
Carroll County Transit	6.62
Connecticut River Transit	8.37

In the event that Federal funds become unavailable, general funds will not be requested to support this program.

The Agreement has been approved by the Attorney General as to form and execution and the Department will verify the necessary funds are available pending enactment of the Fiscal Year 2014 and 2015 budget. Copies of the fully executed agreement are on file at the Secretary of State's Office and the Department of Administrative Services' Office, and subsequent to Governor and Council approval will be on file at the Department of Transportation.

Your approval of this resolution is respectfully requested.

Sincerely,

Christopher D. Clement, Sr.
Commissioner

Attachments