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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF BUSINESS OPERATIONS
BUREAU OF FACILITIES AND ASSETS MANAGEMENT

Jeffrey A. Meyers
Commissioner
Sheri L. Rockburn
Chief Financial Officer

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9500 1-800-852-3345 Ext. 9500
Fax: 603-271-8149 TDD Access: 1-800-735-2964

April 11, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services to enter into a retroactive, sole source amendment to the existing lease with 75 New Hampshire, LLC, c/o James J. Horne, CPManagement, Inc., 11 Court Street, Exeter, New Hampshire 03833 (Vendor #167378) for continued occupation by the Seacoast District Office by increasing the price limitation in the amount of \$539,136.00 to \$3,498,195.12 from \$2,959,059.12 and by extending the term for up to twelve months from March 31, 2016 to March 31, 2017, effective retroactive to April 1, 2016. Governor and Council approved the original lease on December 9, 2009, item #79, amendment approved on March 20, 2013, item #23, amendment approved June 4, 2014 item #44 and extension approved March 25, 2015 item #6. General Funds 60%, Federal Funds 40%.

Funds are available in the following account for SFY 2016 and are anticipated to be available in SFY 2017 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-95-953010-5685 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, OFFICE OF ADMINISTRATION, MANAGEMENT SUPPORT

Table with 6 columns: Fiscal Year, Class/Object, Class Title, Current Modified Budget, Increase (Decrease) Amount, Revised Modified Budget. Rows include SFY 2010 through SFY 2017 and a Total row.

EXPLANATION

The amendment is retroactive due to the delay in receiving authorization from the Pease Development Authority; this was not a procedure that was necessary during previous agreements. The Landlord also requested an increase due to land rent, real estate taxes and operating expenses, plus an increase in cost of living, the rent has not increased since 2012. The Department was able to negotiate on the actual utilities increase of \$.90 and Land Rent and Real Estate Taxes of \$.68 for a total increase of approximately 8% to a total of \$20.90 per square foot. The agreement is sole source because it was determined to be the most cost effective way to secure the necessary office space for up to twelve months to provide continuity of Department services to the public in the Seacoast area while finalizing the Request For Proposal. The Department of Health and Human Services, Division of Client Services, Division for Children Youth and Families, Division of Child Support Services, Bureau of Elderly and Adult Services and Bureau of Juvenile Justice Services have occupied this Seacoast District Office located at 50 International Drive since 2010, currently housing ninety-five (95) employees. Regionalization and restructuring of the Department's District Offices will reassign some staff from other regions to this location and provide for an expanded program, which will also require an increase in staff at this location and change the way the Department disburses benefits. The Request For Proposal process has become increasingly complex due to these changes, affecting the Department's business model, which is the reason the Department needs to remain at this location until these changes and modifications can be fine-tuned and implemented, presenting a streamlined, more efficient District Office.

The amendment reflects an increase in the term of twelve months. Extending the term will allow the Department to continue lawful payment of rent while continuing occupancy at the Premises. During this period a Request For Proposal, utilizing the competitive bidding process, will be prepared for future occupancy of office space serving the Seacoast catchment area. The Department is in the process of innovating and refining the business model it employs at District Offices, the Department will need twelve months to finalize the process and obtain authorization of any subsequent lease contract.

The original lease was competitively bid in September of 2008, during that time the Request For Proposal was published in two newspapers resulting in a new lease with 75 New Hampshire, LLC. The lease rate is structured to be payable as a gross lease inclusive of heat, electricity, janitorial services, real estate taxes, insurance and common area maintenance (including snow plowing, snow removal, general repairs and maintenance, HVAC repairs and maintenance, electrical repairs and maintenance, water and sewer, and landscaping). The current lease rate is \$19.32 per square foot gross; the amendment rate is increased approximately 8% to \$20.90. The square footage remains the same at 25,796.

Approval of this lease amendment allows the Department to provide services to the public in a secure environment while pursuing the Request For Proposal.

The area served by the Seacoast District Office is the majority of Rockingham County.

Funding for this request is General Funds 60%, Federal Funds 40% by cost allocation across benefiting programs.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

April 11, 2016

Page 3

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this agreement.

Respectfully submitted,



David S. Clapp
Director of Facilities

Approved by:


Jeffrey A. Meyers
Commissioner

**DEPARTMENT OF ADMINISTRATIVE SERVICES
SYNOPSIS OF ENCLOSED LEASE CONTRACT**

FROM: Mary Belec, Administrator II
Department of Administrative Services
Bureau of Planning and Management

DATE: May 18, 2016

MAY 19 2016 4:13:23 PM

SUBJECT: Attached Lease Amendment;
Approval respectfully requested

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

LESSEE: Department of Health and Human Services, 129 Pleasant Street, Concord NH

LESSOR: 75 New Hampshire, LLC, c/o James J. Horne, CP Management, Inc., 11 Court Street, Exeter, NH 03833

DESCRIPTION: Retroactive Lease "Hold-Over" Amendment: Approval of the enclosed will authorize continued occupancy at the Departments' Seacoast District Office comprised of 25,796 square feet of space at 50 International Drive, Portsmouth NH. During the extended term the Department will finalize evaluation of the current space relative to program changes, and thereafter complete a competitive RFP process for any subsequent lease agreement.

TERM: Retroactive twelve (12) month extension: April 1, 2016 expiration extended to March 31, 2017.

RENT: \$498,378.72 current annual rent (\$19.32 per SF) shall escalate 8% to \$539,136.00 annually (\$20.90 per SF)

JANITORIAL: included in annual rent

UTILITIES: included in annual rent

TOTAL TERM COST: \$539,136.00

PUBLIC NOTICE: Sole-Source amendment of current lease, however any subsequent proposed long term lease will conform to all required competitive RFP processes

CLEAN AIR PROVISIONS: None applicable to an amended term

BARRIER-FREE DESIGN COMMITTEE: No review required for an amended term

OTHER: Approval of the enclosed is recommended

The enclosed contract complies with the State of NH Division of Plant and Property Rules
And has been reviewed & approved by the Department of Justice.

Reviewed and recommended by:
Bureau of Planning and Management

Mary Belec, Administrator II

Approved by:
Department of Administrative Services

Michael Connor, Deputy Commissioner

LEASE SPECIFICS

Landlord:	75 New Hampshire, LLC C/o James J. Horne, CPManagement, Inc.
	11 Court Street Exeter, New Hampshire 03833
Location:	50 International Drive Portsmouth, New Hampshire 03801
Monthly Rent:	Year 1 \$44,928.00
Square Footage:	25,796
Square Foot Rate:	Year 1 \$20.90
Janitorial:	Included in rent
Utilities:	Included in rent
Term:	Commencing April 1, 2016 through March 31, 2017
Total Rent:	\$539,136.00

AMENDMENT

This Agreement (hereinafter called the "Amendment") is dated, 3/15 2016 and is by and between the State of New Hampshire acting by and through the Department of Health and Human Services, (hereinafter referred to as the "Tenant") and 75 New Hampshire, LLC, c/o James J. Horne, CPManagement, Inc. (hereinafter referred to as the "Landlord") with a place of business at 11 Court Street, Exeter, New Hampshire 03833.

Whereas, pursuant to a three-year Lease agreement (hereinafter called the "Agreement"), for 25,796 square feet of space located at 50 International Drive, Portsmouth, New Hampshire which was first entered into on November 12, 2009, which was approved by the Governor and Executive Council on December 9, 2009, item #79 amendment approved on March 20, 2013, item #23, amendment approved June 4, 2014 item #44 and extension approved March 25, 2015 item #6 the Landlord agreed to lease certain premises upon the terms and conditions specified in the Agreement and in consideration of payment by the Tenant of certain sums as specified therein; and

Whereas, the Landlord and Tenant are agreeable to a holdover term to facilitate the Tenant's finalization of their Regionalization of District Offices which will reassign some staff from other regions to this location to provide for an expanded program which will require an increase in staff at this location and their "Request for Proposal" (RFP) process which has become increasingly complex due to certain recent program changes effecting the Tenant's business model, therefore, long-term planning, and;

The Tenant will need a minimum of twelve (12) months to both respond to these business changes and to subsequently conduct and complete the State of New Hampshire's lease RFP and authorization process for any proposed replacement contract, however, the Agreement expires well in advance of this, and;

Amendment of the current Agreement to provide a delay in the expiration of the term will allow the Tenant to continue lawful payment of rent while continuing occupancy at the Premises and the Landlord is agreeable to providing such delay;

NOW THEREFORE, in consideration of the foregoing and the covenants and conditions contained in the Agreement as set forth herein, the Landlord and Tenant hereby agree to amend the Agreement as follows:

Amendment of Agreement:

3.1 Term: The expiration date of the current agreement, March 31, 2016 is hereby amended to terminate twelve (12) months thereafter, March 31, 2017 (Amended Term). During the Amended Term the Parties hereto may enter into a "renewal lease", if such a lease with the Landlord is entered into and subsequently authorized by the State of New Hampshire's Governor and Executive Council, this Amendment shall terminate upon the same date set for commencement of the "renewal lease", replaced by the terms and conditions of the authorized "renewal lease".

Initials: DP
Date: 3/15/16

4.1 Rent: The current annual rent of \$498,378.72, which is approximately \$19.32 per square foot will increase approximately 8% to \$539,136.00, which is approximately \$20.90 per square foot, prorated to a monthly rent of \$44,928.00 which shall be due on the first day of each month during the term. The first monthly installment shall be due and payable April 1, 2016 or within 30 days of the Governor and Executive Council's approval of this agreement, whichever is later. The total amount of rent to be paid under the terms of this agreement shall not exceed twelve (12) months which is \$539,136.00.

15 Insurance: Paragraph 15 of the Lease is deleted and replaced with the following new paragraph: During the Term and any extension thereof, the Landlord shall at it's sole cost and expense, maintain with respect to the Premises and the property of which the Premises are a part, comprehensive general liability insurance against all claims of bodily injury, death, or property damage occurring on, (or claimed to have occurred on) in or about the Premises. All such insurance shall cover both the Landlord and Tenant against liability. Such insurance is to provide minimum protection, in limits of not less than two hundred fifty thousand (\$250,000.00) per claim and one million (\$1,000,000.00) per incident and no less than one million (\$1,000,000.00) in excess/umbrella liability each occurrence. All insurance shall be in the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State. Each policy shall contain a clause prohibiting cancellation or modification of the policy earlier than 10 days after written notice thereof has been received by the Tenant. The Landlord shall deposit with the Tenant certificates of such insurance, (or for the renewal thereof) which shall be attached herein.

Initials: JSP
Date: 3/15/16

EFFECTIVE DATE OF THE AMENDMENT: Notwithstanding the foregoing provisions, it is hereby understood and agreed by the parties hereto that this amendment and extension thereof, is conditioned upon its' approval by the Governor and Executive Council of the State of New Hampshire and, in the event that said approval request is denied, this document shall become null and void, with no further obligation or recourse to either party.

CONTINUANCE OF AGREEMENT: Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement and the obligations of the parties there under shall remain in full force and effect in accordance with the terms and conditions set forth therein.

Initials: JPP
Date: 3/15/16

IN WITNESS WHEREOF, the parties have hereunto set their hands;

TENANT: State of New Hampshire Department of Health and Human Services

Date: 4/29/2016

By *Sheri L. Rockburn*
Sheri L. Rockburn, Chief Financial Officer

LANDLORD:

Date: 3/15/16

By *Daniel L. Plummer*
Daniel L. Plummer, Co-Manager

Acknowledgement: State of NEW HAMPSHIRE, County of ROCKINGHAM.
On (date) 3-15-16, before the undersigned officer, personally appeared
Daniel Plummer, who satisfactorily proved to be the person identified above as the
owner, and he personally executed this document.

Signature of Notary Public or Justice of the Peace: *J. Russell Doyle*

Commission expires: _____ Seal: J. Russell Doyle
NOTARY PUBLIC
New Hampshire

Name and title of Notary Public or Justice of the Peace (please print):
J. Russell Doyle

Approval by New Hampshire Attorney General as to form, substance and execution:

By: *Mary*, Assistant Attorney General, on 5/16/16

Approval by the New Hampshire Governor and Executive Council:

By: _____, on _____

**ATTACHMENT TO EXHIBIT B
TENANT'S FISCAL YEAR SCHEDULE OF RENTAL PAYMENTS**

<i>State Fiscal Year</i>	<i>Month</i>	<i>Square Foot Rate</i>	<i>Monthly Payment</i>	<i>Yearly Total</i>	<i>Fiscal Year Total</i>
2016	4/1/2016	\$ 20.90	\$ 44,928.00		
	5/1/2016	\$ 20.90	\$ 44,928.00		
	6/1/2016	\$ 20.90	\$ 44,928.00		\$ 134,784.00
2017	7/1/2016	\$ 20.90	\$ 44,928.00		
	8/1/2016	\$ 20.90	\$ 44,928.00		
	9/1/2016	\$ 20.90	\$ 44,928.00		
	10/1/2016	\$ 20.90	\$ 44,928.00		
	11/1/2016	\$ 20.90	\$ 44,928.00		
	12/1/2016	\$ 20.90	\$ 44,928.00		
	1/1/2017	\$ 20.90	\$ 44,928.00		
	2/1/2017	\$ 20.90	\$ 44,928.00		
	3/1/2017	\$ 20.90	\$ 44,928.00	\$ 539,136.00	\$ 404,352.00
<i>Total Rent</i>					\$ 539,136.00

Initials: DJP
Date: 3/15/16

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 75 New Hampshire, LLC is a New Hampshire limited liability company formed on June 27, 2007. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of March, A.D. 2016

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

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

Date: 3/15 2016

The undersigned, being the Managing Members of LEVERE PROPERTIES, LLC Co-Managers of 75 New Hampshire, LLC hereby certifies that the following Resolution has been duly adopted:

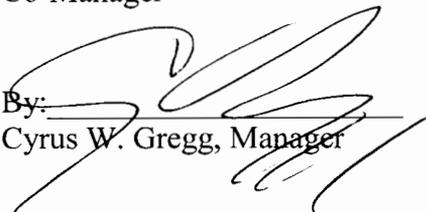
RESOLVED: That Daniel L. Plummer as Manager of Levere Properties, LLC, is authorized to execute an extension to the lease with the State of New Hampshire, Department of Health and Human Services, on behalf of 75 New Hampshire, LLC as Lessor, with respect to leased premises at 50 International Drive, Portsmouth, New Hampshire.

75 New Hampshire, LLC
A New Hampshire Limited Liability Company

Levere Properties, LLC
Co-Manager

By: 
Daniel L. Plummer, Manager

Say Pease VII, LLC
Co-Manager

By: 
Cyrus W. Gregg, Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/1/2016

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 have ADDITIONAL INSURED provisions or 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 DataRisk A Risk Strategies Company 1 New Hampshire Avenue, Suite 340 Portsmouth, NH 03801	CONTACT NAME: PHONE (A/C, No, Ext): (603) 778-8985 FAX (A/C, No): (603) 778-8987 E-MAIL ADDRESS:																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Citizens Ins. Co of America</td> <td>31534</td> </tr> <tr> <td>INSURER B :</td> <td>Employers Fire Ins Co</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Citizens Ins. Co of America	31534	INSURER B :	Employers Fire Ins Co		INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURER E :																					
INSURER F :																					
INSURED 75 New Hampshire LLC 75 New Hampshire Condominium Two International Group, LLC 1 New Hampshire Ave., Ste 101 Portsmouth NH 03801																					

COVERAGES **CERTIFICATE NUMBER:** 29309153 **REVISION NUMBER:**

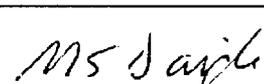
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Terrorism Included <input checked="" type="checkbox"/> \$0 Deductible Applies GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ZBN873227705	6/10/2015	6/10/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - CCMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ZBN873227705	6/10/2015	6/10/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Liability \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UHE873227904	6/10/2015	6/10/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

50 International Drive, Portsmouth, NH 03801

CERTIFICATE HOLDER **CANCELLATION**

State of New Hampshire Department of Human Services Attn: Leon Smith, Administrator 129 Pleasant Street Concord NH 03301	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  Michael S. Daigle
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2016

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 Risk Strategies Company One New Hampshire Avenue Suite 340 Portsmouth NH 03801	CONTACT NAME: Amber Hill
	PHONE (A/C No, Ext): (603) 778-8985
INSURED CP Management, Inc CP Management CT, LLC 11 Court Street, Suite 100 Exeter NH 03833	FAX (A/C, No):
	E-MAIL ADDRESS: ahill@risk-strategies.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Liberty Mutual Insurance Co	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL164110830 **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	ADDC INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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	Y/N	N/A	XWS (17) 57132202	1/31/2016	1/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Insurance

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services Attn: Leon Smith, Administrator 129 Pleasant Street Concord, NH 03301	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 Michael Christian/ABH <i>MCS Christian</i>
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USER NAME

PASSWORD



[Forgot Username?](#)

[Forgot Password?](#)

[Create an Account](#)

Search Results

Current Search Terms: 75 New* hampshire* LLC*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.
No records found for current search.

Glossary

Search Results

Entity

Exclusion

Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

SAM | System for Award Management 1.0

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

IBM v1.P.46.20160226-1435

WWW3





3/25/15
#6

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF BUSINESS OPERATIONS

BUREAU OF FACILITIES AND ASSETS MANAGEMENT

COPY

Nicholas A. Toumpas
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9500 1-800-852-3345 Ext. 9500
Fax: 603-271-8149 TDD Access: 1-800-735-2964

Sheri L. Rockburn
Chief Financial Officer

February 26, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services to enter into a sole source, extension to the existing lease with 75 New Hampshire, LLC, c/o James J. Horne, CPManagement, Inc., 11 Court Street, Exeter, New Hampshire 03833 (Vendor #167378) for continued occupation by the Seacoast District Office by increasing the price limitation in the amount of \$498,378.72 to \$2,959,059.12 from \$2,460,680.40 and by extending the term for twelve months from March 31, 2015 to March 31, 2016, effective April 1, 2015 or upon Governor and Council approval, whichever is later, and to end March 31, 2016. Governor and Council approved the original lease on December 9, 2009, item #79, amendment approved on March 20, 2013, item #23, and amendment approved June 4, 2014, item #44. Funds are available in the following account for SFY 2015 and anticipated to be available in SFY 2016 upon the availability and continued appropriation of funds in the future operating budgets. General Funds 60%, Federal Funds 40%.

05-95-95-953010-5685 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, OFFICE OF ADMINISTRATION, MANAGEMENT SUPPORT

Fiscal Year	Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2010	022-500248	Rents&Leases Other than State	\$119,306.49	\$ 0.00	\$119,306.49
SFY 2011	022-500248	Rents&Leases Other than State	\$479,999.04	\$ 0.00	\$479,999.04
SFY 2012	022-500248	Rents&Leases Other than State	\$490,833.39	\$ 0.00	\$490,833.39
SFY 2013	022-500248	Rents&Leases Other than State	\$498,378.72	\$ 0.00	\$498,378.72
SFY 2014	022-500248	Rents&Leases Other than State	\$498,378.72	\$ 0.00	\$498,378.72
SFY 2015	022-500248	Rents&Leases Other than State	\$373,784.04	\$124,594.68	\$498,378.72
SFY 2016	022-500248	Rents&Leases Other than State	\$ 0.00	\$373,784.04	\$373,784.04
Total			\$2,460,680.40	\$498,378.72	\$2,959,059.12

EXPLANATION

This request is submitted as a sole source extension because it was determined to be a more cost effective way to secure the necessary office space for twelve months. The Department of Health and Human Services, Division of Client Services, Division for Children Youth and Families, Office of Child Support Services and Bureau of Elderly and Adult Services have occupied this Seacoast District Office located at 50 International Drive since 2010, currently house ninety-five (95) employees. Regionalization and restructuring of the Department's District Offices will reassign some staff from other regions to this location and provide for an expanded program, which will also require an increase in staff at this location and change the way the Department disburses benefits. The Request for Proposal process has become increasingly complex due to these changes, affecting the

Her Excellency, Governor Margaret Wood Hassan

and the Honorable Council

February 26, 2015

Page 2

Department's business model, which is the reason the Department needs to remain at this location until these changes and modifications can be fine tuned and implemented, presenting a streamlined, more efficient District Office.

The extension reflects an increase in the term of twelve months. Extending the term will allow the Department to continue lawful payment of rent while continuing occupancy at the Premises. During this period a Request for Proposal, utilizing the competitive bidding process, will be prepared for future occupancy of office space serving the Seacoast catchment area. The Department is in the process of innovating and refining the business model it employs at District Offices, the Department will need twelve months to finalize the process and obtain authorization of any subsequent lease contract.

The original lease was competitively bid in September of 2008, during that time the Request For Proposal was published in two newspapers and as a result three proposals were received: 30 Maplewood Avenue Trust; The Kane company, Inc.; and a proposal from 75 New Hampshire, LLC. 75 New Hampshire, LLC provided the only viable proposal resulting in a new lease.

The lease rate is structured to be payable as a gross lease inclusive of heat, electricity, janitorial services, real estate taxes, insurance and common area maintenance (including snow plowing, snow removal, general repairs and maintenance, HVAC repairs and maintenance, electrical repairs and maintenance, water and sewer, and landscaping)

The current lease rate is \$19.32 per square foot gross; the lease extension provides the same square foot rate for the extension term. The square footage remains the same at 25,796.

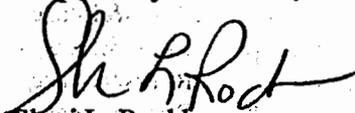
Approval of this lease extension allows the Department to provide services to the public in a secure environment while pursuing the Request For Proposal.

The area served by the Seacoast District Office is the majority of Rockingham County.

Funding for this request is General Funds 60%, Federal Funds 40% by cost allocation across benefiting programs.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this agreement.

Respectfully submitted,



Sheri L. Rockburn
Chief Financial Officer

Approved by:



Nicholas A. Toumpas
Commissioner

LEASE SPECIFICS

Landlord: 75 New Hampshire, LLC
C/o James J. Horne, CPManagement, Inc.
11 Court Street
Exeter, New Hampshire 03833

Location: 50 International Drive
Portsmouth, New Hampshire 03801

Monthly Rent: Year 1 \$41,531.56

Square Footage: 25,796

Square Foot Rate: Year 1 \$19.32

Janitorial: Included in rent

Utilities: Included in rent

Term: Commencing April 1, 2015
through March 31, 2016

Total Rent: \$498,378.72

Extension to increase the term of the lease to include the period from April 1, 2016 to March 31, 2017. The monthly rent for the extension period shall be \$41,531.56 per month, plus applicable taxes and fees. The total rent for the extension period shall be \$498,378.72.

The parties agree that the extension period shall be subject to the same terms and conditions as the original lease, except as otherwise provided herein.

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTIFICATION OF LEASE EXTENSION**

Advisory notice to Landlord of Tenant exercise of Lease Extension option:

As provided by section 3.3 "extension of term" in a "State of New Hampshire" lease agreement (Agreement) for certain leasehold space (Premises) which was entered into by the parties listed below the Tenant hereby provides notice to the Landlord of their election to extend the lease term in accordance with the original terms of the Agreement.

Tenant: The State of New Hampshire acting by and through the:

Department of Health and Human Services

Landlord: 75 New Hampshire, LLC, c/o James J. Horne, CPManagement, Inc.

Location of Premises: 50 International Drive, Portsmouth, NH

Effective Dates for "Extension of Term": shall be as set forth in the Agreement as follows:

Commencement: April 1, 2015

Expiration: March 31, 2016

Rent due for Extended Term: shall be as set forth in the original contract which is: Annual rent of \$498,378.72, which is approximately \$19.32 per square foot payable on the first day of each month in the amount of \$41,531.56

Conditions on Commencement of Extension Term: Notwithstanding the foregoing, it is hereby understood that the commencement of this "extension of term" is conditioned upon its' approval by the Governor and Executive Council of the State of New Hampshire. In the event that said approval request is denied, then the Lease extension shall thereupon immediately terminate, and all contractual lease obligations of the parties hereto shall cease.

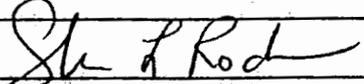
CONTINUANCE OF AGREEMENT: the Agreement and the obligations of the parties there under shall remain in full force and effect in accordance with the terms and conditions set forth therein.

Initials: JHP

Date: 2-16-15

IN WITNESS WHEREOF; the parties hereto have set their hands

TENANT: The State of New Hampshire, acting through its' Department of Health and Human Services

Authorized by: (provide full name and title) 
Sheri L. Rockburn, Chief Financial Officer

LANDLORD: (full name of corporation, LLC or individual) 75 New Hampshire, LLC, c/o James J. Horne,
CPManagement, Inc.

Authorized by: (provide full name and title) 
Print: Daniel L. Plummer, Co-Manager
Name & Title

NOTARY STATEMENT: As Notary Public and/or Justice of the Peace, REGISTERED IN THE STATE

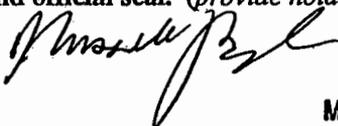
OF: NEW HAMPSHIRE COUNTY OF: ROCKINGHAM

UPON THIS DATE (insert full date) February 16, 2015, appeared before
me (print full name of notary) J. Russell Doyle the undersigned officer personally
appeared (insert Landlord's signature) Daniel Plummer
who acknowledged him/herself to be (print officer's title, and the name of the corporation)

CO-MANAGER, 75 New Hampshire, LLC and that as such

Officer, they are authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing him/herself in the name of the corporation.

In witness whereof I hereunto set my hand and official seal. (provide notary signature and seal)

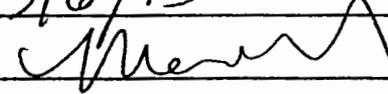


J. Russell Doyle
NOTARY PUBLIC
New Hampshire
My Commission Expires 10/3/2017

APPROVALS:

Approved by the Department of Justice as to form, substance and execution:

Approval date: 3/6/15

Approving Attorney:  Megan A. Yagle - Attorney

Approved by the Governor and Executive Council:

Approval date: MAR 25 2015

Signature of the Deputy Secretary of State: 

**ATTACHMENT TO EXHIBIT B
TENANT'S FISCAL YEAR SCHEDULE OF RENTAL PAYMENTS**

State Fiscal Year	Month	Square Foot Rate	Monthly Payment	Yearly Total	Fiscal Year Total
Amendment Extension Option					
2015	4/1/2015	\$ 19.32	\$ 41,531.56		
	5/1/2015	\$ 19.32	\$ 41,531.56		
	6/1/2015	\$ 19.32	\$ 41,531.56		\$ 124,594.68
2016	7/1/2015	\$ 19.32	\$ 41,531.56		
	8/1/2015	\$ 19.32	\$ 41,531.56		
	9/1/2015	\$ 19.32	\$ 41,531.56		
	10/1/2015	\$ 19.32	\$ 41,531.56		
	11/1/2015	\$ 19.32	\$ 41,531.56		
	12/1/2015	\$ 19.32	\$ 41,531.56		
	1/1/2016	\$ 19.32	\$ 41,531.56		
	2/1/2016	\$ 19.32	\$ 41,531.56		
	3/1/2016	\$ 19.32	\$ 41,531.56	\$ 498,378.72	\$ 373,784.04
	Total Option Period				

Initials: DD
Date: 2-16-15



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/23/2015

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 DataRisk LLC A Risk Strategies Company 1 New Hampshire Avenue, Suite 340 Portsmouth, NH 03801	CONTACT NAME: PHONE (A/C No./Ext): (603) 778-8985 FAX (A/C No.): (603) 778-8987 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Citizens Ins. Co of America</td> <td>31534</td> </tr> <tr> <td>INSURER B: Employers Fire Ins Co</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Citizens Ins. Co of America	31534	INSURER B: Employers Fire Ins Co		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER B: Employers Fire Ins Co														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED 75 New Hampshire LLC 75 New Hampshire Condominium Two International Group, LLC 1 New Hampshire Ave., Ste 101 Portsmouth NH 03801														

COVERAGES **CERTIFICATE NUMBER:** 23552981 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Terrorism Included <input checked="" type="checkbox"/> \$0 Deductible Applies GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ZBE873227704	6/10/2014	6/10/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ZBE873227704	6/10/2014	6/10/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Liability \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UHE873227904	6/10/2014	6/10/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 50 International Drive, Portsmouth, NH 03801

CERTIFICATE HOLDER State of New Hampshire Department of Human Services Attn: Leon Smith, Administrator 129 Pleasant Street Concord NH 03301	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 Michael S. Daigle <i>MS Daigle</i>
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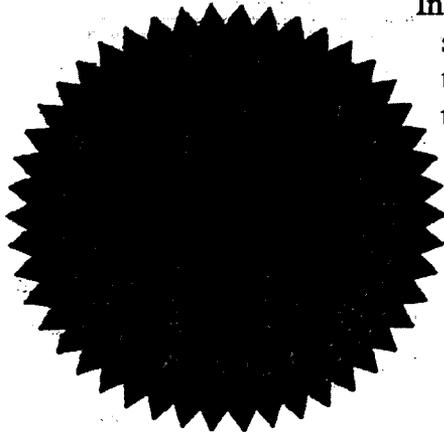
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State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that 75 New Hampshire, LLC is a New Hampshire limited liability company formed on June 27, 2007. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.

In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of March, A.D. 2015



William M. Gardner

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

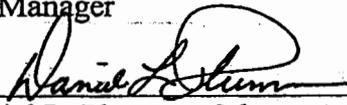
Dated: February 16 2015

The undersigned, being the Managing Members of LEVERE PROPERTIES, LLC Co-Managers of 75 New Hampshire, LLC hereby certifies that the following Resolution has been duly adopted:

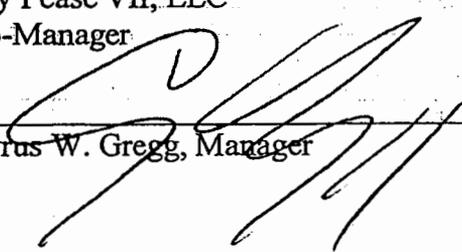
RESOLVED: That Daniel L. Plummer as Manager of Levere Properties, LLC, is authorized to execute an extension to the lease with the State of New Hampshire, Department of Health and Human Services, on behalf of 75 New Hampshire, LLC as Lessor, with respect to leased premises at 50 International Drive, Portsmouth, New Hampshire.

75 New Hampshire, LLC
A New Hampshire Limited Liability Company

Lever Properties, LLC
Co-Manager

By: 
Daniel L. Plummer, Manager

Say Pease VII, LLC
Co-Manager

By: 
Cyrus W. Gregg, Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/23/2015

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).

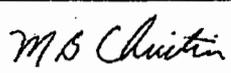
PRODUCER DataRisk LLC A Risk Strategies Company 1 New Hampshire Avenue, Suite 340 Portsmouth, NH 03801	CONTACT NAME: PHONE (A/C No, Ext): (603) 778-8985		FAX (A/C No): (603) 778-8987
	E-MAIL ADDRESS: _____		
INSURED CPManagement Inc. CPManagement CT, LLC 11 Court Street, Ste 100 Exeter NH 03833	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Acadia Insurance Company		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 23552963 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MEDI 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A	WCA5129495	1/31/2015	1/31/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services Attn: Leon Smith, Administrator 129 Pleasant Street Concord NH 03301	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  Mike Christian
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[View assistance for Search Results](#)

Search Results

Current Search Terms: 75 New* hampshire* LLC*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.
No records found for current search.

Glossary

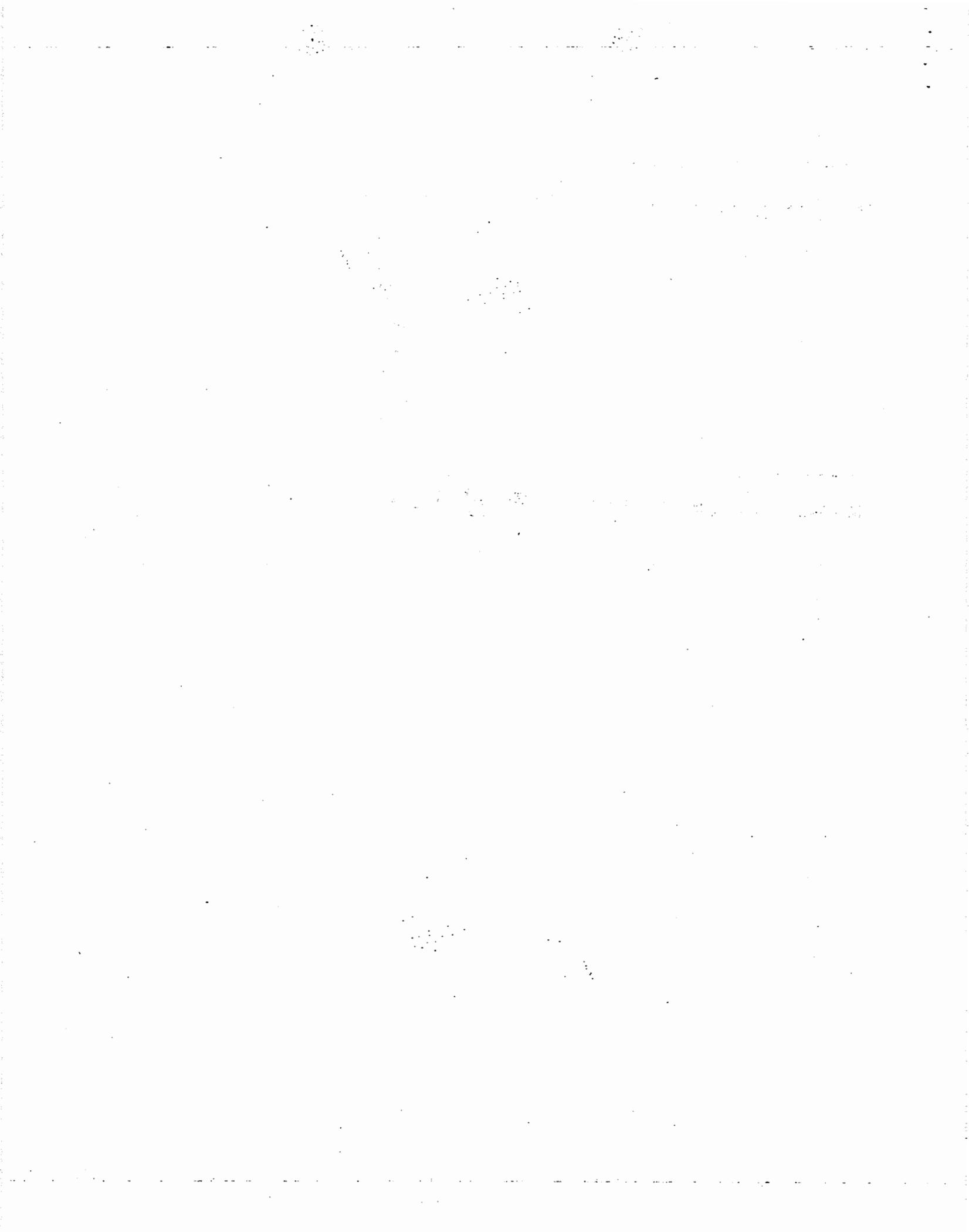
- [Search Results](#)
- [Entity](#)
- [Exclusion](#)
- [Search Filters](#)
- [By Record Status](#)
- [By Functional Area - Entity Management](#)
- [By Functional Area - Performance Information](#)

SAM | System for Award Management 2.0

IBM v1.P.24.20150116-1831

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.







6/4/14
#44

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF BUSINESS OPERATIONS
BUREAU OF FACILITIES AND ASSETS MANAGEMENT

Nicholas A. Toumpas
Commissioner

Stephen J. Mosher
Chief Financial Officer

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9500 1-800-852-3345 Ext. 9500
Fax: 603-271-8149 TDD Access: 1-800-735-2964
April 1, 2014

COPY

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

PO 1008812
JOB 95304600

REQUESTED ACTION

Authorize the Department of Health and Human Services to enter into a sole source, retroactive amendment to the existing lease with 75 New Hampshire, LLC, c/o James I. Horne, CPManagement, Inc., 11 Court Street, Exeter, New Hampshire 03833 (Vendor #167378) for continued occupation by the Seacoast District Office by increasing the price limitation in the amount of \$498,378.72 to \$2,460,680.40 from \$1,962,301.68 and by extending the term for twelve months from March 31, 2014 to March 31, 2015, effective retroactive to April 1, 2014, through March 31, 2015 with an option to extend for an additional twelve months, conditioned upon Governor and Executive Council approval. Governor and Council approved the original lease on December 9, 2009, item #79 and amendment approved on March 20, 2013, item #23. Funds are available in the following account for SFY 2014 and SFY 2015.

05-95-953010-5685 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, OFFICE OF ADMINISTRATION, MANAGEMENT SUPPORT

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Total			\$1,962,301.68	\$498,378.72	\$2,460,680.40

EXPLANATION

The Department of Health and Human Services, Division of Client Services, Division for Children Youth and Families, Office of Child Support Services and Bureau of Elderly and Adult Services have occupied this Seacoast District Office located at 50 International Drive since 2010, currently house ninety-five (95) employees. Regionalization and restructuring of the Department's District Offices will reassign some staff from other regions to this location and provide for an expanded program, which will also require an increase in staff at this location and change the way the Department disburses benefits. The Request for Proposal process has become increasingly complex due to these changes, affecting the Department's business model, which is the reason the Department needs to remain at this location until these changes and modifications can be fine tuned and implemented, presenting a streamlined, more efficient District Office. This request is submitted as a sole source amendment because it was determined to be a more cost effective way to secure the necessary office space for

Her Excellency, Governor Marg. Wood Hassan

and the Honorable Council

April 1, 2014

Page 2

twelve months to provide these changes. The amendment is retroactive due to stalled negotiations on the short term lease amendment, in addition, the Landlord needed time to review the operating cost history of the facility in order to agree to the Department's request to maintain the current rate for this term.

COPY
The amendment reflects an increase in the term of twelve months. Extending the term will allow the Department to continue lawful payment of rent while continuing occupancy at the Premises. During this period a Request for Proposal, utilizing the competitive bidding process, will be prepared for future occupancy of office space serving the Seacoast catchment area. The Department is in the process of innovating and refining the business model it employs at District Offices, the Department will need twelve months to finalize the process and obtain authorization of any subsequent lease contract.

The original lease was competitively bid in September of 2008, during that time the Request For Proposal was published in two newspapers and as a result only one proposal was received, from 75 New Hampshire, LLC resulting in a new lease.

The lease rate is structured to be payable as a gross lease inclusive of heat, electricity, janitorial services, real estate taxes, insurance and common area maintenance. The current lease rate is \$19.32 per square foot gross; the lease amendment provides the same square foot rate for the amendment term. The square footage remains the same at 23,796.

Approval of this lease amendment agreement will allow the Department to provide services to the public in a secure environment while pursuing the Request For Proposal.

The area served by the Seacoast District Office is the majority of Rockingham County.

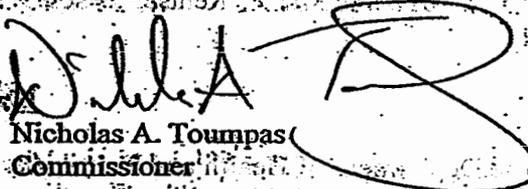
Funding for this request is General Funds 60%, Federal Funds 40% by cost allocation across benefiting programs.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this agreement.

Respectfully submitted,


Stephen Mosher
Chief Financial Officer

Approved by


Nicholas A. Toumpas
Commissioner

LEASE SPECIFICS

Landlord: 75 New Hampshire, LLC
C/o James J. Horne, CPManagement, Inc.
11 Court Street
Exeter, New Hampshire 03833

Location: 50 International Drive
Portsmouth, New Hampshire 03801

Monthly Rent: Year 1 \$41,531.56

Square Footage: 25,796

Square Foot Rate: Year 1 \$19.32

Janitorial: Included in rent

Utilities: Included in rent

Term: Commencing April 1, 2014
through March 31, 2015

Total Rent: \$498,378.72

AMENDMENT

This Agreement (hereinafter called the "Amendment") is dated, April 8 2014 and is by and between the State of New Hampshire acting by and through the Department of Health and Human Services, (hereinafter referred to as the "Tenant") and 75 New Hampshire, LLC, c/o James J. Horne, CPManagement, Inc. (hereinafter referred to as the "Landlord") with a place of business at 11 Court Street, Exeter, New Hampshire 03833.

Whereas, pursuant to a three-year Lease agreement (hereinafter called the "Agreement"), for 25,796 square feet of space located at 50 International Drive, Portsmouth, New Hampshire which was first entered into on November 12, 2009, which was approved by the Governor and Executive Council on December 9, 2009, item #79 and amendment approved on March 20, 2013, item #23 the Landlord agreed to lease certain premises upon the terms and conditions specified in the Agreement and in consideration of payment by the Tenant of certain sums as specified therein; and

Whereas, the Landlord and Tenant are agreeable to a holdover term to facilitate the Tenant's finalization of their Regionalization of District Offices which will reassign some staff from other regions to this location to provide for an expanded program which will require an increase in staff at this location and their "Request for Proposal" (RFP) process which has become increasingly complex due to certain recent program changes effecting the Tenant's business model, therefore, long-term planning; and;

The Tenant will need a minimum of twelve (12) months and potentially an additional twelve (12) months thereafter to both respond to these business changes and to subsequently conduct and complete the State of New Hampshire's lease RFP and authorization process for any proposed replacement contract, however, the Agreement expires well in advance of this, and;

Amendment of the current Agreement to provide a delay in the expiration of the term will allow the Tenant to continue lawful payment of rent while continuing occupancy at the Premises and the Landlord is agreeable to providing such delay;

NOW THEREFORE, in consideration of the foregoing and the covenants and conditions contained in the Agreement as set forth herein, the Landlord and Tenant hereby agree to amend the Agreement as follows:

Amendment of Agreement;

3.1 Term: The expiration date of the current agreement, March 31, 2014 is hereby amended to terminate twelve (12) months thereafter, March 31, 2015 (Amended Term). During the Amended Term the Parties hereto may enter into a "renewal lease", if such a lease with the Landlord is entered into and subsequently authorized by the State of New Hampshire's Governor and Executive Council, this Amendment shall terminate upon the same date set for commencement of the "renewal lease", replaced by the terms and conditions of the authorized "renewal lease".

Initials: DSH
Date: 4/8/14

Paragraph 3.3 "Extension of Term" is deleted, and in place thereof is inserted:

3.3 Extension of Term:

The Tenant shall have the option to extend the Amended Term for an additional twelve (12) months upon the same terms and conditions set forth in both the Agreement and the Amendment herein; the Tenant shall exercise this option by delivering advance written notice to the Landlord no less than thirty (30) days prior to the expiration of the Amended Term. Notwithstanding the foregoing, commencement of Amended Term and any subsequent Extension of Term shall be subject to the provisions of Section 3.4 of the Agreement.

Paragraph 3.4 "Conditions on the Commencement and Extension of Term" is deleted, and in place thereof is inserted: 3.4 Conditions on the Commencement and Extension of Term:

Notwithstanding the foregoing provisions, it is hereby understood and agreed by the parties hereto that this lease and the commencement of the Term, and any extensions thereof, is conditioned upon its' approval by the Governor and Executive Council of the State of New Hampshire and, in the event that said approval is not given until after the date for commencement of the Term, the Term shall begin on the date of said approval. In the event that said approval request is denied, then this Lease shall thereupon immediately terminate, and all obligations hereunder of the parties hereto shall cease.

4.1 Rent: The current annual rent of \$498,378.72, which is approximately \$19.32 per square foot will remain unchanged and shall be due and payable for both the Amended Term and for the Tenant's optional Extension of Term. Subject to the terms of the Agreement and this Amendment the annual rent shall continue to be due and payable on the first day of each month in the amount of \$41,531.56, the first monthly installment shall be due and payable April 1, 2014 or within 30 days of the Governor and Executive Council's approval of this amendment, whichever is later. The total rent to be paid under the terms of this agreement shall not exceed \$498,378.72 for the Amended Term and \$498,378.72 for the optional Extension of Term, the resulting contractual total shall not exceed \$996,757.44.

15 Insurance: Paragraph 15 of the Lease is deleted and replaced with the following new paragraph: During the Term and any extension thereof, the Landlord shall at it's sole cost and expense, maintain with respect to the Premises and the property of which the Premises are a part, comprehensive general liability insurance against all claims of bodily injury, death, or property damage occurring on, (or claimed to have occurred on) in or about the Premises. All such insurance shall cover both the Landlord and Tenant (who is to be listed as "additionally insured" within the policy) against liability. Such insurance is to provide minimum protection, in limits of not less than two hundred fifty thousand (\$250,000.00) per claim and one million (\$1,000,000.00) per incident and no less than one million (\$1,000,000.00) in excess/umbrella liability each occurrence. All insurance shall be in the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State. Each policy shall contain a clause prohibiting cancellation or modification of the policy earlier than 10 days after written notice thereof has been received by the Tenant. The Landlord shall deposit with the Tenant certificates of such insurance, (or for the renewal thereof) which shall be attached herein.

Initials: DP
Date: 4/8/14

EFFECTIVE DATE OF THE AMENDMENT: Notwithstanding the foregoing provisions, it is hereby understood and agreed by the parties hereto that this amendment and extension thereof, is conditioned upon its' approval by the Governor and Executive Council of the State of New Hampshire and, in the event that said approval request is denied, this document shall become null and void, with no further obligation or recourse to either party.

CONTINUANCE OF AGREEMENT: Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement and the obligations of the parties there under shall remain in full force and effect in accordance with the terms and conditions set forth therein.

Initials:
Date: 4/8/14

IN WITNESS WHEREOF, the parties have hereunto set their hands;

TENANT: State of New Hampshire Department of Health and Human Services

Date: 4/22/14

By *Stephen J. Mosher*
Stephen J. Mosher, Chief Financial Officer

LANDLORD:

Date: 4-8-14

By *Daniel L. Plummer*
Daniel L. Plummer, Co-Manager

Acknowledgement: State of New Hampshire, County of Rockingham.
On (date) Apr 8, 2014, before the undersigned officer, personally appeared
Daniel L. Plummer, who satisfactorily proved to be the person identified above as the
owner, and he personally executed this document.

Signature of Notary Public or Justice of the Peace: *Katherine A. Bleich*

Commission expires: 6-8-2016 Seal:

Name and title of Notary Public or Justice of the Peace (please print):
KATHERINE A. BLEICH

~~Approval by New Hampshire Attorney General as to form, substance and execution:~~

By: *M. K. Brown*, Assistant Attorney General, on 4/24/14

~~Approval by the New Hampshire Governor and Executive Council:~~

By: _____, on _____

**ATTACHMENT TO EXHIBIT B
TENANT'S FISCAL YEAR SCHEDULE OF RENTAL PAYMENTS**

<u>State Fiscal Year</u>	<u>Month</u>	<u>Square Foot Rate</u>	<u>Monthly Payment</u>	<u>Yearly Total</u>	<u>Fiscal Year Total</u>	
Amended Term						
2014	4/1/2014	\$ 19.32	\$ 41,531.56			
	5/1/2014	\$ 19.32	\$ 41,531.56			
	6/1/2014	\$ 19.32	\$ 41,531.56		\$ 124,594.68	
2015	7/1/2014	\$ 19.32	\$ 41,531.56			
	8/1/2014	\$ 19.32	\$ 41,531.56			
	9/1/2014	\$ 19.32	\$ 41,531.56			
	10/1/2014	\$ 19.32	\$ 41,531.56			
	11/1/2014	\$ 19.32	\$ 41,531.56			
	12/1/2014	\$ 19.32	\$ 41,531.56			
	1/1/2015	\$ 19.32	\$ 41,531.56			
	2/1/2015	\$ 19.32	\$ 41,531.56			
	3/1/2015	\$ 19.32	\$ 41,531.56	\$ 498,378.72	\$ 373,784.04	
	Total Amended Term				\$ 498,378.72	\$ 498,378.72

Amendment Extension Option					
2015	4/1/2015	\$ 19.32	\$ 41,531.56		
	5/1/2015	\$ 19.32	\$ 41,531.56		
	6/1/2015	\$ 19.32	\$ 41,531.56		\$ 124,594.68
2016	7/1/2015	\$ 19.32	\$ 41,531.56		
	8/1/2015	\$ 19.32	\$ 41,531.56		
	9/1/2015	\$ 19.32	\$ 41,531.56		
	10/1/2015	\$ 19.32	\$ 41,531.56		
	11/1/2015	\$ 19.32	\$ 41,531.56		
	12/1/2015	\$ 19.32	\$ 41,531.56		
	1/1/2016	\$ 19.32	\$ 41,531.56		
	2/1/2016	\$ 19.32	\$ 41,531.56		
	3/1/2016	\$ 19.32	\$ 41,531.56	\$ 498,378.72	\$ 373,784.04
	Total Option Period				\$ 498,378.72

Total Contract Not To Exceed **\$ 996,757.44**

Initials: DP
Date: 4/8/14

ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/09/2014

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

PRODUCER NAME, CONTACT PERSON AND ADDRESS People's United Ins. Agency CT One Goodwin Square Hartford, CT 06103		PHONE (A/C, No, Ext): 860 524-7660	COMPANY NAME AND ADDRESS Liberty Mutual Insurance Group 75 Remittance Dr., Suite 1837 Chicago, IL 60675-1837	NAIC NO:
FAX (A/C No): 860-722-7728	E-MAIL ADDRESS: kdisipjo@rcknox.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE:		
AGENCY CUSTOMER ID #: 58038	NAMED INSURED AND ADDRESS 75 New Hampshire LLC c/o Two International Group, LLC 1 New Hampshire Avenue #101 Portsmouth, NH 03801		LOAN NUMBER	POLICY NUMBER YU2L9L438051013
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 06/10/2013	EXPIRATION DATE 06/10/2014	CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION (Use REMARKS on Page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
50 International Drive
Portsmouth, NH 03801

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION:		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 104,770,145		Blanket: Bldg & BPP		DED: 10,000	
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	YES NO N/A	<input checked="" type="checkbox"/>	IF YES, LIMIT: 17,254,936	<input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE: Bldg & BPP		<input checked="" type="checkbox"/>	IF YES, Indicate value(s) reported on property identified above: \$ 104,770,145		
TERRORISM COVERAGE		<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					
IS DOMESTIC TERRORISM EXCLUDED?					
LIMITED FUNGUS COVERAGE			IF YES, LIMIT:	DED:	
FUNGUS EXCLUSION (IF "YES", specify organization's form used)					
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE			IF Yes, %		
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>	IF YES, LIMIT: Incl	DED: 10,000	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg.					
- Demolition Costs			IF YES, LIMIT:	DED:	
- Incr. Cost of Construction			IF YES, LIMIT:	DED:	
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	IF YES, LIMIT: 10000000	DED: 50,000	
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	IF YES, LIMIT: 10000000	DED: 50,000	
WIND/HAIL (If Subject to Different Provisions)		<input checked="" type="checkbox"/>	IF YES, LIMIT: Incl	DED: 5%/\$250,00	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS					

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.

ADDITIONAL INTEREST

MORTGAGEE LENDERS LOSS PAYABLE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS State of New Hampshire, Department of Health and Human Services 129 Pleasant Street Concord, NH 03301 Attention: Leon Smith, Administrator		AUTHORIZED REPRESENTATIVE <i>People's United Insurance Agency</i>

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 75 New Hampshire, LLC is a New Hampshire limited liability company formed on June 27, 2007. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.

In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of April, A.D. 2014



William M. Gardner

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

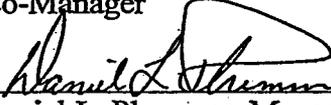
Dated: April 28 2014

The undersigned, being the Managing Members of LEVERE PROPERTIES, LLC Co-Managers of 75 New Hampshire, LLC hereby certifies that the following Resolution has been duly adopted:

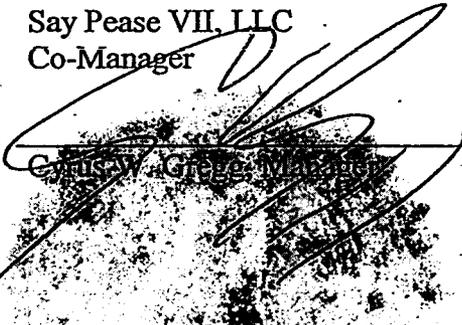
RESOLVED: That on or before April 8, 2014, Daniel L. Plummer as Manager of Levere Properties, LLC, is authorized to execute an amendment to the lease with the State of New Hampshire, Department of Health and Human Services, on behalf of 75 New Hampshire, LLC as Lessor, with respect to leased premises at 50 International Drive, Portsmouth, New Hampshire.

75 New Hampshire, LLC
A New Hampshire Limited Liability Company

Levere Properties, LLC
Co-Manager

By: 
Daniel L. Plummer, Manager

Say Pease VII, LLC
Co-Manager

By: 
Charles W. Gipe, Manager

Search Results

Current Search Terms: 75 New* hampshire* LLC*

<p>Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.</p> <p>No records found for current search.</p>
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Glossary

[Search Results](#)

[Entity](#)

[Exclusion](#)

[Search Filters](#)

[By Record Status](#)

[By Functional Area - Entity Management](#)

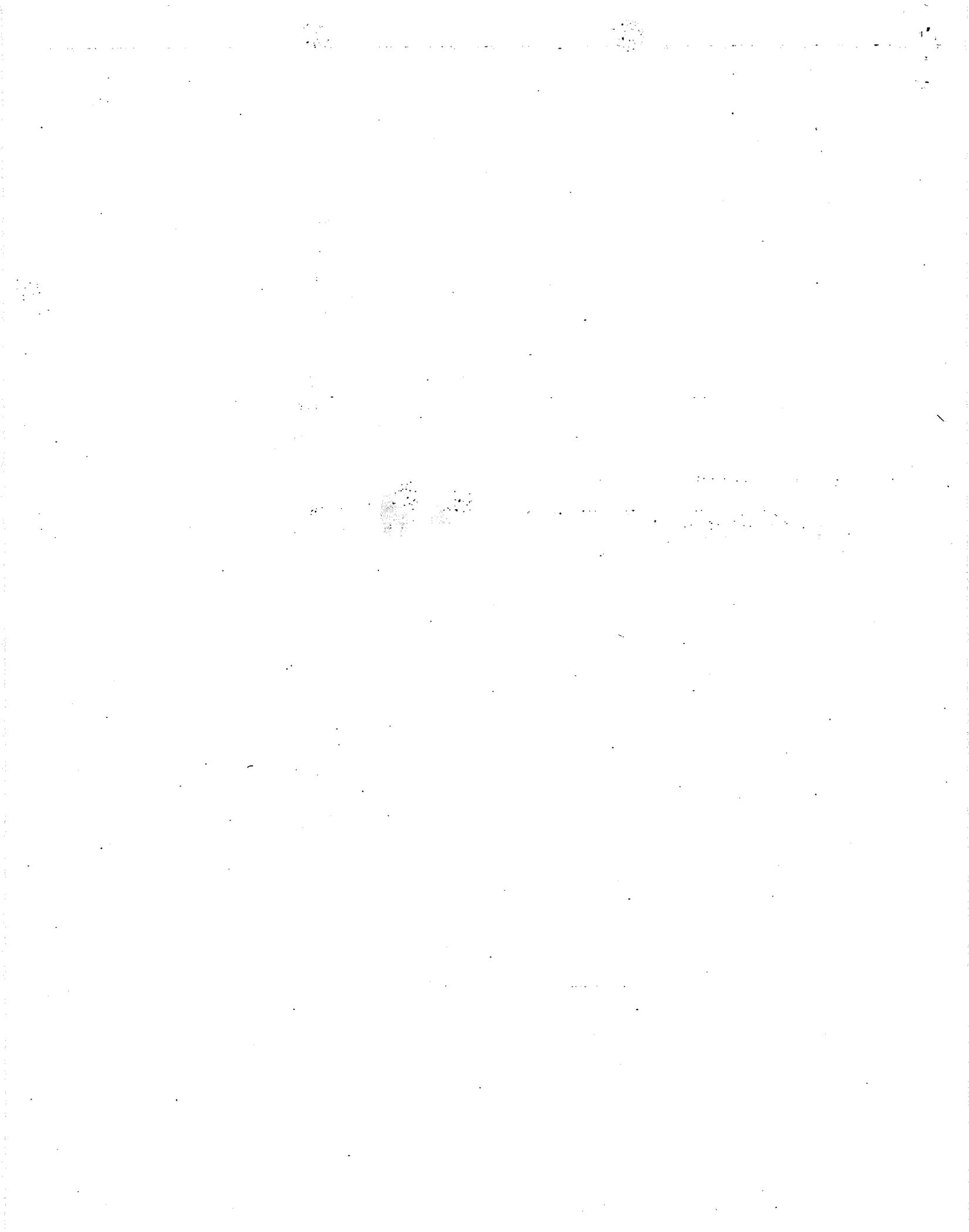
[By Functional Area - Performance Information](#)

SAM | System for Award Management 1.0

IBM v1.1676.20140418-1421

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.







STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF BUSINESS OPERATIONS

BUREAU OF FACILITIES AND ASSETS MANAGEMENT

Nicholas A. Toumpas
Commissioner

Stephen J. Mosher
Chief Financial Officer

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9500 1-800-852-3345 Ext. 9500
Fax: 603-271-8149 TDD Access: 1-800-735-2964

COPY

3/20/2015
#23

February 6, 2013

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

REQUESTED ACTION

Authorize the Department of Health and Human Services to enter into a sole source amendment to the existing lease with 75 New Hampshire, LLC, c/o James J. Horne, CPManagement, Inc., 11 Court Street, Exeter, New Hampshire 03833 (Vendor #167378) for continued occupation by the Seacoast District Office by increasing the price limitation in the amount of \$498,378.72 to \$1,962,301.68 from \$1,463,922.96 and by extending the term for up to twelve months from March 31, 2013 to March 31, 2014, effective April 1, 2013 or upon Governor and Council approval, whichever is later, through March 31, 2014. Governor and Council approved the original lease on December 9, 2009, item #79. Funds are available in the following account for SFY 2013 and anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

205-95-95-953010-5685 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES,
HHS: COMMISSIONER, OFFICE OF ADMINISTRATION, MANAGEMENT SUPPORT

Fiscal Year	Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2010	022-500248	Rents&Leases Other than State	\$119,306.49	\$ 0.00	\$119,306.49
SFY 2011	022-500248	Rents&Leases Other than State	\$479,999.04	\$ 0.00	\$479,999.04
SFY 2012	022-500248	Rents&Leases Other than State	\$490,833.39	\$ 0.00	\$490,833.39
SFY 2013	022-500248	Rents&Leases Other than State	\$373,784.04	\$124,594.68	\$498,378.72
SFY 2014	022-500248	Rents&Leases Other than State	\$ 0.00	\$373,784.04	\$373,784.04
Total			\$1,463,922.96	\$498,378.72	\$1,962,301.68

EXPLANATION

The Department of Health and Human Services, Division of Client Services, Division for Children Youth and Families, Office of Child Support Services and Bureau of Elderly and Adult Services have occupied this Seacoast District Office located at 50 International Drive since 2010 currently house ninety-five (95) employees. The current restructuring of the Department's District Offices and the changes in the way the Department disburses benefits has caused the need to remain at this location until these modifications can be fine tuned and implemented, therefore, presenting a streamlined, more efficient District Office. This request is submitted as a sole source amendment because it was determined to be a more cost effective way to secure the necessary office space for up to twelve months to provide these changes.

The amendment reflects an increase in the term of the lease for up to twelve months. Extending the term will allow the Department to continue lawful payment of rent while continuing occupancy at the Premises. During this period a Request for Proposal, utilizing the competitive bidding process, will be prepared for future occupancy of office space serving the Seacoast catchment area. The Department is in the process of innovating and refining the business model it employs at District Offices, the Department will need up to twelve months to finalize the process and obtain authorization of any subsequent lease contract.

The original lease as approved by Governor and Council was competitively bid following the publication of the Request For Proposal in the New Hampshire Union Leader and the Portsmouth Herald on September 16 and 26, 2008. The Department submitted the advertisement to the Department of Administrative Services for inclusion on the WEB for broadened exposure. The Department also placed the Request For Proposal on its WEB page. The space search produced only one viable proposal from 75 New Hampshire, LLC. Therefore, the Department pursued a new lease with 75 New Hampshire LLC.

The lease rate is structured to be payable as a gross lease inclusive of heat, electricity, janitorial services, real estate taxes, insurance and common area maintenance. The current lease rate is \$19.32 per square foot gross; the lease amendment provides the same square foot rate for the amendment term. The square footage remains the same at 25,796.

Approval of this lease amendment agreement will allow the Department to provide services to the public in a secure environment while pursuing the Request For Proposal.

The area served by the Seacoast District Office is the majority of Rockingham County.

Funding for this request is General Funds 60%, Federal Funds 40% by cost allocation across benefiting programs.

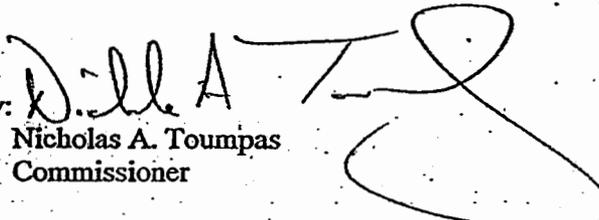
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this agreement.

Respectfully submitted,



Stephen J. Mosher
Chief Financial Officer

Approved by:



Nicholas A. Toumpas
Commissioner

LEASE SPECIFICS

Landlord: 75 New Hampshire, LLC
c/o James J. Horne, CPManagement, Inc.
11 Court Street
Exeter, New Hampshire 03833

Location: 50 International Drive
Portsmouth, New Hampshire 03801

Monthly Rent: Year 1 \$41,531.56

Square Footage: 25,796

Square Foot Rate: Year 1 \$19.32

Janitorial: Included in rent

Utilities: Included in rent

Term: Commencing April 1, 2013
through March 31, 2014

Total Rent: \$498,378.72

AMENDMENT

This Agreement (hereinafter called the "Amendment") is dated, JANUARY 28 2013 and is by and between the State of New Hampshire acting by and through the Department of Health and Human Services, (hereinafter referred to as the "Tenant") and 75 New Hampshire, LLC, c/o James J. Home, CPManagement, Inc. (hereinafter referred to as the "Landlord") with a place of business at 11 Court Street, Exeter, New Hampshire 03833.

Whereas, pursuant to a three-year Lease agreement (hereinafter called the "Agreement"), for 25,796 square feet of space located at 50 International Drive, Portsmouth, New Hampshire which was first entered into on November 12, 2009, which was approved by the Governor and Executive Council on December 9, 2009, item #79 the Landlord agreed to lease certain premises upon the terms and conditions specified in the Agreement and in consideration of payment by the Tenant of certain sums as specified therein; and

Whereas, the Landlord and Tenant are agreeable to a holdover term to facilitate the Tenant's finalization of their Regionalization of District Offices and their "Request for Proposal" (RFP) process which has become increasingly complex due to certain recent program changes effecting the Tenant's business model, therefore, long-term planning, and;

The Tenant will need up to twelve (12) months to respond to Regionalization and to these changes, to finalize the RFP process and to obtain authorization of any new lease contract, however, the Agreement expires well in advance of this, and;

Amendment of the current Agreement to provide a delay in the expiration of the term will allow the Tenant to continue lawful payment of rent while continuing occupancy of the Premises and the Landlord is agreeable to providing such delay;

NOW THEREFORE, in consideration of the foregoing and the covenants and conditions contained in the Agreement as set forth herein, the Landlord and Tenant hereby agree to amend the Agreement as follows:

Amendment of Agreement:

3.1 Term: The expiration date of the current agreement, March 31, 2013 is hereby amended to terminate up to twelve (12) months thereafter, March 31, 2014. During the amended Term the Parties hereto may enter into a "renewal lease", if such a lease with the Landlord is entered into and subsequently authorized by the State of New Hampshire's Governor and Executive Council, the Amendment herein shall terminate upon the same date set for commencement of the "renewal lease", replaced by the terms and conditions of the authorized "renewal lease".

3.3 Extension of Term: This section is deleted in its entirety.

4.1 Rent: The current annual rent of \$498,378.72, which is approximately \$19.32 per square foot, will remain the same for the term, which shall be prorated to a monthly rent of \$41,531.56, which shall be due on the first day of the month during the amended term. The first monthly installment shall be due and payable April 1, 2013 or within 30 days of the Governor and Executive Council's approval of this agreement, whichever is later. The monthly rent shall continue to be paid on the 1st day of each month during the amended term unless the term is sooner terminated in accordance with the terms herein. The total amount of rent to be paid under the terms of this agreement shall not exceed \$498,378.72.

Initials: DSP
Date: 1/25/13

15 Insurance: Paragraph 15 of the Lease is deleted and replaced with the following new paragraph: During the Term and any extension thereof, the Landlord shall at it's sole cost and expense, maintain with respect to the Premises and the property of which the Premises are a part, comprehensive general liability insurance against all claims of bodily injury, death, or property damage occurring on, (or claimed to have occurred on) in or about the Premises. All such insurance shall cover both the Landlord and Tenant (who is to be listed as "additionally insured" within the policy) against liability. Such insurance is to provide minimum protection, in limits of not less than two hundred fifty thousand (\$250,000.00) per claim and one million (\$1,000,000.00) per incident and no less than one million (\$1,000,000.00) in excess/umbrella liability each occurrence. All insurance shall be in the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State. Each policy shall contain a clause prohibiting cancellation or modification of the policy earlier than 10 days after written notice thereof has been received by the Tenant. The Landlord shall deposit with the Tenant certificates of such insurance, (or for the renewal thereof) which shall be attached herein.

EFFECTIVE DATE OF THE AMENDMENT: This Amendment shall be effective upon its approval by the Governor and Executive Council of the State of New Hampshire. If approval is withheld, this document shall become null and void, with no further obligation or recourse to either party.

CONTINUANCE OF AGREEMENT: Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement and the obligations of the parties there under shall remain in full force and effect in accordance with the terms and conditions set forth therein.

Initials: RPB
Date: 1/28

IN WITNESS WHEREOF, the parties have hereunto set their hands;

TENANT: State of New Hampshire Department of Health and Human Services

Date: 2/11/13

By [Signature]
Stephen J. Mosher, Chief Financial Officer

LANDLORD:

Date: 1/28/2013

By [Signature]
Daniel L. Plummer, Co-Manager

Acknowledgement: State of NEW HAMPSHIRE, County of ROCKINGHAM
On (date) 1/28/2013, before the undersigned officer, personally appeared
DAVID L. PLUMMER, who satisfactorily proved to be the person identified above as the
owner, and he personally executed this document.

Signature of Notary Public or Justice of the Peace: [Signature]

Commission expires: 6-8-2016 Seal:

Name and title of Notary Public or Justice of the Peace (please print):
KATHERINE A BLEICH

Approval by New Hampshire Attorney General as to form, substance and execution:

By: [Signature], Assistant Attorney General, on 19 Feb. 2013
Ann R. Herrick

Approval by the New Hampshire Governor and Executive Council:

By: [Signature], on MAR 20 2013

DEPUTY SECRETARY OF STATE

ATTACHMENT TO EXHIBIT B
TENANT'S FISCAL YEAR SCHEDULE OF RENTAL PAYMENTS

<u>State Fiscal Year</u>	<u>Month</u>	<u>Square Foot Rate</u>	<u>Monthly Payment</u>	<u>Yearly Total</u>	<u>Fiscal Year Total</u>
2013	4/1/2013	\$ 19.32	\$ 41,531.56		
	5/1/2013	\$ 19.32	\$ 41,531.56		
	6/1/2013	\$ 19.32	\$ 41,531.56		\$ 124,594.68
2014	7/1/2013	\$ 19.32	\$ 41,531.56		
	8/1/2013	\$ 19.32	\$ 41,531.56		
	9/1/2013	\$ 19.32	\$ 41,531.56		
	10/1/2013	\$ 19.32	\$ 41,531.56		
	11/1/2013	\$ 19.32	\$ 41,531.56		
	12/1/2013	\$ 19.32	\$ 41,531.56		
	1/1/2014	\$ 19.32	\$ 41,531.56		
	2/1/2014	\$ 19.32	\$ 41,531.56		
	3/1/2014	\$ 19.32	\$ 41,531.56	\$ 498,378.72	\$ 373,784.04
	Total Rent			\$ 498,378.72	\$ 498,378.72

Initials: REP
Date: 1/28

Client#: 38

WOIN

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/24/2013

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 People's United Ins. Agency CT One Goodwin Square Hartford, CT 06103 860 524-7600	CONTACT NAME: Katen Djsipio	PHONE (A/C, No, Ext): 860 524-7600	FAX (A/C, No): 860 722-7728
	E-MAIL ADDRESS: KDjsipio@RCKnox.com		
INSURED 75 New Hampshire LLC Two International Group, LLC 1 New Hampshire Avenue #101 Portsmouth, NH 03801	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Citizens		31534
	INSURER B: Hanover Insurance Co		22292
	INSURER C:		
	INSURER D:		
	INSURER E:		

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR RSK (Y/N)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	INCL	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		ZBE873227701	06/10/2012	06/10/2013		EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>		ZBE873227701	06/10/2012	06/10/2013		COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$1000 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		UHE873227901	06/10/2012	06/10/2013		EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Premises leased at 50 International Drive, Portsmouth, NH.
State of New Hampshire Department Administrative Services, ATIMA is additional insured where required by contract per the terms, conditions and exclusions of the general liability policy.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire
Department Administrative
Services
Attn: Leon Smith, Administrator
129 Pleasant Street
Concord, NH 03301

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

Peoples United Insurance Agency

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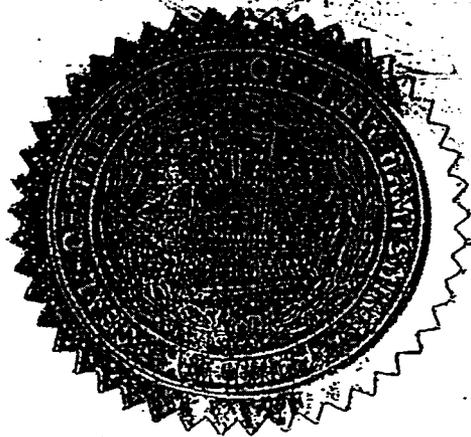
State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that 75 New Hampshire, LLC is a New Hampshire limited liability company formed on June 27, 2007. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.

75 New Hampshire, LLC
New Hampshire Limited Liability Company

75 New Hampshire, LLC
Secretary of State



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of January, A.D. 2013

Handwritten signature of William M. Gardner in cursive.

William M. Gardner
Secretary of State

75 NEW HAMPSHIRE, LLC

CERTIFICATE OF RESOLUTION

Dated: 1/28/13

The undersigned, being the Managing Members of 75 New Hampshire, LLC, hereby certify that the following Resolution was adopted by the Company on January 23, 2013.

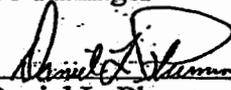
RESOLVED: To authorize the Company to enter into an "Amendment" to the Lease with the New Hampshire Department of Health and Human Services of even date,

and to authorize Daniel Plummer as Co-Manager to execute the Amendment on behalf of the Company.

75 New Hampshire, LLC
A New Hampshire limited liability company

Levere Properties, LLC
Co-Manager

By:


Daniel L. Plummer, Manager

Say Pease VII, LLC
Co-Manager

By:


Cyrus W. Gregg, Manager



USER NAME: PASSWORD: LOGIN

Forgot Username? Forgot Password?

HOME SEARCH RECORDS DATA ACCESS GENERAL INFO HELP

Search Results.

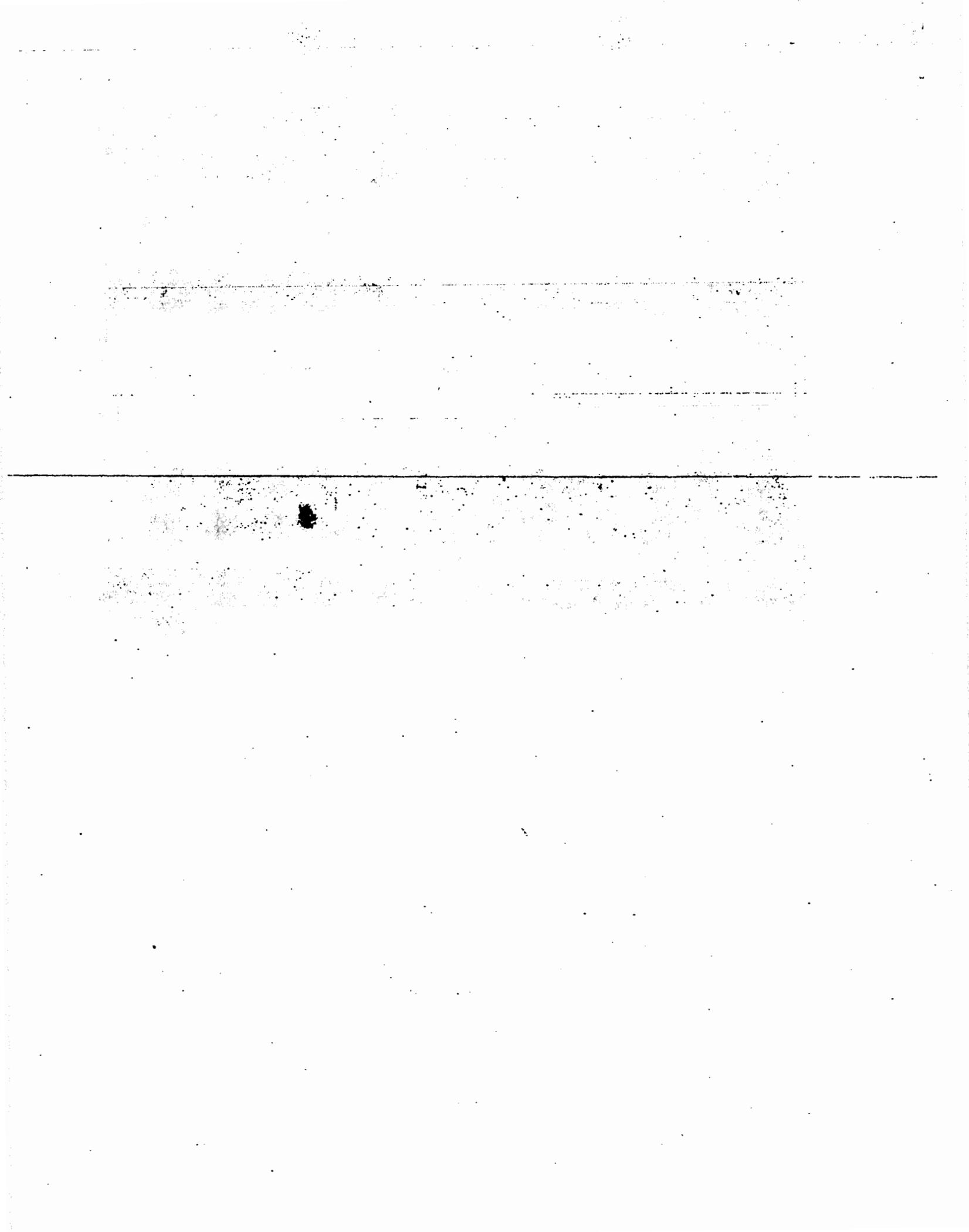
You can refine your search by entering new search criteria in the search box and using the Search In Results button. If you wish to perform a new search use the Clear Search button. Using the Save Search button will allow you to run this search at a later time.
Important message regarding exclusion searches.

Current Search Terms: 75 New* hampshire* LLC*

Results page 0 of 0
Order by: Ascending
Sort by: Relevancy

FILTER RESULTS No records found for current search.

3/5/13





STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF BUSINESS OPERATIONS

12/9/09
 #79

BUREAU OF FACILITIES AND ASSETS MANAGEMENT

Nicholas A. Toumpas
 Commissioner

 James P. Fredyma
 Controller

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-4846 1-800-852-3345 Ext. 4846
 Fax: 603-271-8149 TDD Access: 1-800-735-2964

COPY

November 10, 2009

His Excellency, Governor John H. Lynch
 and the Honorable Executive Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services to enter into a new lease with 75 New Hampshire, LLC, c/o James J. Horne, CPManagement, Inc, 11 Court Street, Exeter, New Hampshire 03833 (Vendor #167378) in the amount of \$1,463,922.96 commencing effective December 10, 2009 and to end three years, three months and 22 days on March 31, 2013. Occupancy of the premises and commencement of rental payments shall be three months and 22 days thereafter, April 1, 2010, following completion of all specified renovations. Funds are available in the following account for SFY 2010 and SFY 2011 and are anticipated to be available in SFY 2012 through SFY 2013 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-95-953010-5685 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, OFFICE OF ADMINISTRATION, MANAGEMENT SUPPORT

Fiscal Year	Class/Object	Class Title	Job Number	Total
SFY 2010	022-500248	Rent & Leases Other than State	95304006	\$119,306.49
SFY 2011	022-500248	Rent & Leases Other than State		\$479,999.04
SFY 2012	022-500248	Rent & Leases Other than State		\$490,833.39
SFY 2013	022-500248	Rent & Leases Other than State		<u>\$373,784.04</u>
Total				\$1,463,922.96

EXPLANATION

The Department of Health and Human Services (DHHS), Division of Family Assistance, Division for Children Youth and Families, Office of Child Support Services and Bureau of Elderly and Adult Services currently house ninety-five (95) employees at the Portsmouth District Office. This new lease allows the inclusion of the Division for Juvenile Justice Services to be housed in this office.

As required by Administrative Rule Adm 610.06 "Public Notice" on September 16 and 26, 2008, a space search was conducted through newspaper advertisements in the New Hampshire Union Leader and Portsmouth Herald (see attached Advertising Schedule). The Department submitted the advertisement to the Department of

Administrative Services for inclusion on the web page <http://www.state.nh.us/das/bpm/index.html> for broadened exposure. The Department also placed the Request For Proposal (RFP) on its RFP web page.

The space search produced the following responses: the existing Landlord, 30 Maplewood Avenue Trust, 1020 Southern Artery, Quincy, Massachusetts submitted an *as is* response only; a response from The Kane Company, Inc., 210 Commerce Way, Portsmouth, New Hampshire with a proposal for property located at 195 Commerce Way in Portsmouth, New Hampshire; and a proposal from 75 New Hampshire LLC, 1 New Hampshire Avenue, Portsmouth New Hampshire with property allocated at 50 International Drive at Pease International Tradeport, Portsmouth, New Hampshire. The current Landlord, 30 Maplewood Avenue Trust, only provided an *as is* proposal and did not address the needs of the Department. The Kane Company provided a proposal with first floor access, adequate space, and parking, however, the space was plagued by mold issues that were not addressed properly and remain an issue within the facility. 75 New Hampshire Avenue, LLC provided the only viable proposal with the best location to serve the Department's clients, with adequate parking and a facility that meets the accessible needs of clients and staff. The proposal also includes the exclusive use of the existing systems furniture and the provision of moving the Department from the existing District Office to the new location with no additional cost to the Department. Therefore, the Department pursued a new lease with 75 New Hampshire LLC. James Fredyma, Controller for the Department of Health and Human Services and David Clapp, Bureau Chief for the Department of Administrative Services, Bureau of Facilities and Assets Management, reviewed the proposals.

The lease rate is structured to be payable as a gross lease inclusive of heat, electricity, janitorial services, real estate taxes, insurance and common area maintenance. The lease rate is \$18.50 per square foot gross the first year, the rate increases approximately 2% each year for years two and three and also each year of the two-year option. The square footage is 25,796. The new space provides for the consolidation of all staff, inclusive of the Juvenile Probation and Parole Officers formerly housed at the recently terminated Portsmouth Itinerant Office. The use of systems furniture in lieu of drywall-partitioned workstations provides a more efficient and functional office facility. The proposal includes the partial renovation of the existing structure with the Department occupying the entire facility.

The current Portsmouth District Office facility located at 30 Maplewood Avenue in Portsmouth provides inefficient use of the existing space with limited security. The neighborhood is plagued by a shortage of adequate parking for clients and staff, inclusive of on-street parking. The new location is serviced by public transportation, will provide ample parking and a more business-like neighborhood best suited for clients and staff of the Department. The consolidation of the Juvenile Probation and Parole Officers to this location eliminates the need for the 4,000 square foot itinerant office for a savings of \$55,359.96 in annual rent.

As part of this new lease agreement, a special provision (Exhibit E) will allow DHHS to request minor alterations, renovations and modifications to be made by the Landlord at DHHS' expense (not to exceed \$5,000 per year) without amending the amount of this contract.

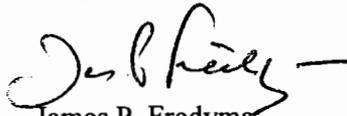
Approval of this new lease agreement will allow the Department to move to a new location, better suited for the delivery of the Department's services and in an accessible, secure and confidential environment.

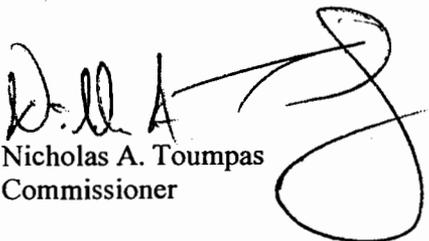
The area served by the Portsmouth District Office is the majority of Rockingham County.

Funding for this request is General Funds 60%, Federal Funds 40% by cost allocation across benefiting programs.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this agreement.

Respectfully submitted,


James P. Fredyma
Controller

Approved by: 
Nicholas A. Toumpas
Commissioner

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

ADVERTISING SCHEDULE

Wanted to rent in Portsmouth New Hampshire for a term of ten (10) years, approximately 29,800 to 34,150 usable square feet of space for three (3) State of NH agencies. The three agencies are: Department of Health and Human Services requiring 19,700 to 22,750 square feet, Department of Education requiring 3,900 to 4,200 square feet, and the Department of Resources and Economic Development requiring 6,200 to 7,200 square feet. A separate suite of office space is required for each agency, and each agency shall enter into a separate, individual lease agreement with the proposed Landlord. Beneficial occupancy and commencement of rental payments targeted for June 1, 2010; in no instance shall commencement of occupancy and rent be later than twelve (12) months after the individual agreements are approved by the Governor and Executive Council. The space offered must be renovated to meet State's programmatic specifications, which must be reviewed in advance of submitting a Letter of Interest in response to this solicitation. To obtain a copy of the specifications please contact Mary Belec, Administrator II, Bureau of Planning and Management, 25 Capitol Street, Rm 101, Concord, NH 03301, (603 271-0090) or alternately, obtain the specifications by logging on to the State's lease WEB site at: <http://admin.state.nh.us/bpm/index.asp>. Any and all Letters of Interest regarding this request must be received by 2:00 p.m. on Friday, October 03, 2008. The State of NH reserves the right to accept or reject any or all proposals.

Ad Placement schedule:

	Run 1	Run 2
The New Hampshire Union Leader	Tuesday 9/16/08	Friday 9/26/08
Manchester, NH		
Portsmouth Herald	Tuesday 9/16/08	Friday 9/26/08
Portsmouth, NH		