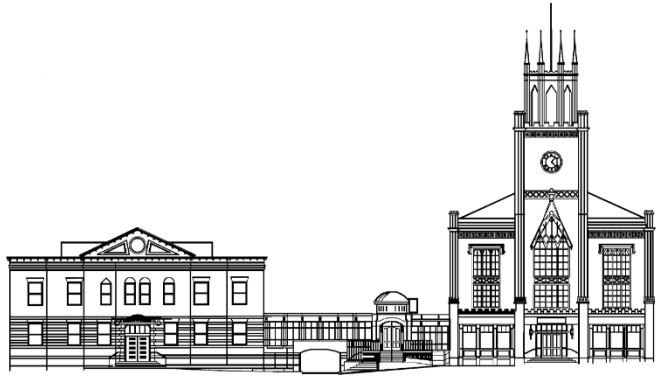




COMMITTEE ON COMMUNITY IMPROVEMENT

January 3, 2023 at 6:00 PM

Aldermanic Chambers, City Hall (3rd Floor)

Members: Aldermen Stewart, Trisciani, E. Sapienza, Cavanaugh, Heath

AGENDA

The Chairman calls the meeting to order.

The Clerk calls the roll.

1. Summary of abatement requests submitted by Fred McNeill, Chief Engineer.
Ladies and Gentlemen, what is your pleasure?
2. Communication from Ryan Cashin, Fire Chief, requesting authorization to apply for a Homeland Security Grant not to exceed \$250,000 for the Emergency Operations Center.
Ladies and Gentlemen, what is your pleasure?
3. Communication from the Fire Chief requesting authorization to apply for a Homeland Security Grant not to exceed \$75,000.
Ladies and Gentlemen, what is your pleasure?
4. Communication from the Fire Chief requesting authorization to apply for a Staffing for Adequate Fire & Emergency Response (SAFER) three-year grant to hire firefighters.
(Note: There is a cost share of 25% in the first year, 25% in the second year, and 65% in the third year.)
Ladies and Gentlemen, what is your pleasure?
5. Communication from Kristen Clarke, Traffic Engineer, requesting authorization to apply for a NH Department of Transportation CMAQ grant in the amount of \$3 million to promote air quality improvements through reduced vehicle emissions.
(Note: There is a 20% City match required if awarded this grant.)
Ladies and Gentlemen, what is your pleasure?

6. Communication from Mark Gomez, Chief of Parks, Recreation & Cemetery, requesting authorization to apply for an Outdoor Recreation Legacy Partnership Grant for extensive renovation of the Sheehan-Basquil park.
(Note: There is a 50% or \$4 million City match required if awarded this grant.)
Ladies and Gentlemen, what is your pleasure?
7. Communication from Jeff Belanger, Planning & Community Development Director, requesting authorization to apply for an InvestNH Municipal Per-Unit Grant of up to \$1 million to incentivize the construction of affordable housing.
Ladies and Gentlemen, what is your pleasure?
8. Amending Resolution and Budget Authorization providing for the acceptance and expenditure of funds in the amount of \$5,000 for CIP 211923 Modernization of Food Protection Program.
Ladies and Gentlemen, what is your pleasure?
9. Amending Resolution and Budget Authorization providing for the acceptance and expenditure of funds in the amount of \$59,395 for CIP 211823 PPP & Healthcare Enhancement Act-Homeless Healthcare Program.
Ladies and Gentlemen, what is your pleasure?
10. Amending Resolution and Budget Authorization providing for the acceptance and expenditure of funds in the amount of \$4,995 for CIP 411723 Police Academy Cadre.
Ladies and Gentlemen, what is your pleasure?

If there is no further business, a motion is in order to adjourn.

Timothy J. Clougherty
Public Works Director

Owen P. Friend-Gray, P.E.
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission

Trixie Dysart, Chair
Kathleen Sullivan
Arthur Gatzoulis
Mark MacKenzie
Amber Nicole Cannan

CITY OF MANCHESTER
Department of Public Works
Environmental Protection Division

Memo

Date: 12/20/2022 22-155
To: CIP Committee
Cc: Lisa Hynes – EPD
Matthew Normand – City Clerks Office
From: Frederick McNeill
RE: EPD Abatement Requests

The attached tables summarize the 15 sewer abatements reviewed by the Highway Commission at their monthly meeting on December 12, 2022.

Backup documentation for these sewer abatement requests is on file with the City Clerk's office. The electronic version of this request will be forwarded to you as well as the City Clerk's office.

Please let me know if you need any additional information.

Summary of Abatement Requests
December 07, 2022 to Highway Commission
December 19, 2022 to CIP/City Clerk

Number	Customer Acct #	Customer	Property Address	Abatement Rec'd Date	Request Reason	EPD Recommendation	Justification	Abatement Amount	Highway Recommendation
1	182811-66586	Amav Enterprises LLC	5-15 Amherst St.	6/26/22	toilet leak	Grant	above 250% threshold - 422%	577.20	grant
2	49863-35054	Jerome Rev Trust	29 Crestview Rd	08/22/22	toilet leak	Grant	above 250% threshold - 445%	390.00	grant
3	166147-2056	Skaperdas/Nikan LLC	912 Union St	08/23/22	toilet leak	Grant	above 250% threshold - 1033%	655.20	grant
4	140141-66784	Mike Burnie Inc	565 Beech St	09/05/22	leak	Grant	above 250% threshold - 354%	1,306.50	grant
5	199607-25012	Entrekin	17 Malvern St	09/06/22	toilet leak	Grant	above 250% threshold - 481%	994.50	grant
6	187041-213036	Cao	17 Lavender Ln	09/26/22	toilet leak/malfunction irrigation	Grant	above 250% threshold - 300%	241.80	grant
7	196887-3868	Bill	400 Myrtle St.	10/05/22	toilet leak	Grant	above 250% threshold - 5356%	526.50	grant
8	55679-39126	Caterina	1501 Belmont St.	10/07/22	uninspected deduct meter	Deny	meter not inspected by MMW	0.00	deny
9	48969-34676	Penchansky	170 Wellsley st.	10/12/22	toilet leak	Grant	above 250% threshold - 708%	284.70	grant
10	171277-2822	437 Belmont St. LLC	15 Ash St.	10/18/22	toilet leak	Grant	above 250% threshold - 504%	686.40	grant
11	164031-18102	Howe	390 Ray St.	10/26/22	pipe leaking under foundation	Grant	above 250% threshold - 420%	249.60	grant
12	194175-67626	Winslow	317-319 E. High St.	11/02/22	toilet leak	Grant	above 250% threshold - 447%	608.40	grant
13	15827-47684	14 Pine St. LLC	14 Pine St.	11/04/22	Deduct meter not working	Deny	below 250% threshold - 245%	0.00	deny
14	147425-208996	Plentzas	230 Lindstrom Ln.	11/11/22	Deduct meter not working	Grant	above 250% threshold - 1275%	733.20	grant
15	200307-64640	Adhikari	161 Pearl St.	11/14/22	toilet leak	Grant	above 250% threshold - 291%	432.90	grant
Total Abatements								\$7,686.90	

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 6/23/2022

Customer Name: Arnav Enterprises LLC

Account #: 182811-66586
Combine Billing

Property Address: 5-15 Amherst St.

Reason for
Request: toilet leak

Service Dates: 1/31/22-5/02/22-8/1/22

Bill Date: 6/15/22-9/15/22

Consumption: 194 ccf

% Increase
from Average: 422%

Average
Consumption: 46 ccf

Based on: Limited History
used last 20 quarters

Difference: 148 ccf

Other Comments: _____

EPD
Recommendation: Grant - Abatement exceeds the 250% threshold

Approve Jm

Abatement Total: 148 ccf at \$ 3.90 \$ 577.20

Highway
Recommendation: Grant

Date: 12/18-22

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burkush
Trixie Vasquez
Armand Forest
Kathy Sullivan

CITY OF MANCHESTER
Sewer Fee Abatement Request Form



Name: Arnav Enterprises LLC

Address: 947 Elm Street
(Street) Manchester (City) NH (State) (Unit) 03101
(Zip)

Phone Number: (603) 623-7888

Customer Account Number: 182811-66586

Address of Property for which Abatement is Requested:
947 Elm Street
(Street) Manchester (City) NH (State) (Unit) 03101
(Zip)

Billing Period: 1-31-22 to 5-2-22 - 8-1-22

Amount of Abatement Request: 595.12

Reason for Abatement Request: Running toilet in the basement.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
☐ Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

(Signature)

A handwritten signature in black ink.

(Date)

06/22/22

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 8/22/2022

Customer Name: Jerome Rev Trust

Account #: 49663-35054
Combine Billing

Property Address: 29 Crestview Rd

Reason for
Request: toilet leak

Service Dates: 5/9/22-8/15/22

Bill Date: 9/15/2022

Consumption: 129 ccf

% Increase
from Average: 445%

Average
Consumption: 29 ccf

Based on: 5 year average

Difference: 100 ccf

Other Comments: _____

EPD
Recommendation: Grant - Abatement exceeds the 250% threshold

Approved TJM

Abatement Total: 100 ccf at \$ 3.90 \$ 390.00

Highway
Recommendation: Grant

Date: 12-18-22

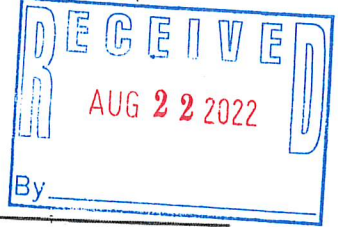
Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burlaush
Trixie Vasquez
Armand Forest
Kathy Sullivan



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: Jerome Bey Trust 1983

Address: 29 Crestview Rd

Manchester (City)

NH (State)

03104-1804 (Unit)

Phone Number: 603-361-6677

(Zip)

Customer Account Number: 49663-35054

Address of Property for which Abatement is Requested:

29 Crestview Rd

Manchester (City)

NH (State)

03104-1804 (Unit)

(Zip)

Billing Period: 5-9-22 8-15-22

Amount of Abatement Request: 362.70

Reason for Abatement Request: Toilet Leak fixed valve

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
☐ Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Jerome Bey
(Signature)

8-22-22

(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 8/23/2022

Customer Name: Skaperdas/Nikan LLC

Account #: 166147-2056
Combine Billing

Property Address: 912 Union St.

Reason for
Request: toilet leak

Service Dates: 5/9/22-8/8/22

Bill Date: 9/15/2022

Consumption: 186 ccf % Increase
from Average: 1033%

Average
Consumption: 18 ccf Based on: 5 year average

Difference: 168 ccf

Other Comments: _____

EPD
Recommendation: Grant - Abatement exceeds the 250% threshold

Approved Jm

Abatement Total: 168 ccf at \$ 3.90 \$ 655.20

Highway
Recommendation: Grant

Date: 12-18-22

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burkush
Trixie Vasquez
Armand Forest
Kathy Sullivan

CITY OF MANCHESTER
Sewer Fee Abatement Request Form



Name: Christopher Sheppard
Address: 101 Webster St
(Street)
Manchester (City) NH (State) 03104 (Unit)
Phone Number: 603-668-0244 (Zip)
Customer Account Number: 166147-2056

Address of Property for which Abatement is Requested: 912 Union St
(Street)
(City) (State) (Zip)

Billing Period: 5/9/22 - 8/8/22
Amount of Abatement Request: 678.60
Reason for Abatement Request: toilet leak

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Basement (concrete) flooded due to blockage

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

(Signature) 8/22/22
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 9/5/2022

Customer Name: Mike Bunie Inc

Account #: 140141-65784
Combine Billing

Property Address: 565 Beech St

Reason for Request: Leak

Service Dates: 5/23/22-8/22/22

Bill Date: 9/15/2022

Consumption: 467 ccf

% Increase from Average: 354%

Average Consumption: 132 ccf

Based on: 5 year average

Difference: 335 ccf

Other Comments: _____

EPD Recommendation: Grant - Abatement exceeds the 250% threshold

Approved Jm

Abatement Total: 335 ccf at \$ 3.90 \$ 1,306.50

Highway Recommendation: Grant

Date: 12-18-22

CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: MIKE BUNIE INC

Address: 112 Pearl St. 1R
(Street) (Unit)

Manch NH 03101
(City) (State) (Zip)

Phone Number: 759-6199

Customer Account Number: 140141-65784

Address of Property for which Abatement is Requested:
565 Beech St. —
(Street) (Unit)

— —
(City) (State) (Zip)

Billing Period: 5/23/22 - 8/22/22

Amount of Abatement Request: \$2820.67

Reason for Abatement Request: There was a severe supply leak that went unnoticed for awhile due to it going from 1st floor to basement in no traffic area.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

See Above. Repair was made. Usage was verified after repair & it's back to historical level.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

Yes — No —

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

9/5/22

RECEIVED
 SEP 08 2022
 By Via Email Box

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 9/6/2022

Customer Name: Entrekin

Account #: 199607-25012
Combine Billing

Property Address: 17 Malvern St.

Reason for
Request: toilet leak

Service Dates: 5/23/22-8/22/22

Bill Date: 9/15/2022

Consumption: 322 ccf

% Increase
from Average: 481%

Average
Consumption: 67 ccf

Based on: Limited History
used last 5 quarters

Difference: 255 ccf

Other Comments: _____

EPD
Recommendation: Grant - Abatement exceeds the 250% threshold

Approved EJM

Abatement Total: 255 ccf at \$ 3.90 \$ 994.50

Highway
Recommendation: Grant

Date: 12-18-22

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNally, P.E.
Chief Engineer



CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: Brad Entrekkin

Address: 17 Malvern St

Manchester (City)

NH (State)

4

(Unit)

03104 (Zip)

Phone Number: (603) 497-7223

Customer Account Number: 199607-25012

Address of Property for which Abatement is Requested:

17 Malvern St

Manchester (City)

NH (State)

3

(Unit)

03104 (Zip)

Billing Period: 06-08 5-22-22 - 8-22-22

Amount of Abatement Request: \$600

Reason for Abatement Request: Tenant had a failed toilet valve that ran for months constantly before letting me know.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
Yes No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

8/29/22
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 9/26/2022

Customer Name: Cao

Account #: 187041-213036
Combine Billing

Property Address: 17 Lavender Ln.

Reason for
Request: toilet leak / irrigation malfunction

Service Dates: 6/1/22-9/1/22

Bill Date: 10/10/2022

Consumption: 93 ccf % Increase
from Average: 300%

Average
Consumption: 31 ccf Based on: Limited History
used last 4 years

Difference: 62 ccf

Other Comments: _____

EPD
Recommendation: Grant - Abatement exceeds the 250% threshold

Approved Jm

Abatement Total: 62 ccf at \$ 3.90 \$ 241.80

Highway
Recommendation: Grant

Date: 12-18-22

8/26/18

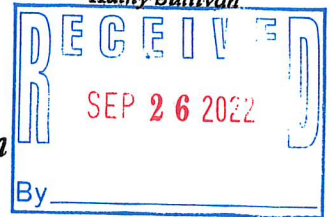
Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burkush
Trixie Vasquez
Armand Forest
Kathy Sullivan



CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: LUU KIM CAO

Address: 17 Lavender Lane

MANCHESTER (City) NH (State) 03109 (Unit)

Phone Number: (603) 854-3101

Customer Account Number: 187 041-213 036

Address of Property for which Abatement is Requested:
17 Lavender Lane

Manchester (City) NH (State) 03109 (Unit)

Billing Period: 6-1-22 - 9-1-22

Amount of Abatement Request: \$572.60

Reason for Abatement Request: over filling toilets, +
Builder defects, Repaired leaks + outside
spicket (Frost Free Sillcock)

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

overflow, overfill valves in toilet tank (Bathroom)

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
☐ Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

9-21-2022
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

✓

Date Received: 10/5/2022

Customer Name: Bill Account #: 196887-3868
Combine Billing

Property Address: 400 Myrtle St.

Reason for Request: toilet leak

Service Dates: 5/16/22 - 8/15/22 Bill Date: 9/28/2022

Consumption: 166 ccf % Increase from Average: 535%

Average Consumption: 31 ccf Based on: Limited History
used last 7 quarters

Difference: 135 ccf

Other Comments: _____

EPD Recommendation: Grant - Abatement exceeds the 250% threshold

Approved Jim

Abatement Total: 135 ccf at \$ 3.90 \$ 526.50

Highway Recommendation: Approve Date: 12-19-22

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burkush
Trixie Vasquez
Armand Forest
Kathy Sullivan

CITY OF MANCHESTER
Sewer Fee Abatement Request Form



Name: Timothy J. Bill

Address: 400 Myrtle St
(Street)
Manchester (City) NH (State) 03104 (Unit)
Phone Number: 603-820-9346 (Zip)

Customer Account Number: 196887-3868

Address of Property for which Abatement is Requested:
400 Myrtle St.
(Street)
Manchester (City) NH (State) 03104 (Unit)
(Zip)

Billing Period: 5-16-22 / 8-15-22

Amount of Abatement Request: \$522.60

Reason for Abatement Request: toilet leak

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

I change the insides of
toilet in each unit.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
☐ Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Ly Bill
(Signature)

10/5/2022
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 10/7/2022

Customer Name: Caterina

Account #: 55679-39126
Combine Billing

Property Address: 1501 Belmont St

Reason for
Request: uninspected deduct meter

Service Dates: 5/16/22-8/15/22

Bill Date: 9/28/2022

Consumption: - ccf % Increase
from Average: #DIV/0!

Average
Consumption: - ccf Based on: 5 year average

Difference: 0 ccf

Other Comments: Deduct meter has not been inspected/programed

EPD Deny - As detailed on deduct meter application deduct credits only begin after the meter is
Recommendation: inspected and programed by MWW.

Deny Jm

Abatement Total: 0 ccf at \$ 3.90 \$ -

Highway
Recommendation: *Deny*

Date: 12-19-22

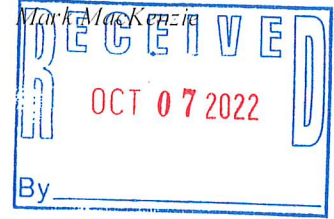
Timothy J. Clougherty
Public Works Director

Owen P. Friend-Gray, P.E.
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Trixie Dysart, Chair
Kathleen Sullivan
Arthur Gatzoulis
Mark McKenzie



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: GARY P. CATERINA

Address: 1501 Belmont St.

Manchester (Street) NH. (State) 03104 (Unit)

Email address: GARYPCATERINA@HOTMAIL.COM (Zip)

Phone Number: 603-493-9175

Customer Account Number: 55679-39126

Address of Property for which Abatement is Requested:

1501 Belmont St.

Manchester (Street) NH. (State) 03104 (Unit)

Billing Period: October 2022

Amount of Abatement Request: \$325.-

Reason for Abatement Request: In July 2020 I had irrigation system installed. I AM guilty of not calling Water Dept. to have them "wired". I did not know I had to make call.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

Yes ☒ No ☐ not that I'm aware of.

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Gary P. Caterina
(Signature)

10-06-2022
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 10/12/2022

Customer Name: Penchansky

Account #: 48969-34676
Combine Billing

Property Address: 170 Wellsley St.

Reason for
Request: toilet leak

Service Dates: 5/9/22 - 8/8/22

Bill Date: 9/21/2022

Consumption: 85 ccf % Increase
from Average: 708%

Average
Consumption: 12 ccf Based on: 5 year average

Difference: 73 ccf

Other Comments: _____

EPD
Recommendation: Grant - Abatement exceeds the 250% threshold

Approved FJM

Abatement Total: 73 ccf at \$ 3.90 \$ 284.70

Highway
Recommendation: Approve

Date: 12.19.22

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burkush
Trixie Vasquez
Armand Forest
Kathy Sullivan



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: DAVID J. PENCHANSKY & ELAINE PENCHANSKY

Address: 170 Wellesley St.
(Street)

Manchester (City) NH (State) 03104 (Unit/Zip)

Phone Number: 603-540-7948

Customer Account Number: 48969-34676

Address of Property for which Abatement is Requested:

170 Wellesley St.
(Street)

Manchester (City) NH (State) 03104 (Unit/Zip)

Billing Period: 5-9-22 thru 8-8-22

Amount of Abatement Request: on Vacation

Reason for Abatement Request: Toilet Valve let loose while on VACATION AND TANK KEPT FILING INTO THE BOWL + THEN INTO TOILET. REPAIRED IMMEDIATELY UPON DISCOVERING

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Water Accumulated in Toilet Tank AND THEN INTO BOWL

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
☐ Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

10/2/22
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 10/18/2022

Customer Name: 437 Belmont St. LLC

Account #: 171277-2822
Combine Billing

Property Address: 15 Ash St.

Reason for
Request: toilet leak

Service Dates: 5/23/22-8/22/22

Bill Date: 10/5/2022

Consumption: 232 ccf

% Increase
from Average: 504%

Average
Consumption: 46 ccf

Based on: 5 year average

Difference: 186 ccf

Other Comments: _____

EPD
Recommendation: Grant - Abatement exceeds the 250% threshold

Approved Jm

Abatement Total: 176 ccf at \$ 3.90 \$ 686.40

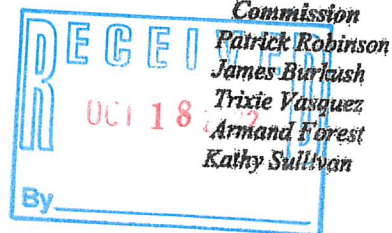
Highway
Recommendation: Approved

Date: 12-19-22

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: 437 Belmont St LLC, Didi Li Member Manager

Address: 35 Russell Rd.

Winchester (City) MA (State)

01890 (Unit)

Phone Number: 781-600-7205 (State)

(Zip)

Customer Account Number: 171277-2822

Address of Property for which Abatement is Requested:

15 Ash St.

Manchester (City)

NH (State)

03104 (Unit)

(Zip)

Billing Period: 5/23/2022 - 8/22/2022, Billing date 10/5/2022

Amount of Abatement Request: \$709.80

Reason for Abatement Request: A Toilet leak in apartment #3 caused the large water usage. I was notified by tenant of the leak and a plumber repaired the leak on August 24, 2022. Water use has returned to normal levels after repair.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Please see Above.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
Yes No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

ECU
(Signature)

9/27/2022
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 10/26/2022

Customer Name: Howe

Account #: 164031-18102
Combine Billing

Property Address: 390 Ray St.

Reason for
Request: pipe leaking under foundation

Service Dates: 5/9/22-8/8/22

Bill Date: 9/21/2022

Consumption: 84 ccf % Increase
from Average: 420%

Average
Consumption: 20 ccf Based on: 5 year average

Difference: 64 ccf

Other Comments: _____

EPD
Recommendation: Grant - Abatement exceeds the 250% threshold

Approved JFM

Abatement Total: 64 ccf at \$ 3.90 \$ 249.60

Highway
Recommendation: Approved

Date: 12-19-22

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burkush
Trixie Vasquez
Armand Forest
Kathy Sullivan

Rec'd 10.26.22

CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: Debbie & Ben Howe

Address: 390 Ray St.
Manchester (City) NH (State) 03104 (Unit)
(Zip)

Phone Number: 603-860-0195

Customer Account Number: 164031

Address of Property for which Abatement is Requested:
390 Ray St.
Manchester (City) NH (State) 03104 (Unit)
(Zip)

Billing Period: 5-9-22 - 8-8-22

Amount of Abatement Request: 206.70

Reason for Abatement Request: leak in pipe in/under
foundation leading to washing machine

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

unsure where the water went, none visible in the
floor or basement.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

10/26/22
(Date)

300 Winston Street • Manchester, New Hampshire 03103 • (603) 624-6595 • FAX: (603) 628-6234

E-mail: EPD@manchesternh.gov • Website: www.manchesternh.gov

jpetersen@manchesternh.gov

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 11/2/2022

Customer Name: Winslow Account #: 194175-67626
Combine Billing

Property Address: 317-319 E. High St.

Reason for Request: toilet leak

Service Dates: 5/23/22-8/22/22 Bill Date: 10/5/2022

Consumption: 201 ccf % Increase from Average: 447%

Average Consumption: 45 ccf Based on: limited history
used last 10 quarters

Difference: 156 ccf

Other Comments: _____

EPD Recommendation: Grant - Abatement exceeds the 250% threshold

Approved Jm

Abatement Total: 156 ccf at \$ 3.90 \$ 608.40

Highway Recommendation: Approved Date: 12-19-22

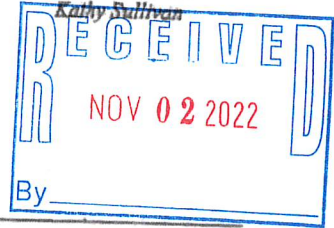
Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burkush
Trixie Vasquez
Armand Forest
Kathy Sullivan



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: Christopher Winslow

Address: 125 Canterbury Rd

Chichester NH 03258

(City)

(State)

(Unit)

Phone Number: 603-670-5522

(Zip)

Customer Account Number: 19417567626

Address of Property for which Abatement is Requested:

317-319 East High St

(Street)

Manchester NH 03258

(City)

(State)

(Unit)

(Zip)

Billing Period: 10-5-22 5-23-22 to 8-22-22

Amount of Abatement Request: 616.20

Reason for Abatement Request: Tenant's toilet was leaking.
repaired myself.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

(Signature)

11/1/22

(Date)

300 Winslow Street • Manchester, New Hampshire 03103 • (603) 624-6595 • FAX: (603) 628-6234
E-mail: EPD@manchesternh.gov • Website: www.manchesternh.gov

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

✓

Date Received: 11/4/2022

Customer Name: 14 Pine St. LLC Account #: 158527-47684
Combine Billing

Property Address: 14 Pine St.

Reason for Request: Deduct meter not working

Service Dates: 5/23/22-8/22/22 Bill Date: 10/5/2022

Consumption: 335 ccf % Increase from Average: 245%

Average Consumption: 137 ccf Based on: 5 year average
of winter consumption

Difference: 198 ccf

Other Comments: Replacement meter purchased 10/26/22

EPD Recommendation: Deny - Abatement does not exceed the 250% threshold
Deny JFM

Abatement Total: ccf at \$ 3.90 \$ -

Highway Recommendation:  Date: 12-19-22

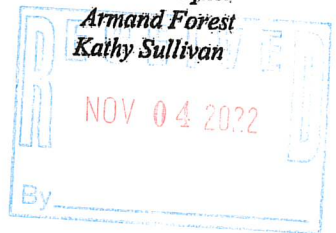
Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burlush
Trixie Vasquez
Armand Forest
Kathy Sullivan



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: 14 Pine St. LLC

Address: 145 Cilley Rd.
(Street)

Manchester (City) NH (State) 03103 (Unit)
Phone Number: 603-627-8993 (Zip)

Customer Account Number: 158527-47684

Address of Property for which Abatement is Requested:

14 Pine St.
(Street)
Manchester (City) NH (State) 03103 (Unit)
(Zip)

Billing Period: 8/2020 - 8/2022

Amount of Abatement Request: TBD

Reason for Abatement Request: Deduct meter not working

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
Yes ✓ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

11/3/22
(Date)

300 Winston Street • Manchester, New Hampshire 03103 • (603) 624-6595 • FAX: (603) 628-6234
E-mail: EPD@manchesternh.gov • Website: www.manchesternh.gov

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 11/11/2022

Customer Name: Plentzas

Account #: 147425-208996
Combine Billing

Property Address: 230 Lindstrom Ln

Reason for
Request: Deduct meter not working

Service Dates: 5/2/22-8/1/22-11/1/22

Bill Date: 6/15/22-9/14/22

Consumption: 204 ccf % Increase
from Average: 1275%

Average
Consumption: 16 ccf Based on: 5 year average
of winter consumption

Difference: 188 ccf

Other Comments: Replacement meter purchased 11/7/22

EPD
Recommendation: Grant - Abatement exceeds the 250% threshold

Approved Jim

Abatement Total: 188 ccf at \$ 3.90 \$ 733.20

Highway
Recommendation: Approved

Date: 12-19-22

Kevin A. Sheppard, P.E.
Public Works Director

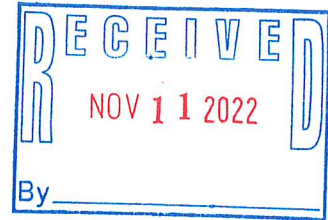
Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Fax (603) 628-6234

Commission
Patrick Robinson
James Burkush
Tylzie Vasquez
Armand Forest
Kathy Sullivan



CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: Beth Plentzas

Address: 230 Lindstrom Lane
(Street) Manchester (City) NH (State) 03104 (Zip)

Phone Number: 603-582-5525

Customer Account Number: 147425-208996

Address of Property for which Abatement is Requested:
230 Lindstrom Lane
(Street) Manchester (City) NH (State) 03104 (Zip)

Billing Period: 2019 based on deduct meter stopping to present,

Amount of Abatement Request: total amount from the stop date 2019 to present

Reason for Abatement Request: This request is only for the irrigation system time frame because we've always had a deduct meter since 2008 which is the first one bought by the city. We just bought another today.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

We did have a tank replaced and the city also came and replaced our meter in our basement. They did not say that the meter was not working when they were at our house. We assumed if there was a problem & it stopped working that they would let us know. We just went down to the city and bought

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
Yes X No a new one & gave them the broken one, so we should be good moving forward.

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Beth Plentzas
(Signature)

I've been working with Patty & Lisa to fix this.

11/7/2022
(Date)

We would greatly appreciate anything that can be done for a credit.

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 11/14/2022

Customer Name: Adhikari

Account #: 200307-64640
Combine Billing

Property Address: 161 Pearl St.

Reason for Request: toilet leak

Service Dates: 5/16/22-64640

Bill Date: 9/28/2022

Consumption: 169 ccf % Increase from Average: 291%

Average Consumption: 58 ccf Based on: limited history
used last 5 quarters

Difference: 111 ccf

Other Comments: _____

EPD Recommendation: Grant - Abatement exceeds the 250% threshold

Approved Jfm

Abatement Total: 111 ccf at \$ 3.90 \$ 432.90

Highway Recommendation: Approved

Date: 12-19-22

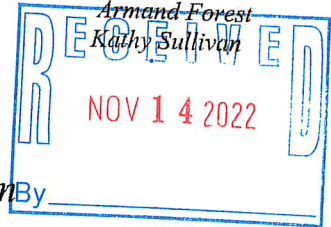
Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Patrick Robinson
James Burkush
Trixie Vasquez
Armand Forest
Kathy Sullivan



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: Jeevan Adhikari
Address: 161 Pearl St, (851 Maple Street)
Manchester (City) NH (State) 03104 (Zip)
Phone Number: 603 294 6176
Customer Account Number: 200307-64640

Address of Property for which Abatement is Requested:
161 Pearl Street
Manchester (City) NH (State) 03104 (Zip)

Billing Period: 5/16/22 to 8/15/22

Amount of Abatement Request: \$ 5001-

Reason for Abatement Request: I found toilet leak, I fixed
the leak now. It was second floor room
no-2 and first-floor apartment no-3

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

It was second floor apartment no-2 and
first floor apartment no-3, both toilet were leaking

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

See
(Signature)

10/25/22
(Date)

Ryan J. Cashin
Chief of Department



Matthew A. K. Lamothe
Assistant Chief

David P. Flurey
Deputy Chief

City of Manchester

Fire Department

TO: Alderman Stewart, CIP Committee Chair

FROM: Chief Ryan Cashin

DATE: December 19, 2022

RE: Permission to apply-FFY 2023 Homeland Security Grant

I am requesting permission to apply for the FFY 2023 Homeland Security Grant. This grant application would not exceed \$250,000 and would be used for Emergency Operations Center upgrades. Our current Emergency Operations Center is in dire need of technology upgrades as the existing technology is beyond repair. There is no cost share for this grant.

Thank you for your consideration to this matter.

Ryan J. Cashin
Chief of Department



Matthew A. K. Lamothe
Assistant Chief

David P. Flurey
Deputy Chief

City of Manchester *Fire Department*

TO: Alderman Stewart, CIP Committee Chair
FROM: Chief Ryan Cashin
DATE: December 20, 2022 *RC*
RE: Permission to apply-HSGP (Homeland Security Grant Program)

I am requesting permission to apply for the FFY 2023 HSGP grant, not to exceed \$75,000 for a Rigaku CQL 1064nm Handheld Raman and associated technology. There is no cost share for this grant.

Thank you for your consideration to this matter.

Ryan J. Cashin
Chief of Department



Matthew A. K. Lamothe
Assistant Chief

David P. Flurey
Deputy Chief

City of Manchester

Fire Department

TO: Alderman Stewart, CIP Committee Chair

FROM: Chief Ryan Cashin

DATE: December 19, 2022

RE: Permission to apply-SAFER (Staffing for Adequate Fire and Emergency Response)

I am requesting permission to apply for the FFY 2022 SAFER grant. SAFER is a FEMA program that allows the hiring of firefighters in order to meet nationwide minimum standards under NFPA. This is a 3 year grant and there is typically a cost share related to this grant. The first year, would see a cost share of 25% or \$200,000, the second year is also 25% or \$210,000 and the third year is 65% or \$572,000. The City is required to attest that the positions will be maintained at the conclusion of the grant.

Thank you for your consideration to this matter.

Timothy J. Clougherty
Public Works Director



Commission
Trixie Dysart, Chair
Kathleen Sullivan
Arthur Gatzoulis
Mark MacKenzie
Amber Nicole Cannan

Owen P. Friend-Gray, P.E.
Deputy Public Works Director

CITY OF MANCHESTER
Department of Public Works

December 20, 2022

Board of Mayor and Alderman
c/o CITY CLERKS OFFICE
One City Hall Plaza
Manchester, New Hampshire 03103

Attention: Alderman Will Stewart
Chairman, CIP Committee

Subject: NHDOT Congestion Mitigation and Air Quality (CMAQ) Program Grant

Dear Alderman Stewart:

The Department of Public Works (DPW) respectfully requests that the Board of Mayor and Alderman, through its CIP Committee, approve a grant application to participate in the upcoming NHDOT CMAQ Grant round. These federal funds are made available through the NHDOT to promote air quality improvements through reduced vehicle emissions.

DPW has identified Mammoth Road from Cilley Road/Huse Road to Bridge Street as a corridor with traffic congestion and travel delays. Additional engineering study is necessary to determine the exact scope of improvements, but advanced traffic signal technology and potential widening to accommodate turn lanes is anticipated.

Applications for this round are due on January 6, 2023. The anticipated request for the grant is \$3,000,000 with the NHDOT reimbursing 80% and the City of Manchester responsible for \$600,000 for the 20% match. The application will be prepared and submitted by DPW.

Thanks for your consideration. We will be available for questions regarding this matter.

Sincerely,

Kristen Clarke, PE, PTOE
Traffic Engineer

Timothy J. Clougherty
Public Works Director

Owen P. Friend-Gray, P.E.
Deputy Public Works Director

Mark Gomez
Chief of Parks,
Recreation & Cemetery



Commission
Tammy Harrison, Chair
David Flurey
Erika Connors
Erin Loomis Laughlin
Colin Manning

CITY OF MANCHESTER
Department of Public Works
Parks, Recreation & Cemetery Division

December 20, 2022

Alderman Will Stewart, Chair
Committee on Community Improvement

RE: Permission to apply for an Outdoor Recreation Legacy Partnership (ORLP) grant

Alderman Stewart:

The Parks, Recreation & Cemetery Division requests permission to apply for a federal Outdoor Recreation Legacy Partnership (ORLP) grant for extensive renovation of Sheehan-Basquill Park (see attached diagram).

The ORLP grant application requires a commitment of a 50% match from the City. Based on our engineer's estimate, the required match would be \$4 million.

Background

Two years ago, the City funded a CIP for \$250,000 to develop designs for the third phase of renovations to Sheehan-Basquill Park. Since then, Hunt Pool has reached the end of its useful life and has been closed.

For the past year, Parks & Rec staff have been working closely with Hoyle Tanner & Associates to develop park renovation plans in anticipation of submitting a CIP funding request for FY24. In early fall, we received confirmation of eligibility for the ORLP grant. This grant would allow us to complete a more extensive renovation of the park than originally envisioned.

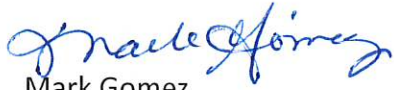
As a result, two designs are currently being contemplated for renovation of the park:

1. **Design if City does NOT receive an ORLP grant.** Main elements include: a new swimming pool and bathhouse; a renovated baseball concessions building; and a small U10 soccer field. ***Estimated construction cost: \$6.6 million (100% City-funded)***
2. **Design if City DOES receive an ORLP grant.** As with the first design, main elements include a new swimming pool and bathhouse; however, this design also envisions a large soccer field that can accommodate youth games up through the high school level; two fully-renovated baseball fields; a new concessions area; and addition of a green space with shade structures. ***Estimated construction cost: \$8 million (50% City-funded)***

Please note – It is our current intent to request a CIP allocation for FY24 to cover the cost of Design #1. If the CIP request is funded and the City is subsequently awarded an ORLP grant, the City's

grant match will be taken out of the CIP allocation and the remaining balance will be re-assigned at the BMA's discretion.

Thank you for your consideration of this request.



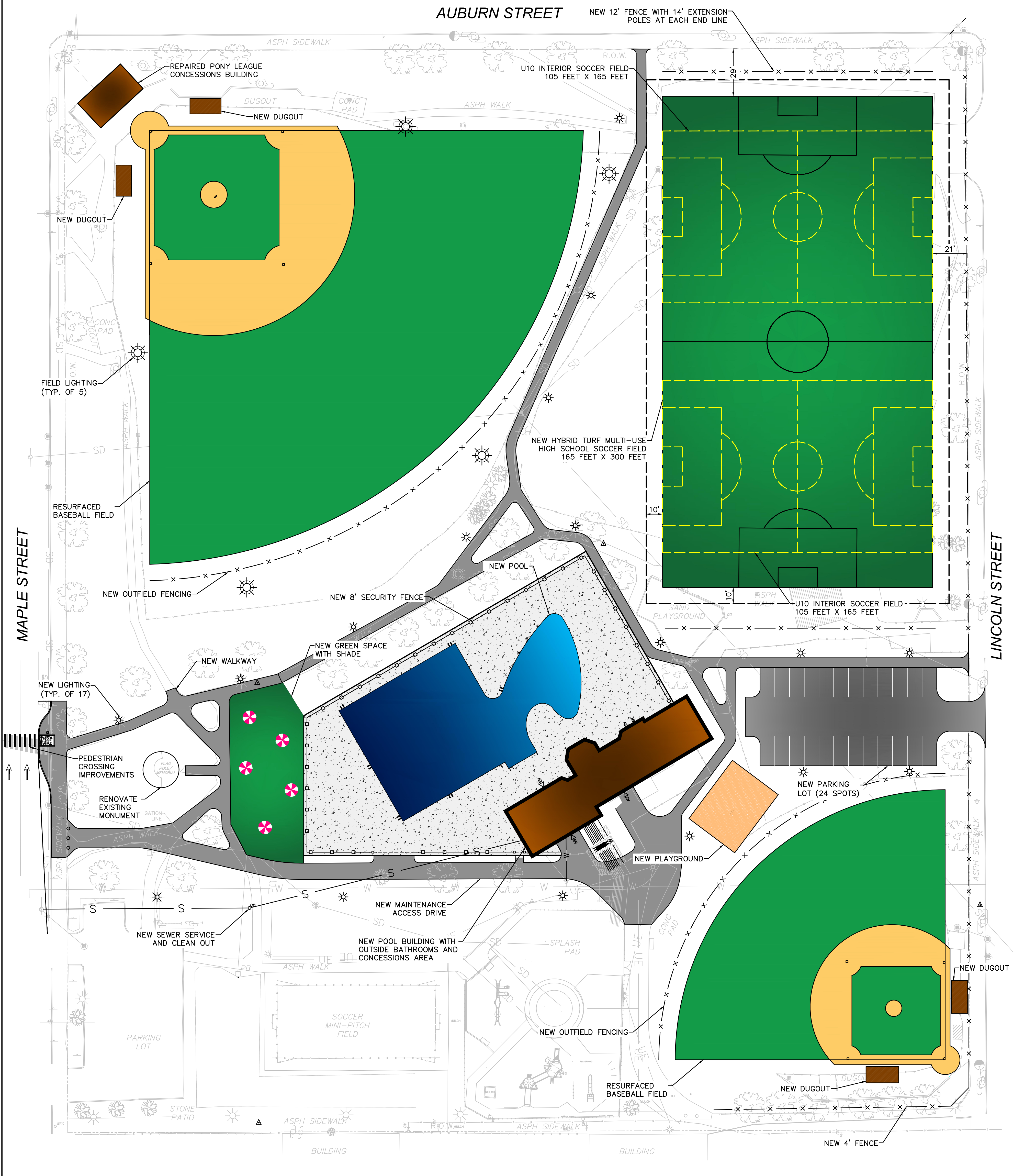
Mark Gomez

Chief of Parks, Recreation & Cemetery

cc: Tim Clougherty, Public Works Director
Owen Friend-Gray, Deputy Public Works Director
Kate Waldo, Park Projects Manager
Janet Horvath, Recreation & Enterprise Manager

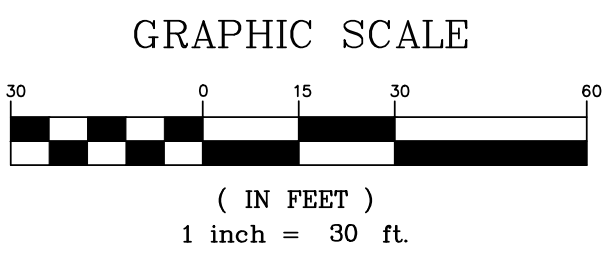
Sheehan-Basquil Park

Manchester, NH



PHASE III SCHEMATIC SITE PLAN

DECEMBER 2022



REVISED: 12/13/2022



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning & Land Use Management
Building Regulations
Code Enforcement Division
Community Improvement Program

Jeffrey D. Belanger, AICP
Director

Pamela H. Goucher, AICP
Deputy Director Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director Building Regulations

MEMORANDUM

To: Alderman Will Stewart
Chairman, Committee on Community Improvement

From: Jeffrey Belanger, AICP
Director of Planning and Community Development

Date: December 23, 2022

Re: Request for Authorization to Apply for InvestNH Municipal Per-Unit Grant

The Planning and Community Development Department is requesting authorization to apply for grants from the InvestNH Municipal Per-Unit Grant Program. The program's purpose is to incentivize the construction of affordable housing by paying a subsidy to municipalities of \$10,000 per affordable unit that is quickly permitted and completed. Each municipality may receive up to \$1 million, although we may apply for a waiver to request more.

PCD, in consultation with the Mayor's Office, has identified projects in the city that are working through permitting and are preparing for construction in a manner that should satisfy the scoring criteria of the grants. Should we be awarded funds, our intent would be to add them to an existing CIP project and loan them to a developer, similar to the manner in which we administer HOME funds. When the developer repays the loan, the funds would be placed in the City's affordable housing trust fund for use on subsequent projects.

I respectfully request your committee's recommendation that the Board of Mayor and Aldermen authorize PCD to apply for the grants.

Anna J. Thomas, MPH
Public Health Director
Philip J Alexakos, MPH, REHS
Deputy Public Health Director



BOARD OF HEALTH
Reverend Richard D. Clegg
Robert G. Ross, DDS
Elizabeth Sailhamer Soukup, M.D., M.M.Sc.
Ellen Tourigny, MEd
Jenn Wyman, BSN, RN

CITY OF MANCHESTER
Health Department

To: Alderman Will Stewart, Chairman, CIP Committee

From: Philip J. Alexakos, MPH, REHS,
Deputy Public Health Director, Manchester Health Department

Date: December 23, 2022

RE: Acceptance of a grant to support the modernization of our Food Protection
Program: *NEHA-FDA Retail Flexible Funding Model Grant Program*

I am writing to request the receipt and acceptance of \$5,000 in one time grant funding to support: 1) the evaluation of our existing food protection (inspection) program as compared to national best practices (Program Standards) developed by the US FDA in collaboration with food safety stakeholders and 2) the creation of a comprehensive strategic improvement plan based upon the finding of the evaluation.

The review of our Food Protection Program was a priority that was identified prior to the pandemic. It has been 12 years since we made any substantive changes to our program and we are overdue to critically and carefully review our work in this area.

The funding will be used to support additional staff time to complete this work, and may be used to conduct data gathering, analysis and dissemination of the findings of this work.

This is one-time, funding and I have attached a copy of the scope of work as submitted to the funder, the National Environmental Health Association (NEHA), and the Notice of Award.

We respectfully request that the Committee and Board approve the receipt of the additional funding. Thank you for your consideration and I welcome the opportunity to answer any question that you may have.

1528 Elm Street • Manchester, New Hampshire 03101 • (603) 624-6466
Administrative Fax: (603) 624-6584 ~ Community Health Fax: (603) 665-6894
Environmental Health & School Health Fax: (603) 628-6004
E-mail: health@manchesternh.gov • Website: www.manchesternh.gov/health

CIP BUDGET AUTHORIZATION

CIP#: 211923

Project Year: 2023

CIP Resolution: 5/17/2022

Title: Modernization of Food Protection Program

Amending Resolution: 1/17/2023

Administering Department: Health Department

Revision:

Project Description:

One-time funding to review and improve our Food Protection Program. This includes data gathering, analysis, and dissemination of findings.

Federal Grants

Federal Grant: Yes

Environmental

Review Required: No

Grant Executed:

Completed:

Critical Events

1. Program Initiation
2. Program Completion
- 3.
- 4.
- 5.

1/1/2023

12/31/2023

12/31/2023

Line Item Budget

FEDERAL

Salaries and Wages

\$5,000.00

\$0.00

\$0.00

\$5,000.00

Fringes

\$0.00

\$0.00

\$0.00

\$0.00

Design/Engineering

\$0.00

\$0.00

\$0.00

\$0.00

Planning

\$0.00

\$0.00

\$0.00

\$0.00

Consultant Fees

\$0.00

\$0.00

\$0.00

\$0.00

Construction Admin

\$0.00

\$0.00

\$0.00

\$0.00

Land Acquisition

\$0.00

\$0.00

\$0.00

\$0.00

Equipment

\$0.00

\$0.00

\$0.00

\$0.00

Overhead

\$0.00

\$0.00

\$0.00

\$0.00

Construction Contracts

\$0.00

\$0.00

\$0.00

\$0.00

Other

\$0.00

\$0.00

\$0.00

\$0.00

TOTAL**\$5,000.00****\$0.00****\$0.00****\$5,000.00****Revisions:****Comments:**

Source of Funds: National Environmental Health Association - U.S. Food and Drug Administration Retail Flexible Funding Model Grant Program. Project initiation and completion dates determined by the grantor.

Planning Department/Startup Form - 07/1/20

\$5,000.00

City of Manchester
New Hampshire

In the year Two Thousand and Twenty Three

A RESOLUTION

“Amending the FY2023 Community Improvement Program, authorizing and appropriating funds in the amount of Five Thousand Dollars (\$5,000) for the FY 2023 CIP 211923 Modernization of Food Protection Program.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2023 CIP as contained in the 2023 CIP budget; and

WHEREAS, the 2023 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funding from the National Environmental Health Association—U.S. Food and Drug Administration Retail Flexible Funding Model Grant Program to review and improve our Food Protection Program;

NOW, THEREFORE, be it resolved that the 2023 CIP be amended as follows:

By adding:

FY 2023 211923 Modernization of Food Protection Program - \$5,000 FEDERAL

Resolved, that this Resolution shall take effect upon its passage



NEHA-FDA Retail Flexible Funding Model Grant Program Official Notice of Award for One-Year Grants

January 1, 2023

Grant Number: G-BDEV1-202210-02903

Application Type: 2023 Track 1 Development Base

Project Title: Municipal Adaptation of New Codes and Holistic Education of Staff Towards Exceptional Retail standards

Project Summary: The selected outcomes of our project will be the completion of a full self-assessment of all nine standards (SA9) as well as the creation of a comprehensive strategic improvement plan.

One-Year Award Amount: \$5,000.00

Project Period: 1/1/2023 to 12/31/2023

Unique Federal Award Identification Number (FAIN): U2FFD007358

CFDA Number: 93.103

Michael Carr
Manchester New Hampshire Health Department
1528 Elm St
Manchester, NH 03101

Dear Michael:

Your application has been approved for Municipal Adaptation of New Codes and Holistic Education of Staff Towards Exceptional Retail standards as part of the National Environmental Health Association (NEHA)-U.S. Food and Drug Administration (FDA) Retail Flexible Funding Model (RFFM) Grant Program, with funding provided by the FDA. Approval is based on review of the project plan and budget details in your submitted application.

As part of your application, your agency has made an assurance that it will comply with all applicable federal statutes and regulations in effect during the grant period, including applicable parts of 45 CFR Parts 75. Acceptance of this award and/or any funds provided by the NEHA-FDA Retail Flexible Funding Model Grant Program acknowledges agreement with all the terms and conditions in this award letter.

The amount of \$5,000.00 represents the full amount of funds to which you are entitled. Grant awards are made with the understanding that NEHA-FDA Retail Flexible Funding Model Grant Program staff may require clarification of information within your application, as necessary, during the application, project, or reporting periods. These inquiries may be necessary to allow us to appropriately carry out our administrative responsibilities.

Specific Conditions of Your Award

In addition to the general Terms and Conditions of your award as listed below, the following are additional conditions specific to your award:

The full requested amount for your CY 2023 Track 1 Development Base Grant is approved. Changes to your project plans and/or budget changes in excess of 10% of the Total Award Amount must be approved in writing by NEHA, in advance. Please refer to the neha.org/retail-grants website for the full RFFM Grant Guidance, which includes a description of non-allowable costs that will not be reimbursed. We look forward to supporting you as you work to complete your important Retail Flexible Funding Model project.

Budget

To review specific details of the approved budget in your grant award, please log into the NEHA-FDA RFFM Grant Portal where you can view and print your grant (including your budget justifications) and your budget worksheets.

Total Award Amount: \$5,000.00

Budget changes are allowable but must be justified and approved in advance and in writing by the NEHA-FDA RFFM Grant Program Support Team. None of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the current Executive Level II of the Federal Executive Pay Scale for any specific funding year.

Terms and Conditions

Your award is based on the project application referenced in this Notice of Award, submitted to and approved by NEHA. Payment is contingent on continued Federal Funding from the United States Food and Drug Administration, and is subject to the following terms and conditions:

The grantee must complete the full scope of work and all tasks outlined in the approved grant application by the Project End Date, unless NEHA grants a written exception. The recipient agrees to comply with the current FDA general terms and conditions (HHS Grant Policy Statement).

Restrictions on the expenditure of funds in federal appropriations acts apply to this award, to the extent those restrictions are applicable to subawards made under federal grants. Please refer to 2 CFR 200.400 for guidance on relevant cost principles.

For the complete Terms and Conditions of this award, including links to all relevant federal guidance, please see the **Reporting and Payments** link on the NEHA-FDA RFFM webpage (<https://www.neha.org/retail-grants>).

Reporting

Reports with due dates will be accessible by logging into the Grant Portal, found on the NEHA-FDA RFFM webpage. Reminders will be sent to the email address of your organization's Point of Contact regarding upcoming and past due reports.

Interim Progress Reports will be required each year for awards made through this program to assure that each funded project remains on track for timely completion. For one-year awards, an Interim Progress Report will be due halfway through the project period.

When all project objectives have been completed, a Final Project Report must be submitted through the online grant portal no later than 45 days after your Project End Date. As part of the final report, the grantee must provide a full accounting of all expenditures made with funds from this grant award accompanied by the required documentation.

For complete information on required reporting, please see the **Reporting and Payments** link on the NEHA-FDA RFFM webpage.

Reimbursement Requests

For one-year awards made through this grant program, payment is normally made on a reimbursement basis at the end of the project, following submission of all required reporting.

Advance payment is available for one-year awards when required by a jurisdiction. To request advance payment, please email an explanation to the **NEHA-FDA RFFM Grant Program Support Team** at retailgrants@neha.org. For additional details, please see the **Reporting and Payments** link on the NEHA-FDA RFFM webpage.

Unless otherwise requested, your first report will be the Interim Progress Report due halfway through the project period.

Recipient FDA Notice

As a reminder, recipients of funding through this program are required to assure that project activities achieve greater conformance with the FDA Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards). For additional information regarding the Retail Program Standards, please visit the

FDA's official webpage at: <https://www.fda.gov/food/retail-food-protection/voluntary-national-retail-food-regulatory-program-standards>.

Allowable and Non-allowable Costs

For information on allowable and non-allowable costs, please refer to the **NEHA-FDA RFFM Grant Guidance** link on the NEHA-FDA RFFM webpage.

Base Grant Requirement

Once awards under the NEHA-FDA RFFM Grant Program have been made, all grantees must have an active Base Grant in place (either a Development Base Grant or a Maintenance and Advancement Base Grant) to remain eligible for open Optional Add-On Grants. During the performance period of open awards, if a Base Grant is cancelled for any reason (at the request of the Grantee or due to non-performance), all open Additional Add-On Grants may also be in jeopardy of cancellation.

For grantees that have been awarded both a Track 2 Development Base Grant (a one-year award) and a Capacity Building Grant (a three-year award), it is the awarded jurisdiction's responsibility to apply for Development Base Grants in years two and three of this grant program, to assure that their Capacity Building Grant remains eligible for continuation.

Travel Costs

Travel costs should adhere to the general guidelines found in the **NEHA-FDA RFFM Grant Guidance**. Contact the NEHA-FDA RFFM Grant Program Support Team with specific travel-related questions not covered in the guidance.

Financial Conflict of Interest

This award is subject to the Financial Conflict of Interest (FCOI) regulation at 42 CFR Part 50 Subpart F.

Contact us for Support

If you have questions about this award, please contact the NEHA-FDA RFFM Grant Program Support Team. Additionally, the FDA Retail Food Safety Specialist assigned to your geographic area is an integral part of your jurisdiction's successful completion of Retail Program Standards activities and is available to assist with your funded project.

NEHA-FDA RFFM Grant Program Support Team

retailgrants@neha.org
1-833-575-2404

FDA Retail Food Safety Specialist Contact Information

<https://www.fda.gov/food/voluntary-national-retail-food-regulatory-program-standards/directory-fda-retail-food-specialists>

We appreciate your ongoing commitment to achieving greater conformance with the Voluntary National Retail Food Regulatory Program Standards.

Sincerely,



David T. Dyjack, DrPH, CIH
NEHA Executive Director

Thanks for applying for this Track 1 Grant. This application has now been successfully submitted.

2023 Track 1 Development Base GRANT APPLICATION

Organization: Manchester New Hampshire Health Department
Grant ID: R-BDEV1-202210-02903
Status: Under Review

Amount Requested: \$5,000.00
Start Date: January 1, 2023
End Date: December 31, 2023

Organization Information

Organization: Manchester New Hampshire Health Department
Regulatory Jurisdiction: Local
Point of Contact (POC) Information
Name: Michael Carr
Phone: 603-657-2713
Email: mcarr@manchesternh.gov

Authorizing Official Verification

The **Authorizing Official** is the person in your organization who provides supervisory oversight for this grant opportunity (often an organization's Financial or Grants Management Official). Below is the **Authorizing Official** contact information we have on record for your organization. Please verify below if this information is still current and correct.

Authorizing Official (AO):	Anna Thomas
AO Title:	Public Health Director
AO Phone:	603-657-2700
AO Email Address:	athomas@manchesternh.gov

I verify that the information displayed above for our organization's **Authorizing Official** is current and correct.

Yes / No: Yes

Respond to the question below to see if you are eligible to apply for the Track 1 Development Base Grant.

Eligibility Question

Have you completed both a current Self-Assessment of all Nine Standards (SA9) and a Comprehensive Strategic Improvement Plan (CSIP)? A current SA9 is one submitted to FDA in August 2017 or later.

Y / N: No

Congratulations! Based on your answer to the eligibility question, you are eligible to apply for a Track 1 Development Base Grant.

Required Outcome

Please select one of the two required Project Outcomes for a Track 1 Development Base Grant.

If you do not have a current Self-Assessment of All Nine Standards (completed in August 2017 or later), you **MUST** select "Completion of an SA9 AND a CSIP."

If you already have a current SA9, you **MUST** select "Completion of a CSIP."

You may request up to \$5,000 to complete either of the two required outcomes.

Required Project Outcome: Completion of an SA9 AND a CSIP

If you have completed an SA9 in the past, what was the date of your most recent SA9?

Date:

Optional Outcome 1

Mentorship / Mentee

Would you like to request funding (up to an additional \$14,000) to apply to be a Mentee for 2023? If approved, you will be matched with a Mentor jurisdiction who can help with all aspects of your Track 1 Development Base Grant project, and advise you on best practices for conforming with the Retail Program Standards.

Y / N:

No

Optional Outcome 2**SA VA Workshop**

Would you like to request funding (up to an additional \$7,500) to send up to two of your staff members to one or more of the in-person or virtual FDA Self-Assessment and Verification Audit Workshops?

Y / N:

No

Project Information**Development Base Grant Project Title**

Municipal Adaptation of New Codes and Holistic Education of Staff Towards Exceptional Retail standards

Project Summary

Please provide a brief description of all selected outcomes of your project, which could include:

1. *Required Outcome: EITHER Completion of an SA9 AND a CSIP OR Completion of a CSIP*
2. *Request to be a Mentee for 2023; and*
3. *Request for funds to attend Self-Assessment and Verification Audit Workshops*

The selected outcomes of our project will be the completion of a full self-assessment of all nine standards (SA9) as well as the creation of a comprehensive strategic improvement plan.

Project Lead

*Please provide the Name and Title of your overall Project Lead for your proposed project. **DO NOT enter any additional information here - qualifications and roles will be entered below in the Project Team Qualifications field.***

Michael Carr, Environmental Health Specialist II

Project Support Team

*Please provide the Names and Titles of additional members of your proposed project team. **DO NOT enter any additional information here - qualifications and roles will be entered below in the Project Team - Roles and Qualifications field.***

Aaron Krycki, Environmental Health Supervisor
 Karen Sutkus, Environmental Health Specialist
 Connor, Lefevra, Environmental Health Specialist
 Tammi Compagna, Environmental Health Specialist

Project Team - Roles and Qualifications

For each project team member, please enter their name, a brief description of their specific project role, and the qualifications they bring to their project role. Be sure to include information for the Project Lead, Project Support Team members, contractors, and any other project personnel. Please be clear regarding the employment status of all personnel paid with project funds (in full or in part) - specify whether each is an employee of your organization, an employee of a partner organization, or a contractor.

All employees working on this grant will be full time employees of the Health Department in the City of Manchester (MHD) and will be comprised of the following members:

Aaron Krycki is the Environmental Health Supervisor and brings the most experience to this project. Aaron has been employed with the MHD for 24 years, and has obtained his Masters in Public Health, and maintains his credentials as a Registered Environmental Health Specialist and a Healthy Homes Specialist. His project role will involve overall supervision of the project, as well as approval of work hours for the disbursement of grant funding. Aaron will also work as a project lead for the ordinance changes necessary to update the food code in Manchester.

Michael Carr is a Senior Environmental Health Specialist (EHS II), and has been with the MHD for 5 years. Michael has obtained his Bachelors (BS) in Biology and is also a Registered Environmental Health Specialist. Michael will act as the point of contact and project lead for a majority of the grant.

Karen Sutkus has been an Environmental Health Specialist with the MHD for 20 years. Along with her substantial experience in the field, Karen has obtained her BS in Microbiology.

Connor Lefevra has been an EHS with the MHD for 3 years, and has obtained his BS in Environmental Science

Tammi Compagna has been an EHS with the MHD for 2 years and has obtained her BS in Public Health.

Project Start Date:*Must be a date between January 1, 2023 and December 31, 2023.***Start Date:**

1/1/2023

Project End Date*Must be a date between January 1, 2023 and December 31, 2023.***End Date:**

12/31/2023

*In the last 5 years (August 2017 or later) how many of the Retail Program Standards have you met, audited, and achieved, with paperwork submitted to and approved by FDA? Enter a number between 0 and 9.***Standards Met:**

0

Project Implementation Plan

Considering both the required and optional outcomes of your project, which could include:

1. Required Outcome: EITHER "Completion of an SA9 AND a CSIP" OR "Completion of a CSIP"
2. Optional Outcome: Request to be a Mentee for 2023
3. Optional Outcome: Request for funds to attend Self-Assessment and Verification Audit Workshops

Please complete all of the following Project Implementation Plan (PIP) fields.

Project Completion Plan for your Track 1 Development Base Grant*Please provide a detailed narrative of all activities required to meet all of your planned project outcomes during your 1-year project period.**Specific to this outcome:*

- Describe how you will measure progress and define measurable improvement in the Retail Program Standards (RPS).
- Directly link your project plans with progress and improvement in RPS.

Please DO NOT include a step-by-step list of Action Steps / Tasks Required in this section; specific steps for this outcome will be entered in the next section.

To implement the Retail Program Standards in the City of Manchester, New Hampshire our project will have several measureable outcomes. These outcomes will be clear and specific, able to be easily viewed as completed or not. All measured outcomes will be given a timeline for completion, which will be the metric for their success.

Our Initial outcome will be the self-assessment of all nine standards (SA9), followed by the development of a Comprehensive Strategic Improvement Plan (CSIP). Following the development of the CSIP, the Manchester Health Department will move to be in full compliance with Standard 9: Program Assessment, and Standard 3: Inspection Program Based on HACCP Principles. A bulk of work will also be dedicated to establishing written policies and practices in regards to the Retail Program Standards (RPS). In anticipation of joining the RPS, the Manchester Health Department (MHD) began modeling toward Standard 7 this year. In September, the MHD composed and sent out an email newsletter to all licensed facilities. The newsletter, Environmental Happenings, will be a tri-annual communication, containing topics such as important regulatory information, training, opportunities, information on food safety, and more. We have already received positive feedback from our licensed facilities, indicating that they will be looking forward to future mailings.

In conjunction to the SA9, the MHD will be putting forward a proposal to the Mayor and Board of Alderman in the City of Manchester to update our current food code as adopted on December 31, 2010 (the New Hampshire Code for the Sanitary Production and Distribution of Food: He-P 2300). The proposal will move to, at a minimum, adapt our code to model the 2017 FDA Food Code, however, will also seek to establish an ordinance to automatically update our code to match the newest science available in the FDA food code and applicable annexes.

As such, measured progress will be determined by completion of the SA9, and CSIP, as well as by other outcomes such as meeting multiple program standards including Standards 3 and 9. Additionally, tasks such as updating our food code and developing new written policies and procedures based on the Retail Program Standards, will all be measured outcomes within the 2023 calendar year.

Action Steps / Tasks Required*Please use numbered Action Steps (Step 1, Step 2, Step 3, etc.) to summarize the milestones you will meet to complete all of the planned outcomes for your Track 1 Development Base Grant by the end of the project period.*

Step 1: Completion of a self-assessment of all nine standards (SA9). Step 2: Completion of Comprehensive Strategic Improvement Plan (CSIP). Step 3: Draft ordinance change proposal to adopt most recent FDA Food Code, or Food Code prior to most recent code (no code older than 2017 will be adopted). Step 4: Utilize CSIP to aid in determining which standards will be most rapidly met, and which standards will require additional attention and time to implement. Step 5: Develop written policies and procedures based on the Retail Program Standards (RPS). Step 6: Conform to Standard 3, and complete standard 3 audit. Step 7: Conform to Standard 9 and complete standard 9 audit. Step 8: Using information from Steps 2 and 4, work on full or partial compliance with an additional

program standard and complete an audit if/when met. Step 9: Repeat step 8 as necessary. Step 10: Compile comprehensive end of year report, detailing all changes made, progress achieved, and plans for future growth through the RPS program.

Individual Lead(s)

Please list the name (or names) of the individual lead(s) who will be responsible for completing each Action Step listed above, to ensure completion of your Track 1 Development Base Grant by the end of the project period.

All steps will be completed by a project lead, with other support staff as assigned.

Step 1: Michael Carr

Step 2: Michael Carr

Step 3: Aaron Krycki

Step 4: Michael Carr

Step 5: Michael Carr,

Step 6: Michael Carr

Step 7: Michael Carr

Step 8: Michael Carr

Step 9: Michael Carr

Step 10: Aaron Krycki

Target Completion Date

Must be a date between January 1, 2023 and December 31, 2023.

Date: 12/31/2023

Budget Worksheet(s) and Justification(s)

Track 1 Development Base Grant applicants should complete up to three Budget Worksheets, one for each of the specific outcomes of your project. Please add:

- At least one budget worksheet must be added that covers the needs of your project's Required Outcome, not to exceed \$5,000. Acceptable budget line items include personnel costs (for employees or contractors), equipment, supplies, and other needs that can be directly tied to achieving your Required Outcomes. Travel for training, conferences, workshops, etc. cannot be added to your Required Outcomes Budget Worksheet.
- If you are requesting to be a Mentee, you may request funds needed to complete your Mentee activities in a separate budget worksheet, not to exceed \$14,000. Acceptable budget line items include personnel costs (for employees or contractors), equipment, and supplies required to meet your selected outcomes. Additionally, your budget should include estimated travel funds for all necessary staff from your jurisdiction to make one site visit to your Mentoring jurisdiction, and estimated travel funds for at least one and up to two staff members to attend the year-end National Mentorship Meeting hosted by NACCHO (note that this is a change from last year). No other travel costs should be included in your Mentee Budget Worksheet.
- If you are requesting funds to attend one or more of the FDA Self-Assessment and Verification Audit Workshops, either virtually or in-person, you may request funds in a separate SA VA Budget Worksheet, not to exceed \$7,500. Travel and training funds for any other purpose are not permitted in your SA VA Budget Worksheet.

Budget Instructions

Follow the instructions below to complete your annual **Budget Worksheet(s)**.

1. Click the  symbol to the right of the **Budget Worksheet** header to create a Budget Worksheet.
2. Enter a name for each Budget Worksheet (Examples: Development Base Grant Budget, etc.).
3. Enter a Start Date and an End Date.
4. Complete all lines needed to build your budget.
5. Click the **Save** button at the bottom right of the Budget Worksheet.
6. Click **Save and Continue** at the bottom of the application.
7. Repeat for each additional Budget Worksheet needed (if applicable).

Once at least one Budget Worksheet has been added and saved:

- You can open and edit any of your Budget Worksheets by hitting the  icon.
- You can delete a Budget Worksheet by using the  sign.
- DO NOT CLICK the link under Budget Period--clicking this link will navigate away from the request. **If you are editing the form, your changes will be lost.**

Do Not Click Budget Period Link
Clicking the budget link will navigate away from the request form. If you are editing, your changes will be lost.

Budget Worksheet

Budget Period	Budget	Actual	Variance
Year 1 Budget: 9/22/2021 to 9/9/2022	1,200	0	1,200
Total	1,200	0	1,200

[Create New Budget](#)
[Edit Existing Budget](#)
[Delete Budget](#)

Budget Worksheet

Budget Period	Budget	Actual
Year 1 Budget: 1/1/2023 to 12/31/2023	5,000	0
Total	5,000	0

Budget Justification - Required Outcome

Please add sufficient detail to fully explain all of the costs, and all cost assumptions, for your Required Outcomes Budget Worksheet.

All funds will go to personnel costs, which will be given based on hourly salary at the Manchester Health Department. The 5 personnel on the project team have a hourly pay rate between \$23.94 (for the lowest paid personnel) and \$48.50 (for the highest paid). Similarly, should work result in or be made available at a time exceeding a 40 hour work week, the overtime hourly pay rates would range from \$35.91-\$72.74.

The estimated mean pay rate of the 5 employees would be \$33.14 per hour, or \$49.70 per hour overtime pay, when exceeding a 40 hour work week. Using this mean income for regular time pay, approximately 150 hours could be directed to work directly impacting implementation of the Retail Program Standards (RPS). Part of this work may also coincide with regular work duties, in which case grant money would not be used.

Assuming the grant funding was solely used to allow the project team to work additional hours (above the 40 hour work week) dedicated strictly to project outcomes, approximately 100 hours of work could be funded (based on the above mean hourly rate).

Based on the above calculations, \$5,000 in grant funding being applied to 5 project team members may produce approximately 100-150 hours of work on project outcomes. As mentioned above, cost will likely be spread out, as grant money will not be applied to work on project outcomes when it coincides with regular work duties.

Budget Justification - Request to be a Mentee

Please add sufficient detail to fully explain all of the costs, and all cost assumptions, for your Mentee Budget Worksheet.

Budget Justification - Request for Funds to attend SA VA Workshop(s)

Please add sufficient detail to fully explain all of the costs, and all cost assumptions, for your SA VA Workshop Budget Worksheet.

Requested Amount

Please enter the total requested amount for your application, which should match the total for all Budget Worksheets added. Maximum Requested Amount is \$26,500 for Track 1 Development Base Grant applicants.

Requested Amount: \$5,000.00

Anna J. Thomas, MPH
Public Health Director
Philip J Alexakos, MPH, REHS
Deputy Public Health Director



BOARD OF HEALTH
Reverend Richard D. Clegg
Robert G. Ross, DDS
Elizabeth Sailhamer Soukup, M.D., M.M.Sc.
Ellen Tourigny, MEd
Jenn Wyman, BSN, RN

CITY OF MANCHESTER

Health Department

To: Alderman Will Stewart
Chairman, CIP Committee

From: Anna Thomas, MPH
Director, Manchester Health Department

Date: December 20, 2022

Re: New Funding – PPP & Healthcare Enhancement Act - Homeless Healthcare Program

The Health Department will be receiving new funding in the amount of \$59,395 from the Department of Health & Human Services. This funding will be used to support health Center Programs for a 6 month period performance to increase access to, confidence in, and demand for updated COVID-19 vaccines within their service areas. This is pass through funding for the Homeless Healthcare Program run by Catholic Medical Center.

As such, we have requested that the Planning and Community Development prepare the appropriate CIP Amending Resolution and Budget Authorization Forms necessary for the implementation of this program.

We are also requesting that it be reported out at the Board of Mayor and Aldermen meeting on the same night as we would like to start using these funds as soon as possible.

We thank the Committee for their consideration.

CIP BUDGET AUTHORIZATION

CIP#: 211823

Project Year: 2023

CIP Resolution: 5/17/2022

Title: PPP & Healthcare Enhancement Act - Homeless Healthcare Progra

Amending Resolution: 1/17/2023

Administering Department Health Department

Revision:

Project Description:

This funding from the Department of Health & Human Services to support health Center Programs is for a 6 month period performance to increase access to, confidence in, and demand for updated COVID-19 vaccines within their service areas. This is pass through funding for the Homeless Healthcare Program run by Catholic Medical Center.

Federal Grants

Federal Grant: Yes

Environmental

Review Required: No

Grant Executed: Yes

Completed:

Critical Events

1. Program Initiation

12/01/2022

2. Program Completion

05/31/2023

3.

4.

5.

5/31/2023

Line Item Budget

FEDERAL

Salaries and Wages

\$0.00

\$0.00

\$0.00

TOTAL

\$0.00

Fringes

\$0.00

\$0.00

\$0.00

\$0.00

Design/Engineering

\$0.00

\$0.00

\$0.00

\$0.00

Planning

\$0.00

\$0.00

\$0.00

\$0.00

Consultant Fees

\$0.00

\$0.00

\$0.00

\$0.00

Construction Admin

\$0.00

\$0.00

\$0.00

\$0.00

Land Acquisition

\$0.00

\$0.00

\$0.00

\$0.00

Equipment

\$0.00

\$0.00

\$0.00

\$0.00

Overhead

\$0.00

\$0.00

\$0.00

\$0.00

Construction Contracts

\$0.00

\$0.00

\$0.00

\$0.00

Other

\$59,395.00

\$0.00

\$0.00

\$59,395.00

TOTAL**\$59,395.00****\$0.00****\$0.00****\$59,395.00****Revisions:****Comments:**

Source of Funds: U.S. Department of Health and Human Services. Project initiation and completion dates determined by the grantor.

City of Manchester
New Hampshire

In the year Two Thousand and Twenty Three

A RESOLUTION

“Amending the FY2023 Community Improvement Program, authorizing and appropriating funds in the amount of Fifty Nine Thousand Three Hundred Ninety Five Dollars (\$59,395) for the FY 2023 CIP 211823 PPP & Healthcare Enhancement Act—Homeless Healthcare Program.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2023 CIP as contained in the 2023 CIP budget; and

WHEREAS, the 2023 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funding from the U.S. Department of Health and Human Services to support updated COVID-19 vaccine accessibility for the Homeless Healthcare Program run by the Catholic Medical Center;

NOW, THEREFORE, be it resolved that the 2023 CIP be amended as follows:

By adding:

FY 2023 211823 PPP & Healthcare Enhancement Act—Homeless Healthcare Program - \$59,395 FEDERAL

Resolved, that this Resolution shall take effect upon its passage



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# **H8G48170**
Federal Award Date: **12/02/2022**

Recipient Information

1. Recipient Name
CITY OF MANCHESTER
1528 Elm St
Manchester, NH 03101-1356
2. Congressional District of Recipient
01
3. Payment System Identifier (ID)
1026000517A4
4. Employer Identification Number (EIN)
026000517
5. Data Universal Numbering System (DUNS)
790913636
6. Recipient's Unique Entity Identifier
WXMZXFQG2C9
7. Project Director or Principal Investigator
Anna Thomas
athomas@manchesternh.gov
(603)657-2700
8. Authorized Official
Amy L Pratte
Director, Healthcare for the Homeless
amy.pratte@cmc-nh.org
(603)663-8716

Federal Agency Information

9. Awarding Agency Contact Information
Lucas Dedmon
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ldedmon@hrsa.gov
(301) 287-2591
10. Program Official Contact Information
Von Bailey
Director, NMWD
Bureau of Primary Health Care (BPHC)
vbailey1@hrsa.gov
(301) 594-4309

Federal Award Information

11. Award Number
1 H8GCS48170-01-00
12. Unique Federal Award Identification Number (FAIN)
H8G48170
13. Statutory Authority
Paycheck Protection Program and Health Care Enhancement Act, Public Health and Social Services Emergency Fund (P.L. 116-139)
14. Federal Award Project Title
FY 2023 Expanding COVID-19 Vaccination
15. Assistance Listing Number
93.527
16. Assistance Listing Program Title
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program
17. Award Action Type
New
18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date **12/01/2022** - End Date **05/31/2023**
20. Total Amount of Federal Funds Obligated by this Action **\$59,395.00**
 - 20a. Direct Cost Amount
 - 20b. Indirect Cost Amount
21. Authorized Carryover **\$0.00**
22. Offset **\$0.00**
23. Total Amount of Federal Funds Obligated this budget period **\$59,395.00**
24. Total Approved Cost Sharing or Matching, where applicable **\$0.00**
25. Total Federal and Non-Federal Approved this Budget Period **\$59,395.00**
26. Project Period Start Date **12/01/2022** - End Date **05/31/2023**
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period **\$59,395.00**

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Sarah Hammond on 12/02/2022

30. Remarks



Notice of Award
Award Number: 1 H8GCS48170-01-00
Federal Award Date: 12/02/2022

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance) ☒ Grant Funds Only ☐ Total project costs including grant funds and all other financial participation <table><tr><td>a. Salaries and Wages:</td><td>\$0.00</td></tr><tr><td>b. Fringe Benefits:</td><td>\$0.00</td></tr><tr><td>c. Total Personnel Costs:</td><td>\$0.00</td></tr><tr><td>d. Consultant Costs:</td><td>\$0.00</td></tr><tr><td>e. Equipment:</td><td>\$0.00</td></tr><tr><td>f. Supplies:</td><td>\$0.00</td></tr><tr><td>g. Travel:</td><td>\$0.00</td></tr><tr><td>h. Construction/Alteration and Renovation:</td><td>\$0.00</td></tr><tr><td>i. Other:</td><td>\$59,395.00</td></tr><tr><td>j. Consortium/Contractual Costs:</td><td>\$0.00</td></tr><tr><td>k. Trainee Related Expenses:</td><td>\$0.00</td></tr><tr><td>l. Trainee Stipends:</td><td>\$0.00</td></tr><tr><td>m. Trainee Tuition and Fees:</td><td>\$0.00</td></tr><tr><td>n. Trainee Travel:</td><td>\$0.00</td></tr><tr><td>o. TOTAL DIRECT COSTS:</td><td>\$59,395.00</td></tr><tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td>\$0.00</td></tr><tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$59,395.00</td></tr><tr><td> i. Less Non-Federal Share:</td><td>\$0.00</td></tr><tr><td> ii. Federal Share:</td><td>\$59,395.00</td></tr></table>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$59,395.00	j. Consortium/Contractual Costs:	\$0.00	k. Trainee Related Expenses:	\$0.00	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$59,395.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$59,395.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$59,395.00	33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td colspan="2">Not applicable</td></tr></table> 34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) <table><tr><td>a. Amount of Direct Assistance</td><td>\$0.00</td></tr><tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td>\$0.00</td></tr><tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr></table> 35. FORMER GRANT NUMBER 36. OBJECT CLASS 41.51 37. BHCNIS# 010130	YEAR	TOTAL COSTS	Not applicable		a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: <table><tr><td>a. Authorized Financial Assistance This Period</td><td>\$59,395.00</td></tr><tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr><tr><td> i. Additional Authority</td><td>\$0.00</td></tr><tr><td> ii. Offset</td><td>\$0.00</td></tr><tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td>\$0.00</td></tr><tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$59,395.00</td></tr></table>		a. Authorized Financial Assistance This Period	\$59,395.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$59,395.00																																				
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e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$59,395.00																																																		
38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS: a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																																			
39. ACCOUNTING CLASSIFICATION CODES <table><tr><th>FY-CAN</th><th>CFDA</th><th>DOCUMENT NUMBER</th><th>AMT. FIN. ASST.</th><th>AMT. DIR. ASST.</th><th>SUB PROGRAM CODE</th><th>SUB ACCOUNT CODE</th></tr><tr><td>23 - 398VAC1</td><td>93.527</td><td>23H8GCS48170</td><td>\$59,395.00</td><td>\$0.00</td><td>N/A</td><td>23H8GCS48170</td></tr></table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	23 - 398VAC1	93.527	23H8GCS48170	\$59,395.00	\$0.00	N/A	23H8GCS48170																																				
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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
2. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
3. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**

You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>

Program Specific Term(s)

1. This notice of award provides one-time funding for a 6-month period of performance to support health centers to increase access to, confidence in, and demand for updated COVID-19 vaccines within their service areas, with an emphasis on activities in the first 3 months of award.

Eligible health centers are limited to (1) entities that currently receive Health Center Program (H80) grant funding, and (2) federally qualified health centers as described in section 1861(aa)(4)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4)(B)) that previously received American Rescue Plan Act (ARP) funding (L2C). The authority for these awards is the [Paycheck Protection Program and Health Care Enhancement Act](#), P.L. 116-139, Division B, Title I. HRSA determined your award amount using the following formula: (1) \$47,650, plus (2) \$9 per patient reported in the 2021 Uniform Data System (UDS).

For purposes of this opportunity, when you draw down award funding, you are accepting these terms and all the terms and conditions of the award, and must comply with all requirements including the terms, conditions, and all applicable statutes, regulations, and policies. Non-compliance with these terms or other applicable requirements is grounds for HRSA to take actions pursuant to 45 CFR § 75.371 (Remedies for non-compliance) which may include repayment of all or part of the award.

The availability of the ECV funds is dependent on your continued status as a current Health Center Program (H80) award recipient or your continued status as a designated look-alike under Section 1861(aa)(4)(B) of the Social Security Act.

Note: This one-time funding is under the Paycheck Protection Program and Health Care Enhancement Act and is not under the authority of section 330 of the Public Health Service Act (42 U.S.C. 254b). Receipt of these funds does not confer Health Center Program award recipient status under Section 330.

2. ECV funding may support the following allowable vaccine-related activities (in alignment with your Health Center Program scope of project):
- **Outreach and Education:** Increase vaccine confidence and demand by performing vaccine-related outreach to promote health center and community-based vaccination efforts and locations for vaccination, and to provide COVID-19 vaccine education, including through distribution of in-person and online education materials and through formal and informal opportunities for health center providers and staff to share information and respond to questions about vaccines. HRSA encourages health centers to work with community- and faith-based organizations to help amplify and extend reach of these education and outreach efforts, including in multiple languages and through direct engagement with communities.
 - **Working with Community Partners:** Increase confidence in and access to COVID-19 vaccinations by working with established or new community partners (e.g., Women Infants and Children (WIC), Head Start, and other early childhood partners; community-based organizations that focus on, for example, older adults or other targeted sub-populations, housing, food security, employment, education, behavioral health services). HRSA encourages health centers to conduct vaccine confidence campaigns, planning for and hosting community vaccine clinics, which may be hosted by community partners or at partner sites, but where health centers provide vaccination-related services independently of those community partners. HRSA also encourages health centers to work with community- and faith-based organizations to host events and develop and deliver messaging tailored to community needs.
 - **Vaccine Administration:** Administer updated COVID-19 vaccinations at permanent and temporary health center service sites or other locations, including through mobile, drive-up, walk-up, or community-based vaccination events and routine patient appointments (e.g., well-child visits). Updated COVID-19 vaccine events may also be used to administer COVID-19 primary series and/or other (e.g., influenza) vaccines. All vaccine administration activities should be carried out in alignment with CDC, state/jurisdiction, and other public health guidance, as well as the requirements of the Health Center Program.
 - **Enabling Services:** Facilitate access to COVID-19 vaccination by expanding health center enabling services (e.g., transportation, translation, interpretation), including coordinating these services with community- and faith-based organizations.
 - **Personnel:** Hire and/or contract additional health center providers, clinical staff, and other personnel (e.g., community health workers, patient/community education specialists, others) as needed to support related activities, including COVID-19 vaccination, outreach and education, and coordination of messaging, events, and other activities with community- and faith-based organizations.
 - **Hours and Availability:** Extend health center operating hours, mobile and home services, street outreach, and off-site vaccination locations to expand opportunities for COVID-19 vaccination.
 - **Training:** Train health center workforce on patient-centered, culturally affirming strategies to increase COVID-19 vaccination, vaccine confidence, and address social and other barriers to COVID-19 vaccination access.
 - **Supplies:** Purchase COVID-19 vaccination supplies, materials, and signage to promote vaccination events and to support outreach efforts, tailored messaging, and other communications to increase vaccine confidence.
3. These one-time funds should be used for activities that supplement and do not supplant planned activities that are using other funds to increase access to, confidence in, and demand for updated COVID-19 vaccines.
4. ECV funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. You may not use this funding for: costs not aligned with the ECV purpose and allowable activities; costs already paid for by any other federal award, such as H80, H8F, and L2C funding; costs that are reimbursed or compensated by other federal or state programs; equipment purchases, including electronic health record (EHR) systems; construction and alteration/renovation projects; and facility or land purchases. Award funds may not be used to pay the salary of an individual at a rate in excess of [Executive Level II](#), which is currently \$203,700. This amount reflects an individual's base salary including bonuses and overtime, but not including fringe and any income that an individual may be permitted to earn outside of the duties to your organization. For more information about allowable expenses, see [45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS). The requirements of [45 CFR part 75](#) apply to this award.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including, but not limited to, restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

5. You may draw down funds prior to the approval of your ECV Award Submission to meet immediate cash needs to increase access to, confidence in, and demand for updated COVID-19 vaccines. If you draw down funds before your ECV Award Submission is approved, your submitted budget must include and clearly indicate costs that were drawn down from the date of award until submission of the budget to HRSA. Approval is not guaranteed, and you incur costs prior to the approval of your submission at your own risk.
6. You may rebudget ECV funding without prior approval except as noted in this paragraph. You do not need prior approval to rebudget ECV funds if the proposed use of funding aligns with the ECV allowable uses of funds and your Health Center Program scope of project, avoids ineligible uses of funding as outlined in this notice of award, and complies with [45 CFR part 75](#) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. If the amount of the costs to be rebudgeted exceeds 25% of the total federal award or

shifts funds to a line item in your approved budget that previously had no federal funds, you must submit a prior approval rebudgeting request for review and approval by HRSA.

7. HRSA's expectation is that these funds will be prioritized for use in the first 3 months of the 6-month period of performance. If you anticipate that you will not expend the federal funding available through this award by the period of performance end date, you must submit a separate Extension Without Funds (no cost extension) prior approval request to HRSA. You must request an extension through [HRSA's Electronic Handbooks \(EHBs\)](#) no sooner than 2 months prior to the ECV period of performance end date. You may not use this one-time extension to expend unused funds for any other purpose or activity beyond those listed on this notice of award. All extension requests are subject to HRSA approval. Contact your Grants Management Specialist with questions.
8. If you cannot use all or part the funding in accordance with the terms of this award for the allowable uses of funds, you must relinquish all or part of the award back to HRSA. If you choose to relinquish all or part of your award, contact the grants management specialist noted on page 1 of this notice of award as soon as possible to discuss the process to relinquish your award.
9. You are expected to monitor and use available COVID-19 guidance and resources, such as those available at the Centers for Disease Control and Prevention [COVID-19 webpage](#) and [CDC COVID-19 Vaccination Program](#). For health center-specific resources and more information, see [COVID-19 Information for Health Centers and Partners](#) and the [Health Center Resource Clearinghouse](#).
10. Your ECV project must be implemented in alignment with your Health Center Program scope of project. You are responsible for ensuring that your Health Center Program scope of project is accurate and includes service, site, and/or activity changes necessary to implement your ECV activities. This includes: (1) Form 5A: Services Provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, see the [Scope of Project webpage](#) and [Considerations for Health Center Scope of Project and the COVID-19 Public Health Emergency](#).
11. ECV award recipients are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.
12. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this notice of award, is superseded by the requirements in section 330(e)(5)(D) of the PHS Act relating to the use of nongrant funds. Under this statutory provision, health centers shall use nongrant funds, including funds in excess of those originally expected, "as permitted under section 330," and may use such funds "for such purposes as are not specifically prohibited under section 330 if such use furthers the objectives of the project."

Under 45 CFR § 75.351(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award.

13. Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed under each award. These records must reflect the total activity for which the employee is compensated, not to exceed 1 FTE across all Federal awards ([45 CFR 75.430\(i\)\(1\)](#)). You shall maintain appropriate records and cost documentation including, as applicable, documentation described in 45 CFR § 75.302 – Financial management and 45 CFR § 75.361 through 75.365 – Record Retention and Access, to substantiate the charging of salaries and other project activities costs. You shall promptly submit copies of such records and cost documentation upon the request of HHS, and you agree to fully cooperate in all audits that HHS, the HHS Inspector General, or the Pandemic Response Accountability Committee conducts to ensure compliance with these terms and conditions.
14. Throughout the ECV period of performance, you must respond to the HRSA [Health Center COVID-19 survey](#), which tracks COVID-19 testing and vaccination data, and the impact of COVID-19 on operations, patients, and staff. The COVID-19 survey also supports the Health Center COVID-19 Dashboard that provides an overview of COVID-19 vaccinations. Failure to respond regularly to the Health Center COVID-19 survey may result in HRSA placing additional terms, conditions, and/or reporting requirements on your award, including the requirement that all draw downs of ECV award funds from the Payment Management System have prior approval from HRSA.
15. Within 90 days of the end of the period of performance, you must submit a final report into the HRSA Electronic Handbooks (EHBs). Reports will document completed activities and use of ECV funds, and may request additional information such as issues and barriers experienced while implementing projects. Details about the final reporting will be posted to the [ECV technical assistance webpage](#) when available.

Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

1. **Due Date: Within 30 Days of Award Release Date**
Within 30 days of award release date, you must submit the following post-award application documents: (1) SF-424A Budget Form, (2) Budget Narrative, and (3) Activity List. Instructions to support your application submission, an Activity List template, and information for joining a Q&A webinar to address your submission questions are available at the [ECV technical assistance webpage](#).
2. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Anna Thomas	Program Director	athomas@manchesternh.gov
Amy L Pratte	Point of Contact, Authorizing Official	amy.pratte@cmc-nh.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

Chief of Police
Allen D. Aldenberg
Assistant Chief
Steven A. Mangone



Commission
John G. Cronin, *Chairman*
Manny Content
Eva Castillo
John Mercier
Gene Brown

CITY OF MANCHESTER
Police Department

December 22, 2022

To: Alderman Cavanaugh, Chairman, CIP Committee
From: Steve Hoeft, BSO
Re: Police Academy Cadre

Attached is the New Hampshire Police Standards & Training Agreement to provide a police officer to assist at the Police Academy in the amount of \$4,995.00.

The grant period for this grant is 1/1/2023 to 9/30/2023.

The funds breakdown is as follows:

Salaries - \$4,995.00

Please process this as a project for approval.

Sincerely,

Steven L. Hoeft
Business Service Officer

Michael L. Briggs Public Safety Building
405 Valley Street • Manchester, New Hampshire 03103 • (603) 668-8711 • FAX: (603) 668-8941
E-mail: ManchesterPD@manchesternh.gov • Website: www.manchesterpd.com

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY



CIP BUDGET AUTHORIZATION

CIP#: 411723

Project Year: 2023

CIP Resolution: 5/17/2022

Title: Police Academy Cadre

Amending Resolution: 1/17/2023

Administering Department: Police Department

Revision:

Project Description: Provide a police officer to assist at the Police Academy

Federal Grants

Federal Grant:

No

Environmental

Review Required:

No

Grant Executed:

Completed:

Critical Events

1. Program Initiation
2. Program Completion
- 3.
- 4.
- 5.

1/1/2023

9/30/2023

9/30/2023

Line Item Budget

STATE

Salaries and Wages

\$4,995.00

\$0.00

\$0.00

\$4,995.00

Fringes

\$0.00

\$0.00

\$0.00

\$0.00

Design/Engineering

\$0.00

\$0.00

\$0.00

\$0.00

Planning

\$0.00

\$0.00

\$0.00

\$0.00

Consultant Fees

\$0.00

\$0.00

\$0.00

\$0.00

Construction Admin

\$0.00

\$0.00

\$0.00

\$0.00

Land Acquisition

\$0.00

\$0.00

\$0.00

\$0.00

Equipment

\$0.00

\$0.00

\$0.00

\$0.00

Overhead

\$0.00

\$0.00

\$0.00

\$0.00

Construction Contracts

\$0.00

\$0.00

\$0.00

\$0.00

Other

\$0.00

\$0.00

\$0.00

\$0.00

TOTAL**\$4,995.00****\$0.00****\$0.00****\$4,995.00****Revisions:****Comments:** Funding Source: NH Police Standards & Training. Program initiation and completion dates determined by the grantor.

City of Manchester
New Hampshire

In the year Two Thousand and Twenty Three

A RESOLUTION

“Amending the FY2023 Community Improvement Program, authorizing and appropriating funds in the amount of Four Thousand Nine Hundred Ninety Five Dollars (\$4,995) for the FY 2023 CIP 411723 Police Academy Cadre.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2023 CIP as contained in the 2023 CIP budget; and

WHEREAS, the 2023 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to allocate STATE funding from the NH Police Standards & Training to provide a police officer to assist at the Police Academy;

NOW, THEREFORE, be it resolved that the 2023 CIP be amended as follows:

By adding:

FY 2023 CIP 411723 Police Academy Cadre- \$4,995 STATE

Resolved, that this Resolution shall take effect upon its passage

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Police Standards & Training		1.2 State Agency Address 17 Institute Drive, Concord, NH 03301	
1.3 Contractor Name Manchester Police Department		1.4 Contractor Address 405 Valley Street, Manchester, NH 03103	
1.5 Contractor Phone Number 603-668-8711	1.6 Account Number 06-87-87-08700-66390000-500557	1.7 Completion Date Before June 30, 2023	1.8 Price Limitation \$4,995.00
1.9 Contracting Officer for State Agency Director John V. Scippa		1.10 State Agency Telephone Number 603-271-1793	
1.11 Contractor Signature Date:		1.12 Name and Title of Contractor Signatory	
1.13 State Agency Signature Date:		1.14 Name and Title of State Agency Signatory John V. Scippa, Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (<i>if applicable</i>) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (<i>if applicable</i>) By: _____ On: _____			
1.17 Approval by the Governor and Executive Council (<i>if applicable</i>) G&C Item number: _____ G&C Meeting Date: _____			

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 (“State”), engages contractor identified in block 1.3 (“Contractor”) to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference (“Services”).

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 (“Effective Date”).

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor’s books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State’s representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer’s decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder (“Event of Default”):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State’s discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report (“Termination Report”) describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State’s discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 As used in this Agreement, the word “data” shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR’S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers’ compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. “Change of Control” means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Exhibit A

The insurance provisions in paragraph 14 are waived.

Exhibit B

The contractor will provide an officer to serve as Cadre for the 16 weeks of the 192nd New Hampshire Police Academy Session, to be held February 27, 2023 – June 16, 2023.

Exhibit C

At the completion of the session, the contractor will be paid the sum of \$4,995.00. Such amount will be pro-rated on a weekly basis if the officer is unable to complete the entire academy.