STATE OF NEW HAMPSHIRE APPROVAL SIGNATURE PAGE

VENDOR Pelmac Industries, Inc.

CONTRACT STATEWIDE CONTRACT FOR BURGLAR ALARM AND ACCESS CONTROL SYSTEM MAINTENANCE AND ALARM MONITORING SERVICES

EFFECTIVE THROUGH JUNE 30, 2016

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SUBMITTED FOR ACCEPTANCE BY:

ROBERT LAWSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 4/10/13

REVIEWED BY:

RUDOLPH OGDEN, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

DATE 4/16/13

RECOMMENDED FOR ACCEPTANCE BY:

ROBERT STOWELL, ADMINISTRATOR
BUREAU OF PURCHASE AND PROPERTY

DATE 4/17/13

ENDORSED FOR ACCEPTANCE BY:

MICHAEL P. CONNOR, DIRECTOR
PLANT AND PROPERTY MANAGEMENT

DATE 4/23/13

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.

LINDA M. HODGDON, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 4/23/12

Subject: BURGLAR ALARM AND ACCESS CONTROL SYSTEM MAINTENANCE AND ALARM MONITORING SERVICES

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name State of New Hampshire Administrative Services		1.2 State Agency Address 25 Capitol Street, Room 102 Concord, NH 03301	
1.3 Contractor Name – Pelmac Industries, Inc.		1.4 Contractor Address 12 Commercial Court, Auburn, NH 03032	
1.5 Contractor Phone Number 603 623-5916	1.6 Account Number	1.7 Completion Date June 30, 2016	1.8 Price Limitation $51,918.00
1.9 Contracting Officer for State Agency Robert Lawson, Purchasing Agent		1.10 State Agency Telephone Number 603-271-3147	
1.11 Contractor Signature Michael D. Pellerin		1.12 Name and Title of Contractor Signatory Michael D. Pellerin, President	

1.13 Acknowledgement: State of New Hampshire, County of Rockingham

On 3-22-2013, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Muriel H. Kohler

MURIEL H. KOHLER MY COMMISSION EXPIRES DEC. 14, 2016 NOTARY PUBLIC NEW HAMPSHIRE

1.13.2 Name and Title of Notary or Justice of the Peace

Muriel H. Kohler, Notary

1.14 State Agency Signature Joseph Bouchard Asst. Comm.	1.15 Name and Title of State Agency Signatory Joseph Bouchard, Asst. Comm. for Linda M. Hodgdon, Commissioner Administrative Services

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: On:

1.18 Approval by the Governor and Executive Council

By: On:

Contractor Initials: MP

Date: 3/22/13

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

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6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.
8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
8.1.1 failure to perform the Services satisfactorily or on schedule;
8.1.2 failure to submit any report required hereunder; and/or
8.1.3 failure to perform any other covenant, term or condition of this Agreement.
8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

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9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.
9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.
9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

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

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

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.
14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per occurrence; and
14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

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14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

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

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

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

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

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

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EXHIBIT A
SCOPE OF SERVICES

1. INTRODUCTION

Pelmac Industries, Inc. (hereinafter referred to as the "Contractor") hereby agrees to provide the State of New Hampshire with Burglar Alarm and Access Control System Maintenance and Alarm Monitoring Services in accordance with NH State Bid #1518-13 and as described herein.

2. CONTRACT DOCUMENTS

This Contract consists of the following documents ("Contract Documents") in order of precedence:

a. State of New Hampshire Terms and Conditions, General Provisions Form P-37
b. EXHIBIT A Scope of Services
c. EXHIBIT B Payment Terms
d. EXHIBT C Special Provisions
e. EXHIBIT D RFB 1518-13
f. EXHIBIT E Facility Location Data Sheets

3. TERM OF CONTRACT

This contract shall commence upon the approval of Commissioner of the Department of Administrative Services through June 30, 2016, a period of approximately thirty six (36) months. The contract may be extended for additional periods of time thereafter under the same terms, conditions and pricing structure upon the mutual agreement between the Contractor and the Bureau of Purchase and Property, subject to the approval of the Commissioner of the Department of Administrative Services; however the contract shall not exceed a period of more than five (5) years.

All services shall remain in effect from the commencement of the contract to the initiation of a future contract, not to exceed ninety (90) days without a formal contract extension. Contractor may commence work upon receipt of a written notice to proceed from the Contracting Officer. Maintenance and support shall be continued throughout the duration of the contract.

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4. TERMINATION

The State of New Hampshire shall have the right to terminate the contract at any time by giving the Contractor a thirty (30) day written notice.

5. PURCHASE OUTSIDE OF CONTRACT

The State reserves the right to contract for these services outside of this Contract where it is deemed appropriate by the State.

6. SCOPE OF SERVICES – GENERAL REQUIREMENTS

Contractor shall provide Burglar Alarm & Access Control System Maintenance and Alarm Monitoring Services.

Monitoring Services is meant to include Burglar Alarms, Fire Alarms and alarm systems for Boilers, Generators, Low/High Temperature Monitoring, and Panic/Duress Alarm Systems.

Locations may be added by requesting the Contractor to provide a quotation for that new location. Pricing quotations submitted for new locations shall be in line with the pricing structure as contained in this Contract.

Locations may be deleted within thirty (30) days by notifying the Contractor in writing.

In cases where the pricing is greater than available funding for a particular facility, it may be necessary to reduce the level of services to be performed to remain within budget parameters or to remove any single location in its entirety from the Contract while retaining all remaining locations at the individually quoted pricing.

7. SITE TRANSITION

Contractor shall transition all locations covered by this contract from the current Contractor over to their services not later than 6/30/2013.

If transition is not complete within this time frame the Contractor will credit the first quarterly fee for each location not completed.

Contractor will be required to coordinate with the incumbent Contractor to successfully transition each location before the deadline.

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8. SUBCONTRACTORS

The Contractor shall be solely responsible for meeting all requirements and terms and conditions of this Contract.

Any subcontractor shall first be approved by the State. The primary Contractor shall remain wholly responsible for performance under the Contract and will be considered the sole point of contact with regard to all contractual matters, including payment of any and all charges resulting from this Contract.

Any proposed subcontractor must have a minimum of three (3) years of successful experience testing and maintaining the relevant alarm systems and/or providing similar Alarm Monitoring Services.

9. PROBLEM RESOLUTION

The Contractor shall have a central contact point, available during normal working hours, for the resolution of problems.
The State will designate a Contract Administrator who will work with the Contractor to resolve problems that cannot be resolved by the agency end-users.

10. BURGLAR ALARM & ACCESS CONTROL SYSTEM MAINTENANCE

The burglar alarm access control system maintenance services to be performed are as follows:

This is a full maintenance contract including parts, labor and transportation and all system components including all back-up batteries and software. Each system shall be inspected and tested twice yearly, once during the months of September through November and again during the months of March through May of each year. These inspections shall include the cleaning and adjusting of all system components, 50% sensor activation and communication to central station verification. Said tests and inspections shall be conducted on weekdays outside of normal business hours (5:01 PM – 7:59 AM) in order to minimize inconvenience to inhabitants. The Contractor shall repair or replace at their expense any defective components to maintain the systems in proper operating condition. Contractor shall provide to the site contact person a written report of the devices tested and proof of results of testing.

This Contract is not for the purchase of equipment or for the installation of equipment other than as part of system maintenance or repair.

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11. ALARM MONITORING SERVICES

Alarm monitoring services shall consist of twenty-four hour monitoring and dispatching services from a U.L. approved central station.

Monitoring Services shall include Burglar Alarms, Fire Alarms, and alarm systems for Boilers, Generators, Low/High Temperature Monitoring, Panic/Duress Alarm Systems and any other alarm system listed in the individual Agency requirements contained in this Contract.

The Contractor shall provide Burglar Alarm and Access Control System Maintenance and Alarm Monitoring Services as described herein:

1. The Contractor shall be responsible to provide a proposed schedule for semi-annual testing to the State a minimum of two (2) weeks after commencement of this contract.

2. The Contractor shall be responsible to establish appointments and schedules with each individual Agency and they shall arrive on time and as scheduled. Contractor shall contact the Agency a minimum of two (2) weeks (10 working days) in advance to confirm their scheduled Periodic Maintenance visits.

3. The Contractor shall employ a sufficient number of trained technicians so that the semi-annual maintenance and inspections are completed on time as scheduled. Contractor shall respond within fifteen (15) minutes of any scheduled appointment. If the Contractor fails to respond within fifteen (15) minutes to the first scheduled appointment, the State reserves the right to charge the Contractor $20.00 per hour in increments of fifteen (15) minutes if the Contractor does not respond as detailed above. These charges will be deducted from quarterly payments that are due the Contractor.

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4. Any equipment found to be defective as a result of these semi-annual inspections as described above, will be reported immediately to the site contact person, and shall be repaired and or replaced within five (5) working days.

5. The Contractor shall make emergency services available twenty-four (24) hours per day, seven (7) days per week. Normal system maintenance shall occur on Monday through Friday between 8:00 am and 5:00 pm.

6. Contractor is required to repair or replace, at their expense, defective components to maintain the systems in proper operating condition including all batteries and software.

7. The Contractor shall perform all the services contained within this Contract. Subcontractors will only be allowed upon written approval in advance from the site contact person.

8. The Contractor shall ensure that all system testing and maintenance service shall be accomplished in accordance with the applicable codes, manufacturer recommendations and any State or Local codes and regulations.

9. After completion of an inspection the Contractor shall inform the appropriate site contact person when equipment needs repairs to ensure systems are 100% functional.

10. The Contractor shall conduct his work so as to interfere as little as possible with State business, normal working conditions and activities in progress.

11. The Contractor shall secure and pay for all permits, inspections and licenses necessary for the execution of his work.

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12. The Contractor shall do all the work and furnish all the materials, tools, equipment, transportation and safety devices necessary to perform in the manner and within the time specified. The Contractor shall complete their work to the satisfaction of the State and in accordance with the specifications herein mentioned, at the price herein agreed upon and fixed therefore. All the work, labor, and equipment to be done and furnished under this Contract, shall be done and finished strictly pursuant to, and in conformity with the specifications described herein and any directions of the State representatives as given from time to time during the progress of the work, under the terms of this Contract.

13. The Contractor shall at his own expense, wherever necessary or required, furnish safety devices and take such other precautions as may be necessary to protect life and property.

14. The Contractor shall bear all losses resulting to him or to the Owner on account of the amount or character of the work, or because of the nature of the area in or on which the work being done is different from what was estimated or expected, or on account of the weather, elements or other causes.

15. The Contractor agrees that any damage or injury to buildings, materials, and equipment or to other property during the performance of this service will be repaired at their own expense.

16. Unsatisfactory response to any or all of the listed services or requirements will be a basis for default.

17. Each individual agency may request the Contractor to provide security clearance and/or background checks for any and all Contractor representatives that may work in their facilities. Any fees for obtaining background checks will be the responsibility of the Contractor.

18. All buildings under this Contract that will need security systems upgrade over the course of the Contract will be the responsibility of the Contractor to maintain the existing equipment in working order and satisfactory condition until the upgrade is complete. After the upgrade is completed the contractor may continue service for the subject facility at the rates specified in Exhibit B below, or if the upgrade is significant enough as to necessitate an increase in fee the contractor shall submit a quote for the increase to the Contract Administrator at the Bureau of Purchase and Property. If approved the contract shall be amended.

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19. The Contractor shall maintain or have readily available spare parts and properly trained personnel to support the equipment at the Contractor's cost throughout the duration of the Contract.

20. The Contractor shall, in performing the services as described herein, utilize technicians skilled in the service of the described systems. The Contractor shall have in his/her employ a sufficient number of trained technicians so that all service calls are answered promptly. The Contractor shall respond to the State by telephone to all service calls within fifteen (15) minutes of the report of occurrence. The Contractor shall physically respond to the site within three (3) hours after report of the occurrence except for locations in Coos County. For facilities in Coos County the acceptable on-site response time will be five (5) hours.

21. The Contractor shall present after each scheduled or emergency call and before leaving the job site, a written summary of the work performed and obtain the State's signature thereon.

22. The Contractor shall provide monthly trouble reports to each Agency summarizing activities for the previous month's reports. The Contractor shall meet with the Agency either in person or via telephone conference call regarding corrective actions and trouble resolution upon request.

23. The Contractor shall provide only replacement parts that are new and of the same quality and brand name as that being replaced. Substitutions will be permitted only with prior authorization of the site contact person.

24. All repair services shall be conducted in full compliance with all specified standards in a manner equal to or better than the normal safety and security procedures and standards established by the State, and at no time shall state facilities or its occupants be placed in jeopardy.

25. The State shall be responsible to provide reasonable means of access to all equipment covered by this agreement and promptly notify the Contractor of any malfunction in the system(s) which comes to the State's attention.

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26. The State reserves the right to require the Contractor to train, counsel or reassign any employee whose actions or appearance are not consistent with the standards of the State and in the best interest of the customers utilizing the Contractor services. The Contractor or their personnel shall not represent themselves as employees or agents of the State. While on State property, employees shall be subject to the control of the State, but under no circumstances shall such persons be deemed to be employees of the State. All personnel shall observe all regulations or special restrictions in effect at the State Agency.

27. The Contractor shall provide employee picture identification badges identifying the company name and each employee servicing the State account. All contract employees while servicing the State shall wear the identification badge.

28. Monitoring/Dispatching shall be 24/7/365 and shall be provided by a U.L. approved central station. The central station shall have been in business for a minimum of five (5) years and shall have passed a minimum of two consecutive U.L. inspections. Said central station shall be staffed in accordance with UL requirements, 24 hours per day, 365 days per year.

29. The central station shall supervise opening and closing signals from burglar alarm systems, provide opening and closing tracking, scheduled weekly reports and provide daily reports of any alarm signals consisting of the time of alarm, name of the person notified and the cause of the alarm if known. Monitoring services shall include twenty-four hour dialer test signals to each location.

30. The central station monitoring services shall comply with all current local and national codes including but not limited to NFPA 71, commonly referred to as the "central station standard", NFPA 72 and as detailed in the Fire Alarm Signaling Systems Handbook published by the National Fire Protection Association, Quincy, MA 1987.

31. The central station shall be capable of issuing an unlimited amount of pass codes within 24 hours of their request and have the ability to delete security pass codes immediately upon request.

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32. The Contractor shall be responsible to program the communication equipment to ensure that the various digital signals are communicated and received properly at the central station.

33. The Contractor shall be responsible to coordinate with the existing monitoring service providers to provide a seamless transition. The State shall be responsible to provide lockout codes for system dialers or new alarm panels as required. Contractors shall not be allowed to program new dialers with lockout codes without the prior approval of the State.

34. When it is required the central station shall be capable of calling several State contact personnel when alarms occur. Contractor shall work with each Facility to establish a comprehensive call list that will ensure a person to person alert. It is not acceptable to leave messages; specific individuals shall be contacted and provided a person to person alert. If for whatever reason the specific individuals cannot be reached after a significant effort the Contractor shall be provided with a default number to call for all accounts. Failure to comply with this requirement will be grounds for default.

35. The central station shall be capable of providing radio or cellular backup.

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EXHIBIT B
PAYMENT TERMS

The contract price limitation for this contract is $ 51,918.00. The following pricing and payment terms apply:

The Contractor shall provide Burglar Alarm and Access Control System Maintenance and Alarm Monitoring Services as set forth in Exhibit A, for the locations and systems described in Exhibit E (Facility Location Data Sheets) according to the pricing contained in Exhibit B (Location Pricing Sheets/Conditional Labor Rates).

Pricing is FOB Destination and shall include all materials, equipment, labor and transportation necessary for the successful completion of the work required.

No reimbursement by the State for travel time or mileage shall be allowed.

INVOICING

Invoices for Maintenance only Contracts and combined services Contracts shall be submitted on a quarterly basis (October 1, January 1, April 1, and July 1) for the previous 3 months. Payment shall be due within thirty (30) days after receipt of properly documented invoices.

Invoices for Alarm Monitoring Services only Contracts shall be submitted on a monthly basis on the last day of each month in which the services have been performed. Payment shall be due within thirty (30) days after receipt of properly documented invoices and acceptance of the work to the State's satisfaction.

Invoices shall be submitted for each individual facility or for a group of facilities according to the schedule included in this document.

PAYMENTS

Invoices shall be paid within thirty (30) days after receipt of invoice(s) and acceptance of work to the State's satisfaction. Payments shall be sent to the "Remit To" address on the invoice.

Contractor Initials: MP

Date: 3/22/13

EXHIBIT B (CONTINUED)

LOCATION PRICING SHEETS

PROPRIETARY LOCATIONS

LOCATION #	AGENCY NAME	ADDRESS	MAINTENANCE SERVICE INCLUDED (YES OR NO)	MONITORING SERVICE INCLUDED (YES OR NO)	COST PER YEAR 7/1/2013 THRU 6/30/2014	COST PER YEAR 7/1/2014 THRU 6/30/2015	COST PER YEAR 7/1/2015 THRU 6/30/2016	EXTENDED PRICE
31	DHHS	115 PLEASANT STREET CONCORD, NH 03301	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
32	DHHS	650 MAIN STREET BERLIN, NH 03570	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
33	DHHS	129 PLEASANT STREET CONCORD, NH 03301	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
34	DHHS	40 TERRILL PARK DRIVE CONCORD, NH 03301	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00

Contractor Initials: MP

Date: 3/22/13

35	DHHS	71 HOBBS STREET CONWAY, NH 03818	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
36	DHHS	7 EAGLE SQUARE CONCORD, NH 03301	YES	NO	$ 480.00	$ 480.00	$ 480.00	$ 1,440.00
37	DHHS	809 COURT STREET KEENE, NH 03431	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
38	DHHS	65 BEACON STREET LACONIA, NH 03246	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
39	DHHS	80 NORTH LITTLETON ROAD LITTLETON, NH 03561	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
40	DHHS	105 PLEASANT STREET CONCORD, NH 03301	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
41	DHHS	195 McGREGOR STREET MANCHESTER, NH 03103	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
42	DHHS	3 PINE STREET EXT. SUITE Q NASHUA, NH 03060	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
43	DHHS	50 INTERNATIONAL DRIVE PORTSMOUTH, NH 03801	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
44	DHHS	97 PLEASANT STREET CONCORD, NH 03301	YES	YES	$ 892.00	$ 892.00	$ 892.00	$ 2,676.00
68	Administrative Services	Materials&Research, 5 Hazen Dr., Concord, NH	yes	yes	$ 1,046.00	$ 1,046.00	$ 1,046.00	$ 3,138.00

Contractor Initials: MP

Date: 3/22/13

69	Administrative Services	Mechanical Services, 33 Smokey Bear Blvd, Concord, NH	yes	yes	$ 1,046.00	$ 1,046.00	$ 1,046.00	$ 3,138.00
70	Administrative Services	John O. Morton Bldg, 7 Hazen Dr, Concord, NH	yes	yes	$ 1,046.00	$ 1,046.00	$ 1,046.00	$ 3,138.00
79	Administrative Services	Walker Building, 17 S. Fruit St., Concord, NH	yes	yes	$ 1,046.00	$ 1,046.00	$ 1,046.00	$ 3,138.00
81	Administrative Services	Dept. of Revenue, 109 Pleasant St., Concord, NH	yes	yes	$ 1,046.00	$ 1,046.00	$ 1,046.00	$ 3,138.00

$ 51,918.00

Contractor Initials: MP

Date: 3/22/13

EXHIBIT B (CONTINUED)

CONDITIONAL LABOR RATE

CONDITIONAL LABOR RATE

The **CONDITIONAL LABOR RATE** is the rate to be charged for maintenance work performed outside of the service hours any facility has contracted for.

CONDITIONAL HOURLY LABOR RATE

Monday thru Friday 5:01 PM to 7:59 AM	$ _40.00_ per hour/per person
Saturday Work:	$ _40.00_ per hour/per person
Sunday & Holiday* Work:	$ _40.00_ per hour/per person

*Holidays shall be based on State designated holidays

Contractor Initials: MP

Date: 3/22/13

EXHIBIT C
SPECIAL PROVISIONS

1. Delete Paragraph 14.1.1 and substitute the following: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $1,000,000 per incident and no less than $1,000,000 in excess/umbrella liability each occurrence; and

2. There are no other special provisions for this contract.

Contractor Initials: MP

Date: 3/22/13

EXHIBIT D

RFB 1518-13 is incorporated herewith.

Contractor Initials: MP

Date: 3/22/13

EXHIBIT E

FACILITY LOCATION DATA SHEETS

By initialing and dating this page I am accepting the specifications contained in the FACILITY LOCATION DATA SHEETS that follow.

Contractor Initials MP

Date 3/22/13

Contractor Initials MP
Date 3/22/13

EXHIBIT E
FACILITY LOCATION DATA SHEETS

SPECIFICATIONS - BURGLAR ALARM & ACCESS CONTROL SYSTEM MAINTENANCE AND ALARM MONITORING SERVICES LOCATIONS

LOCATION # 31

AGENCY	DHHS
FUNDING SOURCE	2042 048
Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	ANNEX1 BUILDING 115 PLEASANT STREET CONCORD, NH 03301

Facility Contact Person Name	JOSEPH J LUNA
Facility Contact Person Phone Number	603 271-9562
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Contractor Initials MP
Date 3/22/13

Manufacturer/Brand of Equipment	HONEYWELL PROWATCH
Control Panel Make and Model	HONEYWELL STAR 1
Peripheral Devices Make and Model	REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES
Control Pads Make and Model	
Batteries – Quantity and Sizes	2 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4201 CARD READERS
Printer	
Software	HONEYWELL PROWATCH CORPORATE
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	YES
Other (Please Define Requirement)	

Contractor Initials MP
Date 3/22/13

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

LOCATION # 32

AGENCY	DHHS
FUNDING SOURCE	2042 048
Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	BERLIN DISTRICT OFFICE 650 MAIN STREET BERLIN, NH 03570

Facility Contact Person Name	JOSEPH J LUNA
Facility Contact Person Phone Number	603 271-9562
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

Contractor Initials MP
Date 3/22/13

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	HONEYWELL PROWATCH
Control Panel Make and Model	HONEYWELL PROWATCH PW6000
Peripheral Devices Make and Model	REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES
Control Pads Make and Model	
Batteries – Quantity and Sizes	2 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4201 CARD READERS
Printer	
Software	HONEYWELL PROWATCH CORPORATE
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will

Contractor Initials MP
Date 3/22/13

require

24/7/365	
8 AM to 5 PM Business Days	**YES**
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	**YES**
Other (Indicate type of Alarm)	
*** Are These Alarms Tied Into the Burglar Alarm System - Yes or No**	**NO**

LOCATION # 33

AGENCY	**DHHS**
FUNDING SOURCE	**2042 048**
Invoices Sent To (Name & Address)	**DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301**

Contractor Initials MP
Date 3/22/13

Facility Location and Address	**BROWN BUILDING 129 PLEASANT STREET CONCORD, NH 03301**

Facility Contact Person Name	**JOSEPH J LUNA**
Facility Contact Person Phone Number	**603 271-9562**
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	**HONEYWELL PROWATCH**
Control Panel Make and Model	**HONEYWELL PROWATCH PW6000**
Peripheral Devices Make and Model	**REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES**
Control Pads Make and Model	
Batteries – Quantity and Sizes	**4 12v**
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	**HONEYWELL DR4201 CARD READERS**
Printer	
Software	**HONEYWELL PROWATCH CORPORATE**

Contractor Initials MP
Date 3/22/13

Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	**YES**
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	**YES**
Panic/Duress Alarm *	**YES**
Other (Indicate type of Alarm)	
*** Are These Alarms Tied Into the Burglar Alarm System - Yes or No**	**YES**

Contractor Initials MP
Date 3/22/13

LOCATION # 34

AGENCY	**DHHS**
FUNDING SOURCE	**2042 048**
Invoices Sent To (Name & Address)	**DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301**

Facility Location and Address	**CONCORD DISTRICT OFFICE 40 TERRILL PARK DRIVE CONCORD, NH 03301**

Facility Contact Person Name	**JOSEPH J LUNA**
Facility Contact Person Phone Number	**603 271-9562**
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	**HONEYWELL PROWATCH**
Control Panel Make and Model	**HONEYWELL STAR 2**
Peripheral Devices Make and Model	**REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES**
Control Pads Make and Model	

Contractor Initials MP
Date 3/22/13

Batteries – Quantity and Sizes	2 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4208 CARD READERS
Printer	
Software	HONEYWELL PROWATCH CORPORATE
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	YES
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	
Fire Alarm	
Boiler Alarm *	

Contractor Initials MP
Date 3/22/13

Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

LOCATION # 35

AGENCY	DHHS
FUNDING SOURCE	2042 048
Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	CONWAY DISTRICT OFFICE 71 HOBBS STREET CONWAY, NH 03818

Facility Contact Person Name	JOSEPH J LUNA
Facility Contact Person Phone Number	603 271-9562
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Contractor Initials MP
Date 3/22/13

Manufacturer/Brand of Equipment	**HONEYWELL PROWATCH**
Control Panel Make and Model	**HONEYWELL PROWATCH PW6000**
Peripheral Devices Make and Model	**REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES**
Control Pads Make and Model	
Batteries – Quantity and Sizes	**2 12v**
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	**HONEYWELL DR4201 CARD READERS**
Printer	
Software	**HONEYWELL PROWATCH CORPORATE**
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	**YES**
Other (Please Define Requirement)	

Contractor Initials MP
Date 3/22/13

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

LOCATION # 36

AGENCY	DHHS
FUNDING SOURCE	2042 048
Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	DHHS-NEW HEIGHTS 7 EAGLE SQUARE CONCORD, NH 03301

Facility Contact Person Name	JOSEPH J LUNA
Facility Contact Person Phone Number	603 271-9562
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

Contractor Initials MP
Date 3/22/13

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	HONEYWELL PROWATCH
Control Panel Make and Model	HONEYWELL PROWATCH PW6000
Peripheral Devices Make and Model	REQUEST TO EXIT DEVICE DOOR POSITION SWITCHE CARD READER ELECTRIC STRIKE
Control Pads Make and Model	
Batteries – Quantity and Sizes	2 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4201 CARD READERS
Printer	
Software	HONEYWELL PROWATCH CORPORATE
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will

Contractor Initials MP
Date 3/22/13

require

24/7/365	
8 AM to 5 PM Business Days	**yes**
Other (Please Define Requirement)	

LOCATION # 37

AGENCY	**DHHS**
FUNDING SOURCE	**2042 048**
Invoices Sent To (Name & Address)	**DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301**

Facility Location and Address	**KEENE DISTRICT OFFICE 809 COURT STREET KEENE, NH 03431**

Facility Contact Person Name	**JOSEPH J LUNA**
Facility Contact Person Phone Number	**603 271-9562**
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	**HONEYWELL PROWATCH**
Control Panel Make and Model	**HONEYWELL PROWATCH PW6000**

Contractor Initials MP
Date 3/22/13

Peripheral Devices Make and Model	REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES
Control Pads Make and Model	
Batteries – Quantity and Sizes	2 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4201 CARD READERS
Printer	
Software	HONEYWELL PROWATCH CORPORATE
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	YES
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

Contractor Initials MP
Date 3/22/13

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

LOCATION # 38

AGENCY	DHHS
FUNDING SOURCE	2042 048
Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	LACONIA DISTRICT OFFICE 65 BEACON STREET LACONIA, NH 03246

Facility Contact Person Name	JOSEPH J LUNA
Facility Contact Person Phone Number	603 271-9562
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

Contractor Initials MP
Date 3/22/13

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	HONEYWELL PROWATCH
Control Panel Make and Model	HONEYWELL PROWATCH PW6000
Peripheral Devices Make and Model	REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES
Control Pads Make and Model	
Batteries – Quantity and Sizes	2 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4201 CARD READERS
Printer	
Software	HONEYWELL PROWATCH CORPORATE
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	YES

Contractor Initials MP
Date 3/22/13

Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

LOCATION # 39

AGENCY	DHHS
FUNDING SOURCE	2042 048
Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	LITTLETON DISTRICT OFFICE 80 NORTH LITTLETON ROAD LITTLETON, NH 03561

Facility Contact Person Name	JOSEPH J LUNA

Contractor Initials MP
Date 3/22/13

Facility Contact Person Phone Number	**603 271-9562**
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	**HONEYWELL PROWATCH**
Control Panel Make and Model	**HONEYWELL PROWATCH PW6000**
Peripheral Devices Make and Model	**REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES**
Control Pads Make and Model	
Batteries – Quantity and Sizes	**2 12v**
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	**HONEYWELL DR4201 CARD READERS**
Printer	
Software	**HONEYWELL PROWATCH CORPORATE**
Other	

Contractor Initials MP
Date 3/22/13

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	YES
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

LOCATION # 40

AGENCY	DHHS
FUNDING SOURCE	2042 048

Contractor Initials MP
Date 3/22/13

Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	MAIN BUILDING 105 PLEASANT STREET CONCORD, NH 03301

Facility Contact Person Name	JOSEPH J LUNA
Facility Contact Person Phone Number	603 271-9562
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	HONEYWELL PROWATCH
Control Panel Make and Model	HONEYWELL PROWATCH PW6000
Peripheral Devices Make and Model	REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES
Control Pads Make and Model	
Batteries – Quantity and Sizes	2 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4201 CARD READERS

Contractor Initials MP
Date 3/22/13

Printer	
Software	**HONEYWELL PROWATCH CORPORATE**
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	**YES**
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	**YES**
Panic/Duress Alarm *	**YES**

Contractor Initials MP
Date 3/22/13

Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	YES

LOCATION # 41

AGENCY	DHHS
FUNDING SOURCE	2042 048
Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	MANCHESTER DISTRICT OFFICE 195 McGREGOR STREET MANCHESTER, NH 03103

Facility Contact Person Name	JOSEPH J LUNA
Facility Contact Person Phone Number	603 271-9562
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	HONEYWELL PROWATCH
Control Panel Make and Model	WSE 818SC

Contractor Initials MP
Date 3/22/13

Peripheral Devices Make and Model	REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES
Control Pads Make and Model	
Batteries – Quantity and Sizes	4 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4208 CARD READERS
Printer	
Software	HONEYWELL PROWATCH CORPORATE
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	YES
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

Contractor Initials MP
Date 3/27/13

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

LOCATION # 42

AGENCY	DHHS
FUNDING SOURCE	2042 048
Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	SOUTHERN DISTRICT OFFICE 3 PINE STREET EXT. SUITE Q NASHUA, NH 03060

Facility Contact Person Name	JOSEPH J LUNA
Facility Contact Person Phone Number	603 271-9562
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

Contractor Initials MP
Date 3/22/13

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	HONEYWELL PROWATCH
Control Panel Make and Model	HONEYWELL PROWATCH PW6000
Peripheral Devices Make and Model	REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES
Control Pads Make and Model	
Batteries – Quantity and Sizes	4 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4201 CARD READERS
Printer	
Software	HONEYWELL PROWATCH CORPORATE
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	YES

Contractor Initials MP
Date 3/22/13

Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

LOCATION # 43

AGENCY	DHHS
FUNDING SOURCE	2042 048
Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	SEACOAST DISTRICT OFFICE 50 INTERNATIONAL DRIVE PORTSMOUTH, NH 03801

Facility Contact Person Name	JOSEPH J LUNA

Contractor Initials MP
Date 3/22/13

Facility Contact Person Phone Number	**603 271-9562**
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	**HONEYWELL PROWATCH**
Control Panel Make and Model	**HONEYWELL PROWATCH PW6000**
Peripheral Devices Make and Model	**REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES**
Control Pads Make and Model	
Batteries – Quantity and Sizes	**2 12v**
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	**HONEYWELL DR4201 CARD READERS**
Printer	
Software	**HONEYWELL PROWATCH CORPORATE**
Other	

Contractor Initials MP
Date 3/22/13

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	YES
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

LOCATION # 44

AGENCY	DHHS
FUNDING SOURCE	2042 048

Contractor Initials MP
Date 3/22/13

Invoices Sent To (Name & Address)	DAS/BFAM DHHS 129 Pleasant Street Concord, NH 03301

Facility Location and Address	THAYER BUILDING 97 PLEASANT STREET CONCORD, NH 03301

Facility Contact Person Name	JOSEPH J LUNA
Facility Contact Person Phone Number	603 271-9562
Facility Contact Person E-Mail Address	jluna@dhhs.state.nh.us

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	HONEYWELL PROWATCH
Control Panel Make and Model	HONEYWELL STAR 1 & STAR 2
Peripheral Devices Make and Model	REQUEST TO EXIT DEVICES DOOR POSITION SWITCHES CARD READERS ELECTRIC STRIKES
Control Pads Make and Model	
Batteries – Quantity and Sizes	2 12v
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	HONEYWELL DR4201 CARD READERS

Contractor Initials MP
Date 3/22/13

Printer	
Software	**HONEYWELL PROWATCH CORPORATE**
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	**YES**
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	**YES**

Contractor Initials MP
Date 3/22/13

Other (Indicate type of Alarm)	
*** Are These Alarms Tied Into the Burglar Alarm System - Yes or No**	NO

LOCATION # 68

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20890000 048 500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

Facility Location and Address	5 Hazen Drive., Concord, NH 03301

Facility Contact Person Name	Bill Kordas
Facility Contact Person Phone Number	603-271-3231
Facility Contact Person E-Mail Address	-

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	Nexwatch
Control Panel Make and Model	1-PW-3000

Contractor Initials MP
Date 3/22/13

Peripheral Devices Make and Model	24-motion detectors, 20 door contacts, 10 proxy card readers, 3 intercoms, 1-PW-5000 channel.
Control Pads Make and Model	1-XR-500 Security Command
Batteries – Quantity and Sizes	2-12v-18ah
Power Supply – Quantity and Sizes	1 power supply
Key Pads/Controllers – Make and Models	1 keypad entry
Printer	
Software	Nexsentry
Other	MUST BE NEXWATCH CERTIFIED

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

Contractor Initials MP
Date 3/22/13

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	yes
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	no
Other (Indicate type of Alarm)	Restorals on power, fire and burg
*** Are These Alarms Tied Into the Burglar Alarm System - Yes or No**	yes

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Alarm Monitoring Services

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Edwards, EST-2
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Burglar dialer

Contractor Initials MP
Date 3/22/13

Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

LOCATION # 69

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20880000 048 500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

Facility Location and Address	33 Smokey Bear Blvd, Concord, NH

Facility Contact Person Name	Kevin Shuman
Facility Contact Person Phone Number	603-271-3231
Facility Contact Person E-Mail Address	-

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	Honeywell Nexwatch Client
Control Panel Make and Model	1 Star 11 controller

Contractor Initials MP
Date 3/22/13

Peripheral Devices Make and Model	1 -16 door chip set, 22 miro 16/8, 1 miro 2/16, 1-P1-1 power inverter, 1 mirco coboc, 15 DR-4208 card readers, 4-714-8 zone loop expander, 15 REX devices, 20-MCD magnetic door contacts, 20-RK-150 360 degree ceiling mount motion detectors, 2-LEF-3L master intercom station, 2-LE-DA substations, 2 RYPA intercom relays, 1 SC digital dialer, 1 Sentrol panic alarm switch, 12 Sentrol panic buttons, 1 pushbutton door release, 18 door contacts, 8 infrared detectors, 1-472-wireless interface, 1-FA400 wireless receiver
Control Pads Make and Model	XR-500NL DMP alarm panel, 1-XR-500 PAK accessory package, 1-670-53LCD arm/disarm keypad, 1-XR200L alarm panel
Batteries – Quantity and Sizes	7-122v18ah
Power Supply – Quantity and Sizes	1 power supply, 1 intercom power supply.
Key Pads/Controllers – Make and Models	1 keypad entry
Printer	
Software	Nexsentry
Other	MUST BE NEXWATCH CERTIFIED

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

Contractor Initials MP
Date 3/22/13

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	
Generator Alarm *	yes
Low/High Temperature Alarm *	
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	High water sewer pit, Resstoral on fire troubles, burgs, hi water and panics
*** Are These Alarms Tied Into the Burglar Alarm System - Yes or No**	yes

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Alarm Monitoring Services

If you have responded Yes to wanting Fire Alarm Monitoring Service Above
Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Notifiier, AFP-200

Contractor Initials MP
Date 3/22/13

Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

LOCATION # 70

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20900000 048 500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord NH 03301

Facility Location and Address	7 Hazen Drive, Concord, NH 03301

Facility Contact Person Name	Sean Gilpatric
Facility Contact Person Phone Number	603-271-3231
Facility Contact Person E-Mail Address	-

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	Honeywell NexWatch Professional

Contractor Initials MP
Date 3/22/13

Control Panel Make and Model	FBI 4600
Peripheral Devices Make and Model	2 hi/lo temp alarms, 2 hi/lo humidity alarms, 2 water detectors, 2 intellapoint annunciators, 2 shunt switches, 7 electronic crash bars, 4 alto 818SC ACU's 29 Westinghouse Proxy card readers, 6 multiswitch monitors, 1 annunciator control module. 1 multi port smart switch, 29-REX devices, 3 repeaters, 35 door contacts, 3 elect door release buttons, 1 arm/disarm card reader and 2 lights attached to reader, 12 wireless panic buttons, 1 DSC digital dialer, 1-24/100kva transformer, 1-FA-400 wireless receiver, 22 electric strikes, 1-472 wireless interface.
Control Pads Make and Model	
Batteries – Quantity and Sizes	8-12v18ah
Power Supply – Quantity and Sizes	4-3718 power supplies
Key Pads/Controllers – Make and Models	
Printer	Fargo direct to card Model #0044000
Software	Nexwatch, 4 clients
Other	Computer, windows XP, optiplex 5X620, ser. # D40XH91, Canon powershot A520, MUST BE NEXWATCH CERTIFIED.

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	

Contractor Initials MP
Date 3/22/13

Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	yes
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	Restorals on fire troubles, burglar alarms, panics, power.
*** Are These Alarms Tied Into the Burglar Alarm System - Yes or No**	yes

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Alarm Monitoring Services

If you have responded Yes to wanting Fire Alarm Monitoring Service Above
Please Provide an Inventory of your existing Fire Alarm System Equipment

Contractor Initials MP
Date 3/22/13

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Notifiier, DR-CR-3
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

LOCATION # 79

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20940000 048 500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

Facility Location and Address	17 S. Fruit St., Concord, NH 03301

Facility Contact Person Name	Mike Dupont
Facility Contact Person Phone Number	603-271-3148
Facility Contact Person E-Mail Address	-

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Contractor Initials MP
Date 3/22/13

Manufacturer/Brand of Equipment	NEXSentry/Honeywell
Control Panel Make and Model	9-818SC ACU's, 1 star II ACU 10
Peripheral Devices Make and Model	9-REX Locknetics scan 11W, 9-hagar elect, Hinges some are E2 and some are ETW, 20 magnetic door contacts, 47-DR4205 Proxy card readers, 17 Multi switch monitors, 41-electric door strikes Von Duprin G210 and G112, 6 Von Duprin magforce 320 electric door magnets, 9-778A annunciator control modules, 6 push button door releases bt Edwards, 9-Nexstar multiplexer, 1-C1converter, 9-loop zone expanders, 1 hi-water sensor, 2 hi/lo temp sensors, 3 boiler sensors
Control Pads Make and Model	XR 5 OON
Batteries – Quantity and Sizes	18-12v26ah, 19-12v7.5ah, 2-7ah, 18-12v18ah total 57 batteries
Power Supply – Quantity and Sizes	9-SE37185 power supplies, 6-505 locknetics power supplies
Key Pads/Controllers – Make and Models	2-XR200, 485 Command Center
Printer	yes
Software	NexSentry/Honeywell stand alone
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365

Contractor Initials MP
Date 3/22/13

8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	no
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	restorals on power, boilers, hi water, burg and fire trouble
*** Are These Alarms Tied Into the Burglar Alarm System - Yes or No**	yes

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Alarm Monitoring Services

If you have responded Yes to wanting Fire Alarm Monitoring Service Above
Please Provide an Inventory of your existing Fire Alarm System Equipment

Contractor Initials MP
Date 3/22/13

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Simplex 4100
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

LOCATION # 81

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20830000 048 500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

Facility Location and Address	109 Pleasant St., Concord, NH 03301

Facility Contact Person Name	Chris Thurston
Facility Contact Person Phone Number	603-271-3148
Facility Contact Person E-Mail Address	-

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Burglar Alarm/Access Control System Maintenance

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance
You Must Provide an Inventory of your existing System Equipment Below

Contractor Initials MP
Date 3/22/13

Manufacturer/Brand of Equipment	
Control Panel Make and Model	XR200
Peripheral Devices Make and Model	23 magnetic door contacts,24 rex's
Control Pads Make and Model	
Batteries – Quantity and Sizes	12 volt 7 A.H/ 12 Volt 18A.H.
Power Supply – Quantity and Sizes	readers and locks altronics 6 amp power supply
Key Pads/Controllers – Make and Models	
Printer	duplex
Software	pro watch
Other	

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

Contractor Initials MP
Date 3/22/13

Alarm Monitoring Services

If you have responded Yes to wanting Alarm Monitoring Services
Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	no
Generator Alarm *	yes
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	high water alarm, power failure and restorals for both
*** Are These Alarms Tied Into the Burglar Alarm System - Yes or No**	yes

DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)

Alarm Monitoring Services

If you have responded Yes to wanting Fire Alarm Monitoring Service Above
Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Notifier, NFS-320

Contractor Initials MP
Date 3/28/13

Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

Contractor Initials MP
Date 3/22/13

CERTIFICATE OF CORPORATE AUTHORITY

AT A DULY AUTHORIZED MEETING OF THE BOARD OF DIRECTORS OF THE Pelmac Industries, Inc
(name of corporation)

held on 3/22/13 Directors were present or waived notice, it was voted that Michael Pellerin
(date)

President of this company be and hereby is authorized to execute contracts and bonds
(name and title)

in the name and behalf of said company, and affix its Corporate Seal thereto, and such execution

of any contract or bond of obligation in this company's name on its behalf of such Michael Pellerin
(OFFICER)

under seal of the company shall be valid and binding upon this company.

A TRUE COPY,

ATTEST: Michael Pellerin

Place of Business:
12 Commercial Court
Auburn, NH 03032

I hereby certify that I am the President of the Pelmac Industries, Inc
(Title) (Name of Corporation)

that MICHAEL PELLERIN is the duly elected President of said
(Name of Officer) (Title)
company, and the above vote has not been amended or rescinded and remains in full force and effect as of the date of this contract.

Signature: Michael Pellerin

Name/Title: President

Date: 3/22/13

(Corporate Seal)

Then personally appeared the above named Michael Pellerin and acknowledged the foregoing instrument to be his/her free act and deed before me.

NOTARY PUBLIC Muriel H. Kohler
My commission expires: 12-14-2016

MURIEL H. KOHLER
MY COMMISSION EXPIRES DEC. 14, 2016
NOTARY PUBLIC
NEW HAMPSHIRE

NEW HAMPSHIRE

Corporation Division

Search
By Business Name
By Business ID
By Registered Agent
Annual Report
File Online

Date: 4/22/2013

Filed Documents

(Annual Report History, View Images, etc.)

Business Name History

Name	Name Type
PELMAC INDUSTRIES, INC.	Legal

Corporation - Domestic - Information

Business ID:	108623
Status:	Good Standing
Entity Creation Date:	2/25/1987
Principal Office Address:	12 Commercial Court Auburn NH 03032
Principal Mailing Address:	12 Commercial Court Auburn NH 03032
Last Annual Report Filed Date:	3/13/2013
Last Annual Report Filed:	2013

Registered Agent

Agent Name:	Durham, Paul J, Esq
Office Address:	Sheehan Phinney Bass + Green PA 1000 Elm Street Manchester NH 03101
Mailing Address:	

Important Note: The status reflected for each entity on this website only refers to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with licensing or other regulatory authority over the entity.

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PELMAC INDUSTRIES, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on February 25, 1987. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 28th day of March, A.D. 2013

William M. Gardner
Secretary of State

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/26/2012

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

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

PRODUCER
Berrian Insurance Group, Inc.
10375 Park Meadows Drive
Suite 220
Littleton, CO 80124

CONTACT NAME: Brian Zilverberg
PHONE (A/C, No, Ext): 303.795.5831 FAX (A/C, No): 303.795.5833
E-MAIL ADDRESS:

INSURED Pelmac Industries, Inc.
12 Commercial Ct.
Auburn, NH 03032

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Philadelphia Insurance Co.	23850
INSURER B:	Farmington Casualty Company	41483
INSURER C:	The Travelers Indemnity Co.	25658
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 13-14 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			PHPK955831	01/01/2013	01/01/2014	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			PHUB405045	01/01/2013	01/01/2014	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB-2188L428	05/03/2012	05/03/2013	X WC STATU-TORY LIMITS OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Commercial Crime - Employee Theft of Client Property			105518485	10/29/2012	10/29/2013	2,000,000	

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

Evidence of Insurance.

CERTIFICATE HOLDER

State of New Hampshire
Bureau of Purchase and Property
25 Capital Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joel Berrian

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