





Nicholas A. Toumpas Commissioner

José Thier Montero Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527 603-271-4517 1-800-852-3345 Ext. 4517 Fax: 603-271-4519 TDD Access: 1-800-735-2964



April 3, 2013

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health to exercise a contract renew and amend option with Good Beginnings of Sullivan County, Purchase Order #1022982, Vendor #170625-B001, 109 Pleasant Street, P.O. Box 1098, Claremont, New Hampshire 03743, by increasing the Price Limitation by \$225,000 from \$150,000 to \$375,000 to provide personal responsibility education services, and extend the Completion Date from June 30, 2013 to June 30, 2016, effective July 1, 2013 or the date of Governor and Council approval, whichever is later. This Agreement was originally approved by Governor and Council on May 9, 2012, Item #35. Funds are anticipated to be available in the following accounts for SFY 2014, SFY 2015 and SFY 2016 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-1844 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, FED NH PREP GRANT

				Current	Increased	Revised
Fiscal Year	Class/Object	Class Title	Job Number	Modified	(Decreased)	Modified
				Budget	Amount	Budget
SFY 2012	102-500731	Contracts for Prog Svc	90018440	\$62,450	\$0	\$62,450
SFY 2013	102-500731	Contracts for Prog Svc	90018440	\$87,550	\$0	\$87,550
SFY 2014	102-500731	Contracts for Prog Svc	90018440	\$0	\$75,000	\$75,000
SFY 2015	102-500731	Contracts for Prog Svc	90018440	\$0	\$75,000	\$75,000
SFY 2016	102-500731	Contracts for Prog Svc	90018440	\$0	\$75,000	\$75,000
			Total	\$150,000	\$225,000	\$375,000

EXPLANATION

Funds in this agreement will be used to provide pregnancy prevention and adult skill preparation programs for teens and young adults in Sullivan County. The curriculum will focus on building personal responsibility skills among 17-19 year olds and pregnant/parenting adolescents up to age 21 through topics such

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as prevention of pregnancy and sexually transmitted infection; Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome; healthy relationships; adolescent development; financial literacy; parent-child communication and education and employment skills.

The New Hampshire Division of Public Health Services is committed to helping young people avoid teen pregnancy and sexually transmitted infections by supporting programs that promote healthy life skills. The goal of this funding is to decrease teen birth rates, pregnancies and sexually transmitted infections among 17-19 year olds, as well as, parenting and pregnant teens/young adults up to age 21, in areas of the state with demonstrated need.

New Hampshire is fortunate that it currently has the lowest teen birth rate in the country. In calendar year 2012, 5.1% of births in New Hampshire were those to teen mothers, with a birth rate of 13.7 births per 1,000 teens 15-19. Most teen births (75%) in the state are to 18-19 year olds.

Currently Sullivan County has among the highest teen birth rate at 25.4 births/1,000 from years 2010-2012 in New Hampshire. With support from the Department of Health and Human Services, Administration for Children, Youth and Families for the Personal Responsibility Education Program, the New Hampshire Division of Public Health Services, Maternal and Child Health Section, will be able to provide an opportunity to support evidence-based, teen pregnancy and Sexually Transmitted Infection prevention curricula focused in Sullivan County.

Should Governor and Executive Council not authorize this request, teen births in Sullivan County may increase. Without these funds, New Hampshire could face increased long-term costs associated with health care and social services due to unintended pregnancies.

Good Beginnings of Sullivan County was selected for this project for Sullivan County target area through a competitive bid process, a bidders conference was held on December 2, 2011. The Request for Proposal was posted on the Department of Health and Human Services web site from November 23, 2011 through December 23, 2011 soliciting proposals to provide services in the city of Manchester and Sullivan County.

The Request for Proposal sought to bid a project in Manchester and in Sullivan County. One for each target area was received. An evaluation committee of three reviewers, internal and external to the Division of Public Health Services, evaluated the proposals. All reviewers have experience in managing agreements with vendors with various public health programs or non-profit programs that serve women, adolescents or families. Areas of specific expertise include public health infrastructure, family planning and maternal and child health services. Reviewers evaluated proposals consistent with the evaluation criteria specified in the Request for Proposals. Both proposals were determined to be of sufficient quality to receive funding. The Request for Proposal scoring summary is attached.

As referenced in the original letter approved by Governor and Council on May 9, 2012, Item #35, and in the Request for Proposal, Renewals Section, this competitively procured Agreement has the option to renew for three (3) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Division is exercising this renewal option. These services were contracted previously with this agency in SFY 2012 and SFY 2013 in the amount of \$150,000. This represents an increase of \$75,000. This increase is due to an additional year of funding.

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The following performance measures will be used to measure the effectiveness of the agreement.

Performance Measure #1: 80% of participants ages 17-19, who complete evidence based teen prevention

programs, will demonstrate increased knowledge about safer sex practices,

including abstinence.

Performance Measure #2: 85% of participants ages 17-19, will complete evidence, based teen prevention

programs, and have greater confidence to communicate with parents about their

sexual health.

Performance Measure #3: 80% of sexually active participants, ages 17-21, who complete evidence based

teen prevention programs, will use contraception to prevent pregnancy the next

time they have sexual intercourse.

Performance Measure #4: 90% of participants, ages 17-21, who complete the evidence based teen

prevention program, will have improved healthy life skills (e.g. decision making,

goal setting, financial literacy, education and career success).

Area served: Sullivan County.

Source of Funds: 100% Federal funds from US Department of Health and Human Services, Administration for Children and Families.

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

Respectfully submitted,

José Thier Montero, MD

Director

Approved by:

Nicholas A. Toumpas

Commissioner

JTM/MRJ/jf

Program Name Contract Purpose RFP Score Summary

PREP Educational Services

RFA/RFP CRITERIA	Max Pts	Good Good Beginnings S Garemont, NH N	Child Health Services Manchester, NH								
Agy Capacity	30	25.00	26.30								
Program Structure	20	38.30									
Budget & Justification	15	10.50	00.01								
Format	5	4.70	00.2								
Total	100	78.50	86.60	00:00	00 0	00.00	00.0	00.00	00.00	00.00	00'0

BUDGET REQUEST									
Year 01	75,000.00	137,850.00							
Year 02	75,500.00	137,850.00							
Year 03		•	•			•	•	•	
TOTAL BUDGET REQUEST	150,500.00	275,700.00		•					
BUDGET AWARDED									
Vear 01	62,450.00	137,850.00							
Year 02	87,550.00	137,850.00							
Year 03	~	•		•	-				
TOTAL BUDGET AWARDED	150,000.00	275,700.00	-		-	•	-	•	

RFP Reviewers

Name	Job Title	Dept/Agency	Qualifications
1 Deidre Dunn	Home Visiting Program Manager	SHAQ/SHHQ	
2 Rhonda Seigal	Injury Prevention Progarm Manager DHHS/DPHS	DHHS/DPHS	
3 Susan Wnuk	FP Program Director	CAP Belknap/Merrimack Cty	CAP Belknap/Merrimack (Ty) The reviewers represent seasoned public health
7			administrators and program managers experienced
35			in contract and vendor management, as well as professionals who work external to the Division of
9			Public Health Services who hold leadership
71			positions in municipal, nonprofit public health, and
			health policy advocacy organizations. Each
			reviewer was selected for the specific skill set they possess and their experience with family planning
			and community health centers. The purpose of the
			review team is to compliment and build upon each
			of these perspectives for a well-balanced, objective
			review of the family planning proposals

EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 20th day of February, 2013 by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Good Beginnings of Sullivan County, Purchase Order Number 1022982, a corporation organized under the laws of the State of New Hampshire, with a place of business at 109 Pleasant Street, P.O. Box 1098, Claremont, New Hampshire 03743 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated May 9, 2012, Item #35, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of three additional years, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Council;

WHEREAS, the Provider and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. Exercise Of Option To Renew and Amend For Three Additional Years:

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2016.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$225,000 from \$150,000 to \$375,000.

Exhibit A – Scope of Services

The attached Exhibit A-1 revokes and replaces the original Exhibit A.

Exhibit B - Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$75,000 for SFY 14 and \$75,000 for SFY 15 and \$75,000 for SFY 16. The contract shall total \$375,000 for the contract term.

Funding in the amount of \$225,000 is available from 010-090-1844-102-500731, 100% Federal Funds, from the US Department of Health and Human Services, Administration for Children and Families, CFDA #93.092.

2. Effective Date of Renew and Amend:

This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

3. Continuance of Renewal Agreement:

Except as specifically amended and modified by the terms and conditions of this Renew and Amend, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

The remainder of this page is intentionally left blank.

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IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE Division of Public Health Services

Lisa L. Bujno, APRN

Bureau Chief

By: 2lle 3 3

Good Beginnings of Sullivan County_

Date

Legal Name of Agency

STATE OF NEW HAMPSHIRE COUNTY OF SULLIVAN

On this the 20th day of February 2013, before me, Jo-Ann Kleyensteuber, the undersigned officer, Ellie Tsetsi, personally appeared who acknowledged him/herself (contract signatory) to be the Executive Director of the Good Beginnings of Sullivan County, (signatory's title) (legal name of agency) a corporation, and that he/she, as such Executive Director, being authorized so to do, (signatory's title) executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by him/herself as Executive Director of the Good Beginnings of Sullivan County. (signatory's title) (legal name of agency) In witness whereof I hereunto set my hand and official seal. Notary Public/Justice of the Peace My Commission expires: JO-ANN KLEYENSTEUBER Motary Public
My Commission Expires June 17, 2014 Approved as to form, execution and substance: OFFICE OF THE ATTORNEY GENERAL Jeanne P. Herrick Assistant Attorney General Date: 22 April 2013 I hereby certify that the foregoing contract was approved by the Governor and Council of the State of New Hampshire at the Meeting on: OFFICE OF THE SECRETARY OF STATE By:_____ Title: ______

NH Department of Health and Human Services

Exhibit A-1 Scope of Services

Personal Responsibility Education Program (PREP) SFY 2014-2016

CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2016

CONTRACTOR NAME: Good Beginnings of Sullivan County

ADDRESS: 109 Pleasant Street, P.O. Box 1098

Claremont, NH 03743

Social Services Director: Ellie Tsetsi

TELEPHONE: 603-542-1848

This Exhibit A-1 revokes and replaces the original Exhibit A.

The Contractor shall:

I. General Provisions

A) State and Federal Laws

The contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

- 1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
- 2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

B) Numbers Served

The contractor will facilitate the implementation of chosen curricula to at least 75 participants age 17-19 year olds, as well as, parenting and pregnant teens/young adults up to age 21 in Sullivan County.

C) Relevant Policies and Guidelines

The contractor shall promulgate appropriate policies and guidelines to ensure the consistency and adequacy of work performed by subcontracted agencies and shall, through regular meetings and through quality reviews, monitor and provide support to the work of these agencies.

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Contractor Initials:

D) Publications Funded Under Contract

- 1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
- 2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from BCHS before printing, production, distribution, or use.
- 3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C1 (5).

E) Subcontractors

- 1. If any services required by this exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing prior to initiation of the subcontract.
- 2. The original DPHS contractor will remain responsible and liable for all requirements included in this exhibit and carried out by subcontractors.

F) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

- 1. Assess the ethnic/cultural needs, resources and assets of their community.
- 2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
- 3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
- 4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
- 5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

II. Minimal Standards of Core Services

A) Service Requirements

The contractor shall carry out the work as described and submitted with the application for funding and as approved by the Maternal and Child Health Section. Either party may amend the performance work plan upon 30 days advance written notice to the other party with the other party's approval.

The Contractor shall administer the Personal Responsibility Education Program in Sullivan County and shall perform the following services:

- 1. Maintain a local "implementation" team to include, at a minimum, education, home visiting, and reproductive health professionals and agencies, as well as youth participants.
- 2. Implement the following curricula in Sullivan County:
 - 1. Focus (clinical or community based setting)
- 3. Provide training for selected personal responsibility curricula (Focus).
- 4. Ensure the adaptations of the curricula continue to include the following required topics:
 - Abstinence
 - Contraception for the prevention of pregnancy and Sexually Transmitted Infections
 - Select and include no less than three (3) of the following "pre-adulthood education" components:
 - Healthy relationships, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage (where applicable), and family interactions.
 - Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity.
 - Healthy life skills, such as goal setting, decision making, negotiation, communication and interpersonal skills, and stress management.
 - Adolescent Development, such as skills that lead to empowerment, promotion of healthy developmental attitudes, and strengthening the connection to their community.
 - Parent-Child Communication, such as developing activities to increase and/or foster communication between parents and their children as it relates to sexual health and education.
 - Financial Literacy, such as developing skills for a level of basic knowledge
 or competence about financial concepts such as the ability to balance a
 checkbook, manage a credit card, prepare a budget, take out a loan, and buy
 insurance.

All adaptations to evidence based-curricula must follow federal guidance and be approved by model developers

5. Implementation of the chosen curricula for at least 75 participants in Sullivan County.

Contractor Initials:

Date: 2/20/13

- 6. Work with the State-identified evaluation specialist, to collect, evaluate and report to the Division of Public Health Services, Maternal and Child Health Section, all required data on program activities and evaluation to include, but not limited to, output measures, fidelity/adaptations, implementation and capacity building, outcome measures, and community data.
- 7. Attend the State Adolescent Sexual Health Task Force, which will serve as an overall advisory committee to implementation.
- 8. Attend the Federal grantees' meeting as required by this funding.

B) Coordination of Services

- 1. The contractor shall coordinate, where possible at the community level, services with the Leadership in Abstinence Education Program, also coordinated by the Maternal and Child Health Section.
- 2. As appropriate, the Contractor should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans through collaboration with the local Public Health Regions, as may be appropriate, to enhance the implementation of community-based public health prevention initiatives being implemented by the contractor.

C) Staffing Provisions

1. New Hires

The Contractor shall notify the MCHS in writing within one month of hire when a new administrator or coordinator or any staff person essential to carrying out this scope of services is hired to work in the program. A resume of the employee shall accompany this notification.

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

II. Quality or Performance Improvement (QI/PI)

A) Workplans

- 1. Performance Logic Models are required annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The logic models are a key component of the MCHS performance-based contracting system and of this contract.
- 2. Performance Logic Models and Data Outcome reports will be submitted according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

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3. The Contractor shall incorporate required and developmental performance measures within a logic model format, defined by the MCHS into the agency's QI/PI plan. Reports on Progress/ Outcomes shall detail the QI/PI plans and activities that monitor and evaluate the agency's progress toward performance measure targets.

B) Data and reporting requirements

The Contractor shall submit to MCHS the following data used to monitor program performance:

- 1. The Contractor shall provide all information as requested, including, but not limited to, Federal and state documentation forms and performance indicator outcomes for inclusion in documentation submitted by MCHS to the Administration on Children, Youth, and Families. This happens on a bi-annual schedule, as yet to be determined.
- 2. The Contractor shall, for purposes of program evaluation and federal reporting, collect and submit personally identifiable health data, for all clients served under this contract. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.
- 3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
- 4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

B) On-site reviews

1. The contractor shall allow a team or person authorized by the Maternal and Child Health Section to periodically review the contractor's systems of governance, administration, data collection and submission, programmatic, and financial management in order to assure systems are adequate to provide the contracted services.

The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.

State of New Hampshire Bepartment of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GOOD BEGINNINGS OF SULLIVAN COUNTY is a New Hampshire nonprofit corporation formed January 14, 2004. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 5th day of April A.D. 2013

William M. Gardner Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

- I, Debra Mochi, of Good Beginnings of Sullivan County, do hereby certify that:
- 1. I am the duly elected President of Good Beginnings of Sullivan County
- 2. The following are true copies of two resolutions duly adopted at the Annual Meeting of the Board of Directors of the corporation, duly held on January 16, 2013:

RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the Executive Director is hereby authorized on behalf of this corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Ellie Tsetsi is the duly elected Executive Director of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 20, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the corporation this 20th day of February, 2013.

Debra Mochi, President

STATE OF NH COUNTY OF SULLIVAN

The foregoing instrument was acknowledged before me this 20th day of February, 2013 by Debra Mochi.

John Meyerster

My Commission Expires:

Notary Public/Justice of the Peace JO-ANN KLEYENSTEUBER, Notary Public My Commission Expires June 17, 2014



DATE (MM/DD/YYYY) 1/24/2013

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

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

certificate holder in lieu of such endorseme			or rights to the
PRODUCER		CONTACT NAME:	
Clark - Mortenson Insurance P.O. Box 606		PHONE (A/C, No, Ext):603-352-2121 FAX (A/C, No):603	-357-8491
Keene NH 03431		E-MAIL ADDRESS:CSr24@clark-mortenson.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A :Philadelphia Insurance Company	D
INSURED GOO	D5	INSURER B:	
Good Beginnings of Sullivan County		INSURER C:	
P.O. Box 1098 Claremont NH 03743		INSURER D:	
Claterion Nri 03743		INSURER E:	
		INSURER F:	
COVERAGES CERTIFIC	CATE NUMBER: 1020799616	REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY REQUIR	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A	O WHICH THIS

S. LIMITS SHOWN MAY HAVE BEEN R ADDL SUBR INSR WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY PHPK883250 7/1/2012 7/1/2013 EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$100000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$5000 PERSONAL & ADV INJURY \$1000000

\$3000000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$3000000 PRODUCTS - COMP/OP AGG POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB **EACH OCCURRENCE** OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

\$1,000,000 \$3,000,000 PHPK883250

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

CERTIFICATE HOLDER CANCELLATION

> NH DHHS Director, Division of Public Health Services 29 Hazen Drive Concord NH 03301-6504

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

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT | \$

Each Occurrence Annual Aggregate

AUTHORIZED REPRESENTATIVE

7/1/2012

7/1/2013

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ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Professional Liability



DATE (MM/DD/YYYY) 4/3/2013

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

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

"	ertificate holder in lieu of such endors										3
PRO	DDUCER				CONTA	СТ					_
	rk - Mortenson Insurance				DUONE		2-2121		FAX (A/C, No):6	603-35	7-8491
). Box 606 ene NH 03431				E-MAII	ss:csr24@cl		on.com			
1100	sile 1411 05451							DING COVERAGE			NAIC #
					INSURI	ER A :Philadel	phia Insurar	nce Company			0
INS	URED (300	D5		INSURI						
Go	od Beginnings of Sullivan County				INSURI	ER C :					
P.C	D. Box 1098				INSURI	ER D :					
Cla	remont NH 03743				INSURI	ER E :					
					INSURI						
co	VERAGES CER	TIFIC	CATE	NUMBER: 1082375423				REVISION NUM	BER:		
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF REME AIN,	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI	/E BEE OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH D HEREIN IS SUI	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	;	
A	GENERAL LIABILITY	HOR		PHPK883250			7/1/2014	EACH OCCURRENCE	T	\$1,000,	000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occu	ED	\$100,00	
	CLAIMS-MADE X OCCUR							MED EXP (Any one p		\$5,000	
								PERSONAL & ADV I		\$1,000.	000
								GENERAL AGGREG	SATE	\$3,000,	000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP	P/OP AGG	\$3,000,	000
	POLICY PRO- X LOC									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	-	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAG (Per accident)	SE	\$			
									\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	E	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
Α	Professional Liability			PHPK883250		7/1/2013	7/1/2014	\$1,000,000			currence
								\$3,000,000	,	Aririuai A	Aggregate
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	Attach	ACORD 101, Additional Remarks \$	Schedule	a, if more space is	required)				
CF	RTIFICATE HOLDER				CANO	CELLATION					
	MILIONIE HOLDER	_			CAN						
	NH Dept. of Health and Hu Division of Public Health S			vices	THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.	IES BE CA WILL B	NCELL E DEI	ED BEFORE LIVERED IN
	29 Hazen Drive Concord NH 03301-6504				AUTHO	RIZED REPRESE	NTATIVE				
	Concord INFI 0550 1-0504					Jan 4.17	rme				



DATE (MM/DD/YYYY) 1/24/2013

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

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

certificate holder in lieu of such endor				ndorsement. A s	atement on t	nis certificate does not confer	ngnts to the
PRODUCER	-			CONTACT Fairle	ev Kenneal	.lv	
E & S Insurance Services I	LC			PHONE (60)	3) 293-2791	FAX (A/C, No): (603) 2	93-7188
21 Meadowbrook Lane				PHONE (A/C, No. Ext); (60: E-MAIL ADDRESS: fairle	viesi nsur	Cance COM	
P O Box 7425							11410.#
	2717	-74	25			RDING COVERAGE	NAIC #
INSURED NA 03	241			INSURER A:Firs	Comp		
		٠ ـ		INSURER B :			-
Good Beginnings of Sulliva	in C	our	ıcy	INSURER C :			
P O Box 1098				INSURER D :			
				INSURER E :			
Claremont NH 03				INSURER F :		DEVICENTIAL PROPERTY.	
			NUMBER:2012	VE BEEN ICCUED	TO THE INCHE	REVISION NUMBER:	LICY DEDICE
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACTION OF ANY CONTRA	T OR OTHER IES DESCRIBE Y PAID CLAIM	DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL S.	WHICH THIS
NSR TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY						EACH OCCURRENCE \$	
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
CLAIMS-MADE OCCUR					1	MED EXP (Any one person) \$	
					}	PERSONAL & ADV INJURY \$	
		ļ ,			1	GENERAL AGGREGATE \$	
GEN'L AGGREGATE LIMIT APPLIES PER:					ļ	PRODUCTS - COMP/OP AGG \$	
POLICY PRO-						\$	
AUTOMOBILÉ LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO		'				BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS				1	1	BODILY INJURY (Per accident) \$	
HIRED AUTOS NON-OWNED AUTOS	'			1	1	PROPERTY DAMAGE (Per accident) \$	
THINES ACTOS				1	1	\$	
UMBRELLA LIAB OCCUR					_	EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE	· (,	AGGREGATE \$	_
DED RETENTION \$						\$	
A WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		J			[E.L. EACH ACCIDENT \$	100,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	- 1	WC0093557-04	7/1/2012	7/1/2013	E.L. DISEASE - EA EMPLOYEE \$	100,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	500,000
2500/1111/101/01/01/01/01/01/01/01/01/01/0							
				1			
	I	- 1		}			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks	Schedule, if more spac	e is required)		
							ĺ
							J
							l
CERTIFICATE HOLDER				CANCELLATION			
State of NH Dept of He		h s		SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCELI EREOF, NOTICE WILL BE DEI Y PROVISIONS.	LED BEFORE LIVERED IN
Division of Public Hea			rvices				
Dir.		. 50		AUTHORIZED REPRES	ENTATIVE		

ACORD 25 (2010/05)

Concord, NH 03301

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F Kenneally/FAIRLE



DATE (MM/DD/YYYY) 4/3/2013

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy, certain policies may require an certificate holder in lieu of such endorsement(s).	endorsement. A s	tatement on t	his certificate does not confer	rights to the
PRODUCER	CONTACT Fairle	ev Kenneal	.lv	
E & S Insurance Services LLC	PHONE (A/C, No. Ext): (60:	3) 293-2791	FAX (A/C, No): (603) 2	293-7188
21 Meadowbrook Lane	E-MAIL ADDRESS: fairle	ev@esinsur	ance.com	
P O Box 7425			RDING COVERAGE	NAIC #
Gilford NH 03247-7425	INSURER A :Firs		RDING COVERAGE	NAIC #
INSURED		c comp		
Good Beginnings of Sullivan County	INSURER B :			
P O Box 1098	INSURER C :			
I o box 1030	INSURER D :			
Claremont NH 03743	INSURER E :			
COVERAGES CERTIFICATE NUMBER:2013	INSURER F :		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H	IAVE BEEN ISSUED	TO THE INSUE		DLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO	N OF ANY CONTRA	CT OR OTHER	DOCUMENT WITH RESPECT TO	WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAY				. THE TERMS,
INSET				
LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER	(MM/DD/YYYY	POLICY EXP		
GENERAL LIABILITY			EACH OCCURRENCE \$ DAMAGE TO RENTED	
COMMERCIAL GENERAL LIABILITY		ì	PREMISES (Ea occurrence) \$	
CLAIMS-MADE OCCUR			MED EXP (Any one person) \$	
			PERSONAL & ADV INJURY \$	
			GENERAL AGGREGATE \$	
GEN'L AGGREGATE LIMIT APPLIES PER:		1	PRODUCTS - COMP/OP AGG \$	
POLICY PRO- JECT LOC			\$	
AUTOMOBILE LIABILITY			(Ea accident) \$	
ANY AUTO			BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS NON-OWNED			BODILY INJURY (Per accident) \$	
HIRED AUTOS NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident) \$	
			\$	
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$	
DED RETENTION\$			\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC STATU- OTH- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A WC0093557-05	07012013	07012014	E.L. EACH ACCIDENT \$	100000
A (Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$	500000
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$	100000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Rema	ks Schedule, if more spa	ce is required)		
CERTIFICATE HOLDER	CANCELLATIO	N		
CENTIFICATE HOLDER	CANCLLLATIO	<u> </u>		
			DESCRIBED POLICIES BE CANCEL	
			EREOF, NOTICE WILL BE DE	ELIVERED IN
State of NH Dept of Health & Human Serv.	ACCORDANCE	WITH THE POLI	CY PROVISIONS.	
Division of Public Health& Human Services	AUTHORIZED REPRE	SENTATIVE		
Dir.				
29 Hazen Drive Concord, NH 03301				
- CONCOLU, INI 05501	F Kenneally/	FAIRLE	Fairley Kenn	every.

GOOD BEGINNINGS OF SULLIVAN COUNTY, INC.

Audited Financial Statements June 30, 2012

LAWRENCE E. REED, CPA, PC

Professional Corporation

CERTIFIED PUBLIC ACCOUNTANT

17 River Street, PO Box 760 Chester, VT 05143 (802) 875-2322 Fax (802) 875-2324 Email lercpa@vermontel.net

Member of American Institute of Certified Public Accountants Licensed in Vermont and New Hampshire

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Good Beginnings of Sullivan County, Inc.

We have audited the accompanying statement of financial position of Good Beginnings of Sullivan County, Inc. (a nonprofit organization) as of June 30, 2012, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Good Beginnings of Sullivan County, Inc. as of June 30, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Laurence E. Reed, CPA, PC

February 7, 2013 Vermont License No. 1039 STATEMENT OF FINANCIAL POSITION GOOD BEGINNINGS OF SULLIVAN COUNTY, INC. June 30, 2012 (With Comparative Totals for June 30, 2011)

	. 		_	e 30, 2012			Jun	As of e 30, 2011
	Un	restricted		nporarily	,	Total	(Mer	Totals norandum)
ASSETS	<u> </u>	<u>restricted</u>		Strotcu	_	Total	Times	<u>iiorana</u> ani)
Cash and cash equivalents	\$	56,088	\$	18,000	\$	74,088	\$	111,843
Cash, restricted	•	180	•	-	•	180	•	4,122
Grants and accounts receivable		45,700		3,500		49,200		44,762
Prepaid expenses		4,618		-		4,618		2,584
Equipment, furniture and fixtures		50,240		-		50,240		44,560
Accumulated depreciation		(44,965)				(44,965)		(42,260)
TOTAL ASSETS	<u>\$</u>	111,861	<u>\$</u>	21,500	<u>\$</u>	133,361	<u>\$</u>	165,611
LIABILITIES AND NET ASSETS LIABILITIES								
Accounts payable	\$	21,242	\$	-	\$	21,242	\$	1,737
Accrued expenses		37,936		-		37,936		34,821
Unemployment benefits payable		3,152		-		3,152		-
Advances refundable		9,916		-		9,916		-
Fiscal agency funds		180		-		180		4,122
Note payable			_		_	<u> </u>		6,200
TOTAL LIABILITIES		72,426		-		72,426		46,880
NET ASSETS		39,435		21,500		60,935		118,731
TOTAL LIABILITIES AND NET ASSETS	\$	111,861	\$	21,500	\$	133,361	\$	165,611

See notes to financial statements.

STATEMENT OF FINANCIAL ACTIVITIES GOOD BEGINNINGS OF SULLIVAN COUNTY, INC. Year Ended June 30, 2012 (With Comparative Totals for the Year Ended June 30, 2011)

		V . F.			0040		r Ended
•		Year En		June 30,	2012		9 30, 2011
	11			nporarily	Total		Totals norandum)
	<u>Ųn</u>	restricted	Re	stricted	<u> 10tai</u>	(IAIGII	iorandum
SUPPORT AND REVENUE							
Governmental support	\$	363,614	\$	-	\$363,614	\$	413,498
Program fees		200,062		-	200,062		271,829
Foundations and trusts		18,000		30,000	48,000		24,000
Donated inventory		32,708		-	32,708		49,147
Contributions		27,647		-	27,647		20,311
Donated services		22,790		-	22,790		3,500
Fundraising		13,222		-	13,222		15,027
Reimbursed expenses		5,807		-	5,807		-
Federal health insurance credit		1,196		-	1,196		2,442
Net assets released							
from restrictions	_	12,000		(12,000)			
TOTAL SUPPORT AND REVENUE		697,046		18,000	715,046		799,754
EXPENSES							
Program services							
Comprehensive Family Support		195,208		-	195,208		187,747
Child Health		124,202		-	124,202		141,750
Home Visiting		114,598		-	114,598		159,647
Healthy Families		103,008		_	103,008		-
Parent Aide		83,747		· -	83,747		54,868
Second Beginnings		51,283		-	51,283		39,154
PREP		21,746		-	21,746		-
Supervised Visitations		4,569		-	4,569		37,958
Prenatal	_						40,587
		698,361		-	698,361		661,711
Management and general	_	74 <u>,481</u>			74,481		85,252
TOTAL EXPENSES		772,842			772,842		746,963
CHANGE IN NET ASSETS		(75,796)		18,000	(57,796)		52,791
Net assets at Beginning of Year		115,231		3,500	118,731		65,940
NET ASSETS AT END OF YEAR	\$	39,435	\$	21,500	\$ 60,935	<u>\$</u>	118,731
							`

STATEMENT OF CASH FLOWS GOOD BEGINNINGS OF SULLIVAN COUNTY, INC. Year Ended June 30, 2012 (With Comparative Totals for the Year Ended June 30, 2011)

		Year Fn	ded	June 30,	2012	Year Ended June 30, 2011
				porarily		Totals
	<u>Un</u>	restricted		stricted	Total	(Memorandum)
OPERATING ACTIVITIES						
Change in net assets	\$	(75,796)	\$	18,000	\$(57,796)	\$ 52,791
Adjustments to reconcile change in net						
assets to net cash provided (used) by						
operating activities						4.050
Depreciation		2,705		-	2,705	4,352
(Increase) decrease in operating assets:		(4.400)			(4.400)	44765
Grants and accounts receivable		(4,438)		-	(4,438)	14,765
Prepaid expenses		(2,034)		-	(2,034)	8,230
Increase (decrease) in operating liabilities:		40.505			10 E0E	(1,056)
Accounts payable		19,505		-	19,505 3,115	2,875
Accrued expenses		3,115 3,152		_	3,152	2,075
Unemployment benefits payable Advances refundable		9,916		_	9,916	_
Fiscal sponsor funds		(3,942)		_	(3,942)	4,122
•	_	(0,042)	_		(0,0 12)	
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES		(47 017)		18,000	(29,817)	86,079
BY OPERATING ACTIVITIES		(47,817)		10,000	(23,017)	00,010
CASH FLOWS FROM INVESTING ACTIVITIE	ES					
Purchase of equipment	_	(5,680)		<u>-</u>	(5,680)	
NET CASH PROVIDED (USED)						
BY INVESTING ACTIVITIES		(5,680)		-	(5,680)	-
FINANCING ACTIVITIES		(6.200 <u>)</u>		_	(6,200)	(49,000)
Principle payments on bank loan		(6,200)	_	<u>-</u>	(0,200)	(40,000)
NET CASH PROVIDED (USED)		(0.000)			(E 200)	(49,000)
BY FINANCING ACTIVITIES		(6,200)	_	-	(6,200)	(49,000)
INCREASE (DECREASE) IN CASH		(59,697)		18,000	(41,697)	37,079
Beginning cash and cash equivalents		115,965		-	115,965	78,886
	_			40.000	£ 74.000	¢ 115 065
ENDING CASH AND CASH EQUIVALENTS	<u>\$</u>	56,268	<u>\$</u>	18,000	<u>\$ 74,268</u>	<u>\$ 115,965</u>
SUPPLEMENTAL DISCLOSURE OF CASH F	LOV	V INFORM	ATI	ON		
Interest paid	\$	11				\$ 982

See notes to financial statements.

Good Beginnings of Sullivan County Diana Love Center for Children and Families PO Box 1098. Claremont, NH 03743 603.542.1848 877.287.7144

Mission Statement

To Promote the Optimal Health and Development of New Hampshire Children and Families

Good Beginnings of Sullivan County BOARD OF DIRECTORS 2013

Debra Mochi (Pres.)

Insurance and Risk Management

PO Box 1098

Claremont, NH 03743

Term Expires 2015

Beth Hoyt-Flewelling

(Vice Pres)

Higher Education PO Box 1098

Claremont, NH 03743

Term Expires 2014

Char Delabar

(Treasurer)

Elementary Education

PO Box 1098

Claremont, NH 03743

Term Expires 2014

Susan Elliott, Ph.D.

Higher Education

PO Box 1098

Claremont, NH 03743

Term Expires 2015

Linda Gould

Speech and Language Consultant

PO Box 1098

Claremont, NH 03743

Term Expires 2015

Laurel Hall

(Parent Rep)

Elementary Education

PO Box 1098

Claremont, NH 03743

Term Expires 2016

Diana Morris

Non-profit fundraising

PO Box 1098

Claremont, NH 03743

Term Expires 2014

April Royce

Cost Accountant

PO Box 1098

Claremont, NH 03743

Term Expires 2015

Clara Sheehy

Court-Appointed Special Advocate

PO Box 1098

Claremont, NH 03743

Term Expires 2014

William Sullivan

Certified Public Accountant

PO Box 1098

Claremont, NH 03743

Term Expires 2015

Ex-officio:

Ellie Tsetsi

(Executive Director)

Richard Slosberg, MD

(Medical Director)

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services Division of Public Health Services

Agency Name:

Good Beginnings of Sullivan County

Name of Bureau/Section:

BPHCS, Maternal & Child Health, PREP

BUDGET PERIOD:	SFY 2014)	and a constant	30, 20HA
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	ःविद्यक्तितिर्द्धः /अत्तर्वन्तिः जनसम्बद्धः
Ellie Tsetsi, Executive Director	\$66,248	0.00%	୍ୟର ହେ
Willow Moryan, RN, CNM, Program Coordinator	\$33,280	100.00%	ক্ষণ্ড হাৰ ক্ৰ
Liza Draper, BA, Program Educator	\$16,640	100.00%	\$15.8000
	\$0	0.00%	50.00
	\$0	0.00%	50.00
	\$0	0.00%	\$0,00
TOTAL SALARIES(Not to exceed Total/Salary W	ages, Line Item 1 of Bud	get request)	\$49,920,00

BUDGET PERIOD	SFY 20113	July 1, 2014) - June	2013	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	ालवा अववस्	
Ellie Tsetsi, Executive Director	\$66,248	0.00%	30:00	
Willow Moryan, RN, CNM, Program Coordinator	\$33,280	100.00%	\$8,280.00	
Liza Draper, BA, Program Educator	\$16,640	100.00%	\$16640.00	
	\$0	0.00%	90,00	
	\$0	0.00%	\$0,00	
	\$0	0.00%	\$0.00	
TOTAL SALARIES(Not to exceed Total/Salary W	ages, Line Item 1 of Bud	get request)	\$49,920.00	

BUDGET PERIOD:	SFY 2016	July 1, 2015 - June)30,20116
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	ाजनाङ्ग्रहानुम् शानवामध्याविष्ठिप्र • • • • • • • • • • • • • • • • • • •
Ellie Tsetsi, Executive Director	\$66,248	0.00%	\$0.00
Willow Moryan, RN, CNM, Program Coordinator	\$33,280	100.00%	ങ്ങുമുക്കുന്ന
Liza Draper, BA, Program Educator	\$16,640	100.00%	5/66/0.00
	\$0	0.00%	30.00
	\$0	0.00%	\$0.00
TOTAL SALARIES(Not to exceed Total/Salary Wag	\$0		\$0.00

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel MUST be listed, even if no salary is paid from the contract. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

Ellie M. Tsetsi

Employment

1992 - Present Good Beginnings of Sullivan County Claremont, NH

Executive Director

- Administration of county-wide maternal and child health program.
- Fiscal management.
- Staff hiring, training, supervision and evaluation.
- Program development, implementation and evaluation.
- Grant writing and budget management.
- Contracts management.
- Public relations
- Strategic planning

1990-1992 Developmental Services of Sullivan County Claremont, NH

Program Coordinator

- Administration of 10-bed Intermediate Care Facility for the Mentally Retarded
- Hiring, training, supervision and evaluation of professional and paraprofessional staff.
- Compliance with state regulations.
- Crisis intervention and management.

1983-1988 Student Conservation Association

Charlestown, NH

Program Manager

- Placement of adult volunteers in national parks and forests
- National and international recruitment of volunteers
- Liaison with federal and state resource management agencies
- Supervision and training of staff
- Crisis Management

1977-1979 West Central Services

Claremont, NH

Case Manager

- Case management for chronic mentally ill patients.
- Development and Implementation of case plan.
- Recreation and socialization therapy.

Education

1971-1975

Bates College

Lewiston, ME

BA Sociology Minor: English

Social Work Internship: VA Hospital, Togus, ME.

2006 UCLA-Anderson School of Management

Los Angeles, CA

Johnson and Johnson Healthcare Executive Program

Willow Moryan

OBJECTIVE

To practice full-scope midwifery.

EDUCATION

Certificate in Nurse-Midwifery, June 2004
Frontier School of Midwifery and Family Nursing, Hyden, KY, June 2004

Certificate of Professional Nursing

Case Western Reserve University, Cleveland, OH, May 1999 Education equivalent to Bachelor's of Science in Nursing

Bachelor's of Arts

Anthropology and Asian Studies Bowdoin College, Brunswick, ME, May 1997 Study abroad in India, concentration on status of women in India, 1995 Honors: Cum Laude, Dean's List

LICENSURE

Licensed Registered Nurse Advanced Registered Nurse Practitioner

TRAINING

07/03-12/03

Bassett Healthcare, Cooperstown, New York

Trained with an Ob/Gyn collaborative practice that employs 11 certified-nurse midwives and 5 Ob/Gyns. This service serves a 10-county community in rural upstate New York. The birth center provides care of intrapartum and postpartum patients on an 11-bed LDRP unit with a Level II nursery and has approximately 650 births/year.

PROFESSIONAL EXPERIENCE

03/2012-present

PROGRAM COORDINATOR

Good Beginnings of Sullivan County, Claremont, New Hampshire

Coordinate implementation of Personal Responsibility and Education Program in Sullivan County.

05/2010-present

CERTIFIED NURSE-MIDWIFE

Valley Regional Hospital, Claremont, New Hampshire

Provide full scope nurse-midwifery care to women and families primarily in Sullivan County. Active Participant of the medical staff with admitting privileges. Clinic responsibilities include the coordination of prenatal care, participate in team meetings to coordinate holistic care for obstetric patients. Proficient in office electronic medical recording and hospital based electronic records. Special interests include adolescent gynecology; innovations in contraception; water therapy during labor; breastfeeding.

10/2004-05/2010

CERTIFIED NURSE-MIDWIFE,

Dr. Ellen Joyce, MD, PC, Claremont, New Hampshire

Provide full scope nurse-midwifery care to women and families primarily in Sullivan County. Active participant of the medical staff with admitting privileges at Valley Regional Hospital, Claremont, New Hampshire. Clinic responsibilities include the coordination of prenatal care

for new obstetric patients, participate in team meetings to coordinate holistic care for obstetric patients, and vaccine coordination. Participated in the implementation and management of the clinic electronic medical record.

01/2010-04/2010 FACULTY MEMBER,

Granite State College, Claremont, New Hampshire

Active faculty member at local community college, teaching *Issues in Women's Health*, a course that integrates sciences and humanities in liberal arts degree.

01/00-10/2004:

REGISTERED NURSE, Maternal Child Health

Valley Regional Hospital, Claremont, New Hampshire

Responsible for the provision of direct patient care to intrapartum and post-partum patients on a 6-bed (LDRP) unit in a community hospital with a Level I nursery that has approximately 250 births/year. Developed and wrote protocol for skin to skin care of the infant by the mother, assisted fellow RNs in establishing this care as the standard of care, and collected data for quality assurance.

Presentations included:

Hydrotherapy-Gave an evidence-based presentation to the Maternal Child Health Committee on the benefits of hydrotherapy as a form of pain relief for laboring mothers.

Skin to skin care- Gave an evidence-based presentation to the Maternal Child Health Committee on the physiologic benefits of immediate skin to skin contact to the newborn and mother. Assisted fellow RNs in establishing this as the standard of care at VRH.

CERTIFICATIONS

Sexual Assault Nurse Examiner

Certified to perform evidence collection and medical treatment for victims of sexual assault.

PROFESSIONAL AFFILIATIONS

American College of Nurse-Midwives, member

TEACHING EXPERIENCE

Preceptor for students in health care professions (on-going)

Act as preceptor for Physician Assistant students, Nursing students, Doula students, and Midwifery students. Provide observational and hands-on learning experiences in women's health, gynecology and obstetrics to students in various health related fields both in the clinic and hospital setting.

COMMUNITY ACTIVITY

Board Member, Good Beginnings of Sullivan County (2007-2012)

Board member of a non-profit organization that provides direct service to pregnant women and families in Sullivan County.

Communities United for Substance Abuse Prevention (2009-2010)

Active member on the Medical Council of a Substance Abuse Prevention task force in Sullivan County.

Liza Draper

Education:

Dartmouth College, Hanover, NH - Masters of Arts in Liberal Studies (in progress)
Upper Valley Teacher Institute, Lebanon, NH - Teaching Certification, 2007
University of Pennsylvania, Philadelphia, PA - Bachelor of Arts in Psychology, magna cum laude, 1983

Franklin College, Lugano, Switzerland - Year Abroad 1979-80 Winsor School, Boston MA - *High School Diploma*

Professional Experience:

<u>Educator, PREP Program, Good Beginnings of Sullivan County</u>, 2012-Present Teach comprehensive sexual health curriculum to young women, ages 16-21 in school and community-based settings in the Claremont and Newport region.

Classroom Teacher, Grades 4-8, New Hampshire SAU #6, 2007-2012

Highly qualified in Elementary Education (K-8); Middle School Science; Middle School Math; Middle School English Language Arts. Participated in multi-year NH DOE Math Science Partnership grant projects focusing on inquiry-based science, Universal Design for Learning (UDL), and 21st century classroom technology integration. Piloted Response to Intervention (RTI) and 4-Blocks/Big Blocks approach to instruction. Grade Level Team Leader, Data Coach, Technology Coach, and Building Representative to the district's Curriculum Council. Member of School Improvement Team, as well as district's Writing across the Content Areas and Standards-Based Assessment committees. Trained in Responsive Classroom, Positive Behavioral Interventions & Supports (PBIS), and Crisis Prevention & Intervention (CPI) methodologies. Selected to serve as US Department of Education/Department of the Interior-sponsored Teacher-Ranger-Teacher at Saint-Gaudens National Historic Site in Cornish, NH, 2008-2009. Nominated for Claremont School Board's Employee of the Year Award at Maple Avenue Elementary School, 2011.

Outreach Educator, Girls Inc. of New Hampshire, 2002 - 2006

Opened and operated licensed after-school program in Newport, NH. Delivered research-based curriculum on STEM subjects, self-defense, substance abuse, pregnancy & STD/HIV/AIDS prevention, fitness/health, and economic and media literacy for elementary through high-school age girls in communities throughout west central NH and portions of VT, in partnership with various local school districts.

Sales & Marketing Professional; Product Manager; Industry Analyst and Consultant; Educational Events Executive; and Venture Investor in Networking Technology, Boston, Silicon Valley, Connecticut, & Metro DC, 1983-2001

Community Involvement/Other Skills:

- Certified Grant Writer (funding successfully secured for municipal projects, area schools, and local non-profits from multiple grantors, including government agencies, corporations, and foundations)
- Former Library Trustee & Board Chair
- Youth Soccer & Youth/Adult/Masters Crew Coach
- Founder, past President, and Board Member of the Claremont Farmers' Market & Community Garden
- Raise chickens, sheep, & goats; rescue dogs, llamas, draft horses & donkey; sell
 organically grown hay, maple sap, vegetables, and berries

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Good Beginnings of Sullivan County

Personal Responsibility Education

Budget Request for: Program

(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct remental	Indirect Fixed		Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 49,920.00	\$ 4,992.00	\$		Good Beginnings applies
Employee Benefits	\$ 9,988.00	\$ -	\$	9,988.00	a standard overhead rate
3. Consultants	\$ -	\$ 	69	_	of 10% of direct costs to
4. Equipment:	\$ 	\$ -	\$		all contracts.
Rental	\$ -	\$ •	\$	-	
Repair and Maintenance	\$ -	\$ -	\$	•	
Purchase/Depreciation	\$ -	\$ -	\$	-	
5. Supplies:	\$ -	\$ -	\$	-	
Educational		\$ -	\$	-	
Lab	\$ -	\$ -	\$	-	
Pharmacy	\$ -	\$ 	\$		
Medical	\$ -	\$ -	\$	-	
Office		\$ -	\$	-	
6. Travel	\$ 3,900.00	\$ _	\$	3,900.00	
7. Occupancy	\$ -	\$ -	\$	-	
Current Expenses	\$ -	\$ -	\$	-	
Telephone	\$ -	\$ -	\$	-	
Postage	\$ -	\$ -	\$	-	
Subscriptions	\$ _	\$ -	\$\$	-	
Audit and Legal	\$ -	\$ -	\$	-	
Insurance	\$ -	\$ •	\$	-	
Board Expenses	\$ 	\$ 	\$	•	
9. Software	\$ <u> </u>	\$ 	\$	•	
10. Marketing/Communications	\$ 3,200.00	\$ -	\$	3,200.00	
11. Staff Education and Training	\$ 3,000.00	\$ -	\$	3,000.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$	-	
13. Other (specific details mandatory):	\$ -	\$ · .	\$		
	\$ <u> </u>	\$ -	\$	-	
	\$ 	\$ -	\$	•	
	\$ -	\$ -	\$	<u>-</u>	,
TOTAL	\$ 70,008.00	\$ 4,992.00	\$	75,000.00	

Indirect As A Percent of Direct

7.1%

For DPHS use only

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Good Beginnings of Sullivan

Bidder/Program Name: County

Personal Responsibility Education

Budget Request for: Program

(Name of RFP)

Budget Period: July 1, 2014 - June 30, 2015

	801000000		******			
Line Item A		Direct Incremental	4	The state of the s	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$	49,920.00		4,992.00		Good Beginnings applies
Employee Benefits	\$	9,988.00	\$	-	\$	a standard overhead rate
3. Consultants	\$		\$	-	\$ -	of 10% of direct costs to
4. Equipment:	\$		\$	-	\$ -	all contracts.
Rental	\$	-	\$	-	\$ -	
Repair and Maintenance	\$	-	\$	-	\$ -	
Purchase/Depreciation	\$	-	\$		\$ 	
5. Supplies:	\$		\$	•	\$ 	
Educational			\$	-	\$ -	
Lab	\$	-	\$	-	\$ -	
Pharmacy	\$		\$		\$ 	
Medical	\$	-	65	•	\$ •	
Office			\$	-	\$ -	
6. Travel	\$	3,900.00	\$	-	\$ 3,900.00	
7. Occupancy	\$	-	\$	-	\$ -	
Current Expenses	\$	-	\$	-	\$ -	
Telephone	\$	-	\$	_	\$ -	
Postage	\$		\$	-	\$ -	
Subscriptions	\$		\$	-	\$ -	
Audit and Legal	\$	-	\$	-	\$ -	
Insurance	\$	-	\$	-	\$ -	
Board Expenses	\$		\$	-	\$ -	
9. Software	\$	-	\$	-	\$ -	
10. Marketing/Communications	\$	3,200.00	\$	-	\$ 3,200.00	
11. Staff Education and Training	\$	3,000.00	\$	-	\$ 3,000.00	
12. Subcontracts/Agreements	\$	-	\$	-	\$ -	
13. Other (specific details mandatory):	\$	-	\$		\$ -	
	\$	-	\$	-	\$ •	
	\$	-	\$	-	\$ -	
	\$	-	\$	•	\$ -	
TOTAL	\$	70,008.00	\$	4,992.00	\$ 75,000.00	

Indirect As A Percent of Direct

7.1%

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Good Beginnings of Sullivan County

Budget Request for: Personal Responsibility Education Program

(Name of RFP)

Budget Period: July 1, 2015 - June 30, 2016

	AND THE CONTRACT OF THE CONTRA					
Line Item	Inc	Direct remental	Indirect Fixed	T	otal	Allocation Method for Indirect/Fixed Cost
Total Salary/Wages	\$	49,920.00	\$ 4,992.00	\$	54,912.00	Good Beginnings applies
Employee Benefits	\$	9,988.00	\$	\$	9,988.00	a standard overhead rate
3. Consultants	\$	-	\$ •	\$	_	of 10% of direct costs to
4. Equipment:	\$	-	\$ -	\$	-	all contracts.
Rental	\$	-	\$ -	\$	-	
Repair and Maintenance	\$	-	\$ •	\$	-	
Purchase/Depreciation	\$	-	\$ -	\$		
5. Supplies:	\$		\$ -	\$		
Educational			\$ -	\$	-	
Lab	\$	-	\$ -	\$	-	
Pharmacy	\$	-	\$ -	\$	-	
Medical	\$	-	\$	\$		
Office			\$ -	\$		
6. Travel	\$	3,900.00	\$ •	\$	3,900.00	
7. Occupancy	\$	-	\$ •	\$	-	
8. Current Expenses	\$	-	\$ -	\$	-	
Telephone	\$	-	\$	\$	-	
Postage	\$	•	\$	\$	-	
Subscriptions	\$		\$ •	\$	-	
Audit and Legal	\$		\$ •	\$	-	
Insurance	\$	-	\$ -	\$	-	
Board Expenses	\$	-	\$ -	\$		
9. Software	\$	-	\$ -	\$	-	
10. Marketing/Communications	\$	3,200.00	\$ -	\$	3,200.00	
11. Staff Education and Training	\$	3,000.00	\$ -	\$	3,000.00	
12. Subcontracts/Agreements	\$	-	\$ -	\$	-	
13. Other (specific details mandatory):	\$	-	\$ -	\$	-	
	\$	-	\$ •	\$	-	
	\$	-	\$	\$	-	
	\$	-	\$ •	\$	-	
TOTAL	\$	70,008.00	\$ 4,992.00	\$	75,000.00	

Indirect As A Percent of Direct

7.1%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)
Reconciliation - (this line must be equal to or greater than \$0)

\$ 75,000.00





Nicholas A. Toumpas Commissioner

José Thier Montero Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527 603-271-4517 1-800-852-3345 Ext. 4517 Fax: 603-271-4519 TDD Access: 1-800-735-2964



	7.5 7.10 VLD 1/0
His Excellency, Governor John H. Lynch	ATE
and the Honorable Executive Council	APPROVED G&C_#35
State House Concord, New Hampshire 03301	DATE5/9/12
	REQUESTED ACTION NOT APPROVED
	REQUESTED ACTION

March 28,-2012\/FD F/C

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Good Beginnings of Sullivan County (Vendor #170625-B001), 109 Pleasant Street, P.O. Box 1098, Claremont, New Hampshire 03743, to provide personal responsibility education services, to be effective March 14, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013, in an amount not to exceed \$150,000. Funds are available in SFY 2012 and SFY 2013, with authority to adjust amounts if needed and justified between State Fiscal Years.

05-95-90-902010-1844 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS. HIIS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES. FED NH PREP GRANT

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2012	102-500731	Contracts for Prog Svc	90018440	\$62,450
SFY 2013	102-500731	Contracts for Prog Svc	90018440	\$87,550
			Sub-Total	\$150,000

EXPLANATION

Funds in this agreement will be used to provide pregnancy prevention and adult skill preparation programs for teens and young adults in Sullivan County. The curriculum will focus on building personal responsibility skills among 17-19 year olds and pregnant/parenting adolescents up to age 21 through topics such as prevention of pregnancy and sexually transmitted infection; Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome; healthy relationships; adolescent development; financial literacy; parent-child communication and education and employment skills.

New Hampshire Division of Public Health Services is committed to helping young people avoid teen pregnancy and sexually transmitted infections by supporting programs that promote healthy life skills. The goal of this funding is to decrease teen birth rates, pregnancies and sexually transmitted infections among 17-19 year olds, as well as, parenting and pregnant teens/young adults up to age 21, in areas of the state with demonstrated need.

His Excellency, Governor John H. Lynch and the Honorable Executive Council March 28, 2012 Page 2

New Hampshire is fortunate that it currently has the lowest teen birth rate in the country. In calendar year 2007, 6.6% of births in New Hampshire were those to adolescent mothers (under 19), with a birth rate of 20.7 births per 1,000 teens 15-19. Most teen births (75%) in the state are to 18-19 year olds. Our state has shown the same trends apparent among all US states where the teen birth rate fell by more than one-third from 1991 through 2005, then increased by 5% over two consecutive years. New Hampshire data for 2008 and 2009, however, indicate that a downward trend has resumed. The percentage of repeat teen births generally mirrors a state's percentage of teen births, 13% of teen births in 2006 were to girls who were already young mothers.

Currently Sullivan County has among the highest teen birth rate at 41.0 births/1,000 from years 2000-2006 in New Hampshire. With support from the Department of Health and Human Services, Administration for Children, Youth and Families for the Personal Responsibility Education Program, the New Hampshire Division of Public Health Services, Maternal and Child Health Section, will be able to provide an opportunity to support evidence-based, teen pregnancy and Sexually Transmitted Infection prevention curricula focused in Sullivan County.

Should Governor and Executive Council not authorize this request, teen births in Sullivan County may continue to increase. Without these funds, New Hampshire could face increased long-term costs associated with health care and social services due to unintended pregnancies.

Good Beginnings of Sullivan County was selected for this project for Sullivan County target area through a competitive bid process, a bidders conference was held on December 2, 2011. The Request for Proposal was posted on the Department of Health and Human Services web site from November 23, 2011 through December 23, 2011 soliciting proposals to provide services in the city of Manchester and Sullivan County.

The Request for Proposal sought to bid a project in Manchester and in Sullivan County. One for each target area was received. An evaluation committee of three reviewers, internal and external to the Division of Public Health Services, evaluated the proposals. All reviewers have experience in managing agreements with vendors with various public health programs or non-profit programs that serve women, adolescents or families. Areas of specific expertise include public health infrastructure, family planning and maternal and child health services. Reviewers evaluated proposals consistent with the evaluation criteria specified in the Request for Proposals. Both proposals were determined to be of sufficient quality to receive funding. The Request for Proposal scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for three additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is the initial agreement with this Contractor for these services.

The following performance measures will be used to measure the effectiveness of the agreement.

- Among participants ages 17-19, who complete evidence, based teen prevention programs, the percent who indicate greater confidence to communicate with parents about their sexual health.
- Among participants ages 17-21, who complete evidence based teen prevention programs, the percent that demonstrate increased knowledge about safer sex practices, including abstinence.
- Among participants, ages 17-21, who complete evidence based teen prevention programs, the percent that demonstrate increased use of safer sex practices including abstinence.

His Excellency, Governor John H. Lynch and the Honorable Executive Council March 28, 2012 Page 3

• Among participants, ages 17-21, who complete the evidence based teen prevention programs, the percent who indicates improved healthy life skills (e.g. decision making, goal setting, financial literacy, education and career success).

Area served: Sullivan County.

Source of Funds: 100% Federal funds from US Department of Health and Human Services. Administration for Children and Families.

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

Respectfully submitted,

José Thier Montero, MD

Director

Approved by:

Nicholas A. Toumpas Commissioner

JTM/PT/jf

Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. Insurance: Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

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

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

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-1:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.

☐ (2) The contractor certifies it does <u>NOT</u> qualify for insurance requirements under RSA 21-1:13, XIV (Supp. 2006).

17. Renewal:

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for three (3) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

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, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability 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 of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials: 45

Date: 14/12-

Standard Exhibits A – J September 2009 Page 11 of 28