

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Elizabeth Collins Work Phone No. 271-8181

First Middle Last

Work Address:

Special Medical Services, 129 Pleasant Street, Concord, NH 03301

Office/Appointment/Employment held:

Administrator II

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source:

First Middle Last

Post Office Address:

Occupation:

Principal Place of Business:

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OCT 31 2012
NEW HAMPSHIRE
DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity:

AMCHP – Association of Maternal Child Health Programs

Name of Corporate/Entity Representative:

Treeby Brown

Work Address of Representative:

2030 M Street NW, Suite 350, Washington, DC 20036

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: _____ Date Received: _____ *If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.* Exact Estimate

Value of Expense Reimbursement: \$699 Date Received: _____ Airfare and hotel paid up front. Reimbursement submitted not yet received _____ *A copy of the agenda or an equivalent document must be attached to this filing.* X Exact Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

NH is one of 4 grantees for an Advanced Learning Collaborative focusing on the needs of Latino families of Children with Special Health Care Needs. The costs for participation in a Site Visit to North Carolina were covered by the grantor and detailed in this Report.

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of Filer Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

Please complete the following information on the filing person.



INSTITUTE FOR COMMUNITY INCLUSION
UNIVERSITY OF MASSACHUSETTS BOSTON

100 Morrissey Boulevard
Boston, MA 02125-3393
P: 617.287.4300
F: 617.287.4352
www.communityinclusion.org

July 23, 2012

Dear Latino Action Learning Collaborative Grantee:

On behalf of the National Center for Ease of Use of Community-Based Services, we would like you to designate two individuals from your project to attend a site visit for the Latino Action Learning Collaborative Grantees. The meeting will be convened on October 24-25, 2012 in Raleigh, North Carolina. **AMCHP will sponsor two individuals from each state and will cover the cost of airfare, hotel accommodations for two evenings, ground transportation and per diem.** The meeting will provide an opportunity for grantees to share lessons learned and best practices, and to discuss sustainability plans. The meeting will also feature presentations from the lead states and other partners, and will provide a mechanism to shape future technical assistance for state grantees.

Please designate two individuals from your state by **August 15, 2012** and respond to nerlie.ogilus@umb.edu. Travel information and logistics will be sent shortly. As always, please do not hesitate to contact us if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Myra Rosen-Reynoso'.

Myra Rosen-Reynoso, Ph.D.

Research Associate

National Center for Ease of Use of Community-Based Services



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**Latino Action Learning Collaborative
Site Visit
Raleigh, North Carolina
October 24-25, 2012**

Agenda

October 24, 2012

Time	Activity
8:30-9:00	Breakfast
9:00-9:30	Introductions
9:30-10:30	North Carolina
10:30-11:30	Oregon
11:30-12:00	New Mexico
12:00-1:00	Lunch
1:00-1:30	New Mexico
1:30-2:30	New Hampshire
2:30-3:30	Rhode Island
3:30-3:40	Break
3:40-4:40	Indiana

October 25, 2012

8:30-9:00	Breakfast
9:00-12:00	Visit with NC providers and family organizations
12:00-1:00	Boxed lunch/de-briefing