



Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

2/C mac

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION FOR BEHAVIORAL HEALTH  
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-6110 1-800-852-3345 Ext. 6738  
Fax: 603-271-6105 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov/dcbcs/bdas/](http://www.dhhs.nh.gov/dcbcs/bdas/)

October 30, 2017

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to amend an existing **sole source** contract with one (1) of the two (2) vendors listed in the table below by increasing the overall price limitation by \$150,000 from \$400,000 to an amount not to exceed \$550,000 to increase Substance Use Disorder (SUD) crisis respite shelter services in Manchester, New Hampshire, effective upon Governor and Executive Council approval, with no change to the completion date of June 30, 2018. The original agreements were approved by the Governor and Executive Council on August 23, 2017, Item #22. 100% Other Funds.

Vendor	City/Town	Vendor Number	Current Modified Budget	Increased/ (Decreased) Amount	Revised Modified Budget
Harbor Homes, Inc.	Nashua, NH	155358-B001	\$200,000	\$0	\$200,000
National Council on Alcoholism and Drug Dependence/Greater Manchester - Serenity Place	Manchester, NH	177265-P001	\$200,000	\$150,000	\$350,000
		<b>Totals</b>	<b>\$400,000</b>	<b>\$150,000</b>	<b>\$550,000</b>

Funds are available in the following account for State Fiscal Year 2018 with authority to adjust amounts within the price limitation through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

**05-95-92-920510-33820000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased/ (Decreased) Amount	Revised Modified Budget
2018	102-500734	Contracts for Social Services	92058503	\$400,000	\$150,000	\$550,000
			<b>Totals:</b>	<b>\$400,000</b>	<b>\$150,000</b>	<b>\$550,000</b>

### EXPLANATION

The first table above in the "Requested Action" section represents a total of two (2) vendors that provide Substance Use Disorder Crisis Respite Shelter and were presented to Governor and Executive Council together in a previous action. This "Requested Action" is to amend one (1) of the two (2) agreements.

The amendment request is **sole source** to provide National Council on Alcoholism and Drug Dependence/Greater Manchester-Serenity Place the necessary resources to meet the increased demand for Substance Use Disorder Crisis Respite Shelter in Manchester, New Hampshire. The original contract was sole source because it was necessary to implement these services as quickly as possible due to the previous contractor unexpectedly notifying the Department they would no longer provide the service.

These funds will be utilized to increase staff as well as the number of available beds to better serve the growing volume of Safe Stations clients seeking crisis respite. Between May 2016 and April 2017, there were 1,529 requests for assistance from the Manchester Safe Stations program, averaging about 139 people served per month. As a result of the opioid crisis, in September 2017 alone the Contractor served 201 Safe Stations clients and provided respite shelter to 145 individuals from across the State of New Hampshire.

Substance use disorder respite shelter services provide clients with a temporary, safe, substance-free environment while they stabilize and receive treatment services. In addition, these services help clients to identify more permanent, safe housing options. Many of the clients entering the Safe Stations programs are either homeless or living in environments with active substance use.

The following performance measures/objectives are being used to measure the effectiveness of the agreement:

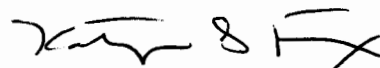
- Number of clients served;
- Number of average nights in substance use disorder respite shelter;
- The time between request for services and admission to shelter; and
- Number of clients placed in more permanent housing.

Should the Governor and Executive Council not authorize this request, individuals seeking substance use disorder treatment services through the Safe Stations program in Manchester may be forced to return to environments that are not conducive to substance use disorders treatment and recovery, lessening the likelihood that they will successfully complete treatment and increasing the likelihood that they will experience an overdose.


Source of Funds: 100% Other Funds from the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

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

Respectfully submitted,

  
Katja S. Fox  
Director

Approved by:

  
Jeffrey A. Meyers  
Commissioner



**New Hampshire Department of Health and Human Services  
Substance Use Disorder Crisis Respite Shelter  
SS-2018-BDAS-03-RESPI**

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**State of New Hampshire  
Department of Health and Human Services  
Amendment #1 to the  
Substance Use Disorder Crisis Respite Shelter Contract**

This 1<sup>st</sup> Amendment to the Substance Use Disorder Crisis Respite Shelter Contract (hereinafter referred to as "Amendment #1") dated this 18th day of October, 2017, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and National Council on Alcoholism and Drug Dependence/Greater Manchester-Serenity Place, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 101 Manchester Street, Manchester, NH 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on August 23, 2017, ITEM #22, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to increase the price limitation.

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

1. Amend Form P-37, Block 1.8, to increase the Price Limitation by \$150,000 from \$200,000 to read:  
\$350,000
2. Amend Form P-37, Block 1.9, to read: E. Maria Reinemann, Esq., Director of Contracts and Procurement
3. Amend Form P-37, Block 1.10 to read: 603-271-9330
4. Delete Exhibit B-1 BUDGET in its entirety and replace with:

Exhibit B-1 BUDGET - Amendment #1



**New Hampshire Department of Health and Human Services**  
**Substance Use Disorder Crisis Respite Shelter**  
**SS-2018-BDAS-03-RESPI**

This amendment shall be effective upon the date of Governor and Executive Council approval.  
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire  
Department of Health and Human Services

10/30/17  
Date

Katja S. Fox  
Katja S. Fox, Director  
Division for Behavioral Health

National Council on Alcoholism and Drug Dependence/  
Greater Manchester - Serenity Place

10-30-2017  
Date

Stephanie Bergeron  
Name: Stephanie Bergeron  
Title: Executive Director

Acknowledgement of Contractor's signature:

State of New Hampshire, County of Hillsborough on 11-30-2017, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Jennifer Bergeron  
Signature of Notary Public or Justice of the Peace

Jennifer Bergeron, Notary  
Name and Title of Notary or Justice of the Peace

My Commission Expires: 10.05.2021

**New Hampshire Department of Health and Human Services  
Substance Use Disorder Crisis Respite Shelter  
SS-2018-BDAS-03-RESPI**

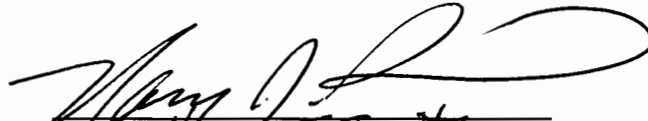


The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

10-30-2017

Date

  
Name: Nancy J. Smith  
Title: Senior Asst. Atty General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: \_\_\_\_\_ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:

# Exhibit B-1 BUDGET, Amendment #1

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

Bidder/Program Name: National Council on Alcoholism and Drug Dependence/Greater Manchester - Serenity Place

Budget Request for: SS-2018-BDAS-03-RESPI  
(Name of Contract)

Budget Period: July 1, 2017 - June 30, 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 314,715.76	\$ -	\$ 314,715.76	\$ 21,000.00	\$ -	\$ 21,000.00	\$ 293,715.76	\$ -	\$ 293,715.76
2. Employee Benefits	\$ 46,697.04	\$ -	\$ 46,697.04	\$ 17,056.00	\$ -	\$ 17,056.00	\$ 29,641.04	\$ -	\$ 29,641.04
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 2,500.00	\$ -	\$ 2,500.00	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 35,000.00	\$ -	\$ 35,000.00	\$ 35,000.00	\$ -	\$ 35,000.00	\$ -	\$ -	\$ -
8. Current Expenses	\$ 4,200.00	\$ -	\$ 4,200.00	\$ 4,200.00	\$ -	\$ 4,200.00	\$ -	\$ -	\$ -
9. Software	\$ 15,000.00	\$ -	\$ 15,000.00	\$ 15,000.00	\$ -	\$ 15,000.00	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 26,643.20	\$ -	\$ 26,643.20	\$ -	\$ -	\$ -	\$ 26,643.20	\$ -	\$ 26,643.20
13. Other (specific details mandatory): Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 454,856.00	\$ -	\$ 454,856.00	\$ 104,856.00	\$ -	\$ 104,856.00	\$ 350,000.00	\$ -	\$ 350,000.00
Indirect As A Percent of Direct	0.0%								

Exhibit B-1 BUDGET, Amendment #1

Initials SFB  
Date 10-30-17

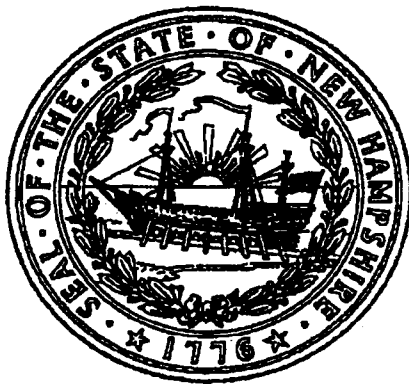
# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SERENITY PLACE is a New Hampshire Trade Name registered to transact business in New Hampshire on April 07, 2009. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 611719



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 12th day of April A.D. 2017.

A handwritten signature in black ink, appearing to read "Wm Gardner", written over a horizontal line.

William M. Gardner  
Secretary of State

# CERTIFICATE OF VOTE

I, John B. FitzGerald III, do hereby certify that:  
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Serenity Place, NCADD-GM.  
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of  
the Agency duly held on October 6, 2016:  
(Date)

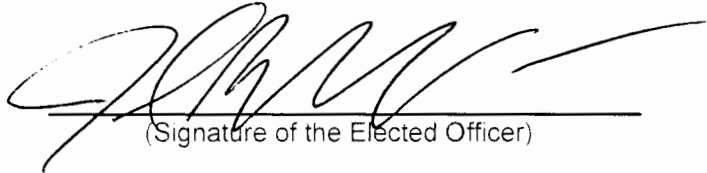
**RESOLVED:** That the Executive Director  
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract 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.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of  
the 30th day of October, 2017.  
(Date Contract Signed)

4. Stephanie Bergeron is the duly elected Executive Director  
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

  
(Signature of the Elected Officer)

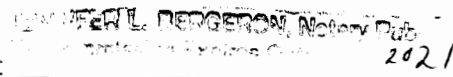
STATE OF New Hampshire  
County of Hillsborough

The forgoing instrument was acknowledged before me this 30th day of October, 2017.

By John B. FitzGerald III  
(Name of Elected Officer of the Agency)

  
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

  
Commission Expires: 2021





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2017

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).

<b>PRODUCER</b> E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	<b>CONTACT NAME:</b> Pat Mack <b>PHONE (A/C, No, Ext):</b> (603) 293-2791 <b>FAX (A/C, No):</b> (603) 293-7188 <b>E-MAIL ADDRESS:</b> pat@esinsurance.com
<b>INSURED</b> National Council on Alcoholism & Drug Greater Manchester T/A Serenity Place 101 Manchester Street Manchester NH 03101	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Markel INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES**

CERTIFICATE NUMBER: 2017 Certificate

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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		8502SS335180-7	2/9/2017	2/9/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		8502SS335180-7	2/9/2017	2/9/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		4602SS335181-7	2/9/2017	2/9/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	<b>Professional Liability</b>		8502SS335180-7	2/9/2017	2/9/2018	\$1,000,000 subj to agg \$3,000,000
A	<b>Abuse or Molestation</b>		8502SS335180-7	2/9/2017	2/9/2018	\$1,000,000 subj to aglg \$2,000,000

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

Policy includes new location added on July 1st: 142 Central Street, Manchester, NH.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire  
Department of Health and Human Services  
129 Pleasant Sttreet  
Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE

Pat Mack/PAT

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/28/2017

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).

<b>PRODUCER</b> CGI Insurance 171 Londonderry Turnpike  Hooksett NH 03106		<b>CONTACT</b> NAME: Teri Davis PHONE (A/C, No, Ext): (603) 232-9398 E-MAIL: tdavis@cigibusinessinsurance.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Great Falls Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC #	
<b>INSURED</b> National Council on Alcoholism and Drug 101 Manchester Street  Manchester NH 03101			

**COVERAGES** **CERTIFICATE NUMBER: 17-18 WC** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:  <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			3A State: NH  WCD09246700-17	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

State of New Hampshire DHHS 129 Pleasant St Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Mark Harvie/TERI
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## Mission Statement

Serenity Place's mission is: To provide opportunities for the chemically dependent person to become free of those chemicals, to maintain that freedom, and to return to the community as a contributing member.

**SERENITY PLACE  
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**

***Audited Financial Statements***

***For The Fiscal Years Ended  
June 30, 2016 and 2015***

**SERENITY PLACE  
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**

**Table of Contents**

1.	Independent Auditor's Report.....	1-2
2.	Statements of Financial Position.....	3-4
3.	Statements of Activities and Changes in Net Assets.....	5-6
4.	Statements of Functional Expenses.....	7-9
5.	Statements of Cash Flows.....	10-11
6.	Notes to the Financial Statements.....	12-19

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of  
**Serenity Place**  
**National Council on Alcoholism and Drug Dependence Affiliate**  
Manchester, New Hampshire

We have audited the accompanying financial statements of Serenity Place, National Council on Alcoholism and Drug Dependence Affiliate (a nonprofit organization), which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

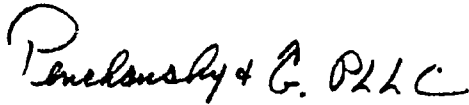
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Serenity Place, National Council on Alcoholism and Drug Dependence Affiliate as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Penchansky & Co., PLLC  
Certified Public Accountants  
Manchester, New Hampshire

January 17, 2017

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**  
**Statements of Financial Position**  
**As of June 30,**

**ASSETS**

	<b><u>Unrestricted</u></b>	<b><u>Temporarily Restricted</u></b>	<b><u>2016 Totals</u></b>	<b><u>2015 Totals</u></b>
<b><u>Current Assets:</u></b>				
Cash and Cash Equivalents	\$ 53,551	\$ 97,487	\$ 151,038	\$ 93,813
Accounts Receivable	253,876	0	253,876	158,253
Insurance Claim Receivable	0	0	0	39,363
Prepaid Expenses	22,370	0	22,370	21,000
Due from Temporarily Restricted Fund	16,712	0	16,712	0
Total Current Assets	<u>346,509</u>	<u>97,487</u>	<u>443,996</u>	<u>312,429</u>
<b><u>Fixed Assets:</u></b>				
Land	42,371	0	42,371	42,371
Buildings	71,430	0	71,430	71,430
Building Improvements	565,578	0	565,578	470,198
Furniture and Fixtures	93,525	0	93,525	71,241
Equipment	118,555	0	118,555	99,276
Vehicles	29,950	0	29,950	29,950
Website	1,510	0	1,510	0
Less: Accumulated Depreciation	<u>(490,612)</u>	<u>0</u>	<u>(490,612)</u>	<u>(452,549)</u>
Net Fixed Assets	<u>432,307</u>	<u>0</u>	<u>432,307</u>	<u>331,917</u>
<b><u>Other Assets:</u></b>				
Investments at Market Value	<u>0</u>	<u>0</u>	<u>0</u>	<u>85,863</u>
Total Other Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>85,863</u>
Total Assets	<b><u>\$ 778,816</u></b>	<b><u>\$ 97,487</u></b>	<b><u>\$ 876,303</u></b>	<b><u>\$ 730,209</u></b>

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*See Notes and Independent Auditor's Report*



SERENITY PLACE  
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE  
Statements of Financial Position  
As of June 30,

**LIABILITIES AND NET ASSETS**

	<b><u>Unrestricted</u></b>	<b><u>Temporarily Restricted</u></b>	<b><u>2016 Totals</u></b>	<b><u>2015 Totals</u></b>
<b><u>Current Liabilities:</u></b>				
Accounts Payable	\$ 127,515	\$ 0	\$ 127,515	\$ 46,673
Accrued Expenses	74,018	0	74,018	98,143
Due to Unrestricted	0	16,712	16,712	0
Deferred Revenue	32,246	0	32,246	11,300
Line of Credit	88,505	0	88,505	88,505
Current Portion of Notes Payable	5,000	0	5,000	5,000
Total Current Liabilities	<u>327,284</u>	<u>16,712</u>	<u>343,996</u>	<u>249,621</u>
<b><u>Long Term Liabilities:</u></b>				
Notes Payable, Net of Current Portion	<u>10,000</u>	<u>0</u>	<u>10,000</u>	<u>15,000</u>
Total Long Term Liabilities	<u>10,000</u>	<u>0</u>	<u>10,000</u>	<u>15,000</u>
Total Liabilities	<u>337,284</u>	<u>16,712</u>	<u>353,996</u>	<u>264,621</u>
<b><u>Net Assets:</u></b>				
Net Assets	<u>441,532</u>	<u>80,775</u>	<u>522,307</u>	<u>465,588</u>
Total Liabilities and Net Assets	<u>\$ 778,816</u>	<u>\$ 97,487</u>	<u>\$ 876,303</u>	<u>\$ 730,209</u>

*See Notes and Independent Auditor's Report*

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCY AFFILIATE**  
**Statements of Activities and Changes in Net Assets**  
**For The Years Ended June 30,**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2016 Totals</u>	<u>2015 Totals</u>
<b><u>Revenue and Support:</u></b>				
Governmental Agency Revenue	\$ 578,421	\$ 145,380	\$ 723,801	\$ 859,279
Contributions	154,087	2,401	156,488	112,600
Grants	16,667	25,000	41,667	92,345
Charges For Services	915,227	0	915,227	403,208
Fundraising	1,115	0	1,115	130,217
Other Revenue	55,198	0	55,198	1,395
Net Assets Released from Restrictions:				
Satisfaction of Program Restrictions	113,717	(113,717)	0	0
Total Revenue and Support	<u>1,834,432</u>	<u>59,064</u>	<u>1,893,496</u>	<u>1,599,044</u>
<b><u>Expenses:</u></b>				
Program Services	1,484,344	0	1,484,344	1,307,072
Fundraising	83,714	0	83,714	99,271
General and Administrative	267,056	0	267,056	198,644
Total Expenses	<u>1,835,114</u>	<u>0</u>	<u>1,835,114</u>	<u>1,604,987</u>
Excess (Deficit) of Revenue and Support over Expenses	<u>(682)</u>	<u>59,064</u>	<u>58,382</u>	<u>(5,943)</u>
<b><u>Other Revenue (Expenses):</u></b>				
Interest and Investment Income	94	0	94	5,047
Holding Gain (Loss) on Investments	(34,953)	0	(34,953)	(3,329)
Gain (Loss) on Investments Sold	33,196	0	33,196	0
Total Other Revenue (Expenses)	<u>(1,663)</u>	<u>0</u>	<u>(1,663)</u>	<u>1,718</u>
Income (Loss) Before Unusual Items	<u>(2,345)</u>	<u>59,064</u>	<u>56,719</u>	<u>(4,225)</u>
<b><u>Unusual or Infrequent Items:</u></b>				
Loss on Abandonment of Project	<u>0</u>	<u>0</u>	<u>0</u>	<u>(45,446)</u>
Total Unusual or Infrequent Items	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ (45,446)</u>

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*See Notes and Independent Auditor's Report*

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCY AFFILIATE**  
**Statements of Activities and Changes in Net Assets**  
**For The Years Ended June 30,**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2016 Totals</u>	<u>2015 Totals</u>
Net Increase (Decrease) in Net Assets	\$ (2,345)	\$ 59,064	\$ 56,719	\$ (49,671)
Net Assets - Beginning of Period	<u>443,877</u>	<u>21,711</u>	<u>465,588</u>	<u>515,259</u>
Net Assets - End of Period	<u>\$ 441,532</u>	<u>\$ 80,775</u>	<u>\$ 522,307</u>	<u>\$ 465,588</u>

*See Notes and Independent Auditor's Report*

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE**  
**Statements of Functional Expenses**  
**For The Years Ended June 30,**

	<u>Program Services - 2016</u>			
	<u>REAP</u>	<u>Withdrawal Management</u>	<u>Tirrell House</u>	<u>Intensive Out Patient</u>
<b><u>Expenses:</u></b>				
Salaries and Wages	\$ 133,826	\$ 165,612	\$ 223,970	\$ 52,612
Payroll Taxes	8,438	15,292	20,363	4,010
Employee Benefits	14,231	6,558	25,391	5,366
Client Food	165	19,336	80,449	1,813
Professional Fees	4,268	426	633	109
Depreciation	5,648	5,855	7,221	1,354
Utilities	4,456	5,813	8,624	1,254
Insurance	3,229	5,150	12,911	2,357
Educational Materials	10,673	0	0	0
Occupancy Expenses	8,275	0	0	0
Supplies	2,589	1,168	6,188	1,148
Repairs and Maintenance	2,383	2,846	5,800	682
Fundraising Events	0	0	0	0
Office Expense	2,519	596	139	15
Telephone and Internet	1,006	1,038	3,637	352
Staff Development	340	702	1,820	25
Equipment Lease	3,325	1,017	684	112
Bank and Credit Card Fees	1,678	0	69	0
Travel and Entertainment	177	243	239	34
Advertising	0	0	0	0
Dues and Subscriptions	427	448	657	111
Postage	248	235	333	56
Licenses and Fees	0	200	791	0
Interest	0	0	0	0
Board Expenses	0	0	0	0
Client Expense	0	12	0	0
Printing	655	128	7	0
Bad Debt Expense	0	0	0	0
Contributions	0	0	0	0
Miscellaneous	217	106	0	0
<b>Total Expenses</b>	<b>\$ 208,773</b>	<b>\$ 232,781</b>	<b>\$ 399,926</b>	<b>\$ 71,410</b>

-Continued on Next Page-

See Notes and Independent Auditor's Report

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE**  
**Statements of Functional Expenses**  
**For The Years Ended June 30,**

	<u>Program Services - 2016</u>			
	<u>Lin's Place</u>	<u>Outpatient</u>	<u>Wrap Around</u>	<u>Total Program Services</u>
<b><u>Expenses:</u></b>				
Salaries and Wages	\$ 258,979	\$ 73,051	\$ 40,691	\$ 948,741
Payroll Taxes	19,084	4,306	2,705	74,198
Employee Benefits	33,749	1,762	3,278	90,335
Client Food	59,793	0	0	161,556
Professional Fees	891	24	1	6,352
Depreciation	9,841	318	0	30,237
Utilities	14,878	224	86	35,335
Insurance	11,569	610	310	36,136
Educational Materials	0	0	0	10,673
Occupancy Expenses	0	2,114	857	11,246
Supplies	5,322	22	0	16,437
Repairs and Maintenance	7,551	96	114	19,472
Fundraising Events	0	0	0	0
Office Expense	1,267	1,639	6,490	12,665
Telephone and Internet	2,398	77	15	8,523
Staff Development	751	145	375	4,158
Equipment Lease	1,926	176	968	8,208
Bank and Credit Card Fees	0	6	0	1,753
Travel and Entertainment	467	1	537	1,698
Advertising	0	0	0	0
Dues and Subscriptions	771	(56)	2	2,360
Postage	403	13	1	1,289
Licenses and Fees	400	0	0	1,391
Interest	0	0	0	0
Board Expenses	0	0	0	0
Client Expense	15	0	0	27
Printing	213	0	1	1,004
Bad Debt Expense	0	0	0	0
Contributions	0	0	0	0
Miscellaneous	183	44	0	550
<b>Total Expenses</b>	<b>\$ 430,451</b>	<b>\$ 84,572</b>	<b>\$ 56,431</b>	<b>\$ 1,484,344</b>

-Continued on Next Page-

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE**  
**Statements of Functional Expenses**  
**For The Years Ended June 30,**

**Supporting Services - 2016**

	<u><b>Fundraising</b></u>	<u><b>General Management</b></u>	<u><b>2016 Total</b></u>	<u><b>2015 Total</b></u>
<u><b>Expenses:</b></u>				
Salaries and Wages	\$ 47,775	\$ 175,602	\$ 1,172,118	\$ 1,086,059
Payroll Taxes	3,863	14,045	92,106	83,146
Employee Benefits	1,783	3,595	95,713	74,324
Client Food	0	0	161,556	97,284
Professional Fees	176	26,163	32,691	19,702
Depreciation	2,208	5,617	38,062	35,485
Utilities	2,133	4,908	42,376	42,999
Insurance	1,900	2,396	40,432	31,407
Educational Materials	0	0	10,673	11,775
Occupancy Expenses	5,977	6,777	24,000	370
Supplies	265	697	17,399	15,751
Repairs and Maintenance	1,364	3,666	24,502	24,252
Fundraising Events	9,401	0	9,401	17,790
Office Expense	1,909	4,710	19,284	7,158
Telephone and Internet	477	878	9,878	9,146
Staff Development	315	2,497	6,970	4,938
Equipment Lease	1,953	2,059	12,220	7,833
Bank and Credit Card Fees	90	1,995	3,838	6,063
Travel and Entertainment	175	2,281	4,154	3,529
Advertising	1,475	40	1,515	2,834
Dues and Subscriptions	251	717	3,328	3,871
Postage	105	1,415	2,809	3,500
Licenses and Fees	0	207	1,598	1,021
Interest	0	3,304	3,304	2,513
Board Expenses	0	0	0	44
Client Expense	0	0	27	20
Printing	119	180	1,303	2,279
Bad Debt Expense	0	0	0	7,500
Contributions	0	0	0	0
Miscellaneous	0	3,307	3,857	2,394
<b>Total Expenses</b>	<b>\$ 83,714</b>	<b>\$ 267,056</b>	<b>\$ 1,835,114</b>	<b>\$ 1,604,987</b>

*See Notes and Independent Auditor's Report*

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**  
**Statements of Cash Flows**  
**For the Years Ended June 30,**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2016 Totals</u>	<u>2015 Totals</u>
<b><u>Cash Flows from Operating Activities:</u></b>				
Net Increase (Decrease) in Net Assets	\$ (2,345)	\$ 59,064	\$ 56,719	\$ (49,671)
<u>Adjustments to reconcile changes in net assets to net cash provided by (used for) operating activities:</u>				
Depreciation	38,062	0	38,062	35,485
Realized (Gain) Loss on Sale of Investments	(33,196)	0	(33,196)	0
Holding (Gain) Loss on Investments	34,953	0	34,953	3,329
Loss on Abandonment of Project	0	0	0	48,662
(Increase) Decrease in Accounts Receivable	(95,623)	0	(95,623)	(2,992)
(Increase) Decrease in Insurance Claim	39,363	0	39,363	(20,667)
(Increase) Decrease in Prepaid Expenses	(1,370)	0	(1,370)	(5,897)
Increase (Decrease) in Accounts Payable	80,842	0	80,842	(2,342)
Increase (Decrease) in Accrued Expenses	(24,125)	0	(24,125)	8,995
Increase (Decrease) in Deferred Revenue	20,946	0	20,946	(2,855)
Total Adjustments	59,852	0	59,852	61,718
Net Cash Flows Provided by (Used for) Operating Activities	57,507	59,064	116,571	12,047
<b><u>Cash Flows from Investing Activities:</u></b>				
Acquisitions of Equipment	(138,454)	0	(138,454)	(42,154)
Proceeds from Sale of Investments	84,202	0	84,202	0
Amounts Due to/from Temporarily	(16,712)	16,712	0	0
Acquisitions of Investments	(94)	0	(94)	(5,048)
Net Cash Flows Provided by (Used for) Operating Activities	\$ (71,058)	\$ 16,712	\$ (54,346)	\$ (47,202)

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*See Notes and Independent Auditor's Report*

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**  
**Statements of Cash Flows**  
**For the Years Ended June 30,**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2016 Totals</u>	<u>2015 Totals</u>
<b><u>Cash Flows from Financing Activities:</u></b>				
Principal Payments on Notes Payable	\$ (5,000)	\$ 0	\$ (5,000)	\$ (25,000)
Proceeds from Line of Credit	0	0	0	125,955
Payments on Line of Credit	<u>0</u>	<u>0</u>	<u>0</u>	<u>(73,755)</u>
Net Cash Flows Provided by (Used for) Financing Activities	<u>(5,000)</u>	<u>0</u>	<u>(5,000)</u>	<u>27,200</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(18,551)	75,776	57,225	(7,955)
Cash and Equivalents - Beginning of Year	<u>72,102</u>	<u>21,711</u>	<u>93,813</u>	<u>101,768</u>
Cash and Equivalents - End of Year	<u><b>\$ 53,551</b></u>	<u><b>\$ 97,487</b></u>	<u><b>\$ 151,038</b></u>	<u><b>\$ 93,813</b></u>
<b>Supplemental Cash Flow Disclosures:</b>				
Interest (net of amount capitalized)	<u>\$ 3,304</u>	<u>\$ 0</u>	<u>\$ 3,304</u>	<u>\$ 2,513</u>

*See Notes and Independent Auditor's Report*



**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**  
**Notes to the Financial Statements**  
**June 30, 2016 and 2015**

**Nature of Organization & Activities:**

Serenity Place, a National Council on Alcoholism and Drug Dependence Affiliate (the "Organization"), is a non-profit organization formed under the laws of the State of New Hampshire in 1979 for the purpose of providing opportunities for the chemically dependent person to become free of those dependencies, to maintain that freedom and to return to the community as a contributing member.

**Note 1 - Summary of Significant Accounting Principles:**

**A. Method of Accounting**

The accompanying financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

**B. Basis of Presentation**

The Organization presents its financial statements following the Not-For-Profit Entities topic of the FASB Accounting Standards Codification with respect to financial statement presentation. Under this topic, the Organization is required to report information regarding its financial position and activities according to the three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. In addition, the Institute is required to present a statement of cash flows. The financial statements are presented using the three classes of net assets and are as follows:

**Unrestricted Net Assets:**

The portion of net assets of a not-for-profit Organization that is neither permanently restricted nor temporarily restricted by donor imposed stipulations.

**Temporarily Restricted Net Assets:**

The portion of net assets of a not-for-profit Organization resulting (a) from contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations, (b) from other asset enhancements and diminishments subject to the same kinds of stipulations, and (c) for reclassifications to or from other classes of net assets as a consequence of donor-imposed stipulations, their expiration by passage of time, or their fulfillments and removal by actions of the Organization pursuant to those stipulations. Temporarily Restricted Net Assets at June 30, 2016 and 2015 were \$80,775 and \$21,711, respectively.

*-Continued on Next Page-*

SERENITY PLACE  
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE  
Notes to the Financial Statements  
June 30, 2016 and 2015

**Note 1 - Summary of Significant Accounting Principles - Continued:**

**B. Basis of Presentation - Continued**

**Permanently Restricted Net Assets:**

The portion of net assets of a not-for-profit Organization resulting (a) from contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled or otherwise removed by actions of the Organizations, (b) from other asset enhancements and diminishments subject to the same kinds of stipulations, and (c) from reclassifications from or to other classes of net assets as a consequence of donor-imposed stipulations. There are no Permanently Restricted Net Assets at June 30, 2016 and 2015.

**C. Cash and Cash Equivalents**

For purposes of the statement of cash flows, the Organization considers all highly liquid deposits with maturity of three months or less to be cash and/or cash equivalents.

**D. Use of Estimates in the Preparation of Financial Statements**

Management uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could vary from the estimates that were used.

**E. Income Taxes**

The Organization is exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. There are no state income taxes due to the fact that the State of New Hampshire recognizes Section 501(c)(3) for exemption of organizations that are organized and operated exclusively for religious, charitable, scientific, literary, or educational purposes. The Organization's evaluation on June 30, 2016 and 2015 revealed no uncertain tax positions that would have a material impact of the financial statements.

The Organization's information returns are subject to possible examination by the taxing authorities. For federal purposes the returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

*-Continued on Next Page-*

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**  
**Notes to the Financial Statements**  
**June 30, 2016 and 2015**

**Note 1 - Summary of Significant Accounting Principles - Continued:**

**F. Fixed Assets**

Property and equipment are carried at cost and donations of property and equipment are recorded as support at fair value at the time of the gift. Acquisitions of property and equipment in excess of \$5,000 that meet the capitalization requirements are capitalized. Depreciation is computed using the straight-line method based on the assets' estimated useful lives. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is recognized. The cost of maintenance and repairs is charged to operations as incurred; significant renewals and betterments are capitalized. The breakdown of assets relevant to useful life is as follows:

<u>Description</u>	<u>Method</u>	<u>Life</u>
Furniture and Fixtures	Straight-Line	5-7 years
Equipment	Straight-Line	3-5 years
Vehicles	Straight-Line	5 years
Buildings and Improvements	Straight-Line	5-39 years

**G. Accounts Receivable**

Accounts receivable are reported at net realizable value. Net realizable value is equal to the gross amount of receivables less an estimated allowance for uncollectible accounts. Historically, the Organization has not experienced material write offs, and therefore has not established an allowance account.

**H. Donor-Restricted Contributions**

The Organization's policy is to report donor-restricted contributions whose restrictions are met in the same reporting period, as unrestricted support, as there is no effect to reported restricted net assets.

**I. Investments**

The Organization follows the FASB Accounting Standards Codification with respect to investments. Under this subtopic, investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. See Note No. 7.

*-Continued on Next Page-*

SERENITY PLACE  
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE  
Notes to the Financial Statements  
June 30, 2016 and 2015

**Note 1 - Summary of Significant Accounting Principles - Continued:**

**J. Fair Value of Financial Instruments**

Current accounting standards require the Organization to disclose estimated fair value for its financial instruments. The carrying amounts of cash, other receivables, prepaid expenses, accounts payable, accrued expenses and refundable advances approximate fair value because of the short maturity of those instruments.

**K. Advertising**

The Organization follows the policy of charging the costs of advertising to expense as they are incurred. Advertising expenses were \$1,515 and \$2,834 for the years ended June 30, 2016 and 2015, respectively.

**L. Functional Allocation of Expenses**

The costs of providing the various program services have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**Note 2 - Notes Payable:**

At June 30, 2016 and 2015, notes payable were as follows:

	<u>2016</u>	<u>2015</u>
Note Payable to the City of Manchester, bearing a fixed annual interest rate of 0%, payable in annual installments of \$5,000. Matures in October, 2018.	\$ 15,000	\$ 20,000
Total Note Payable	15,000	20,000
Less: Current Maturities on Note Payable	<u>(5,000)</u>	<u>(5,000)</u>
Note Payable – Long –Term Portion	<u>\$ 10,000</u>	<u>\$ 15,000</u>

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**  
**Notes to the Financial Statements**  
**June 30, 2016 and 2015**

**Note 2 - Notes Payable - Continued:**

Future minimum principal payments are as follows:

<u>For The Fiscal Years</u> <u>Ended June 30,</u>	<u>Notes</u> <u>Payable</u>
2017	\$ 5,000
2018	10,000
<b>Totals</b>	<b>\$ <u>15,000</u></b>

**Note 3 - Temporarily Restricted Net Assets:**

Temporarily Restricted Net Assets at June 30, 2016 consist of the following:

Riverstone	\$ 25,000
CDFA	<u>55,775</u>
<b>Total</b>	<b>\$ <u>80,775</u></b>

Temporarily Restricted Net Assets at June 30, 2015 consist of the following:

Bean Foundation – Building Repairs	\$ 8,155
Bishops Fund	5,000
Samuel Hunt Foundation – Building Repairs	<u>8,556</u>
<b>Total</b>	<b>\$ <u>21,711</u></b>

**Note 4 - Concentration of Credit Risk - Cash in Bank:**

The Organization maintains its bank accounts with commercial banks, which could at times exceed federally insured limits. Management considers this risk minimal.

**Note 5 - Concentration of Revenue and Support Sources:**

The Organization's primary source of revenues are Block Grants for Prevention and Treatment of Substance Abuse passed through by the State of New Hampshire. Revenue is recognized as earned under the terms of the grant contract. Other support originates from charges for private services and miscellaneous income and grants.

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**  
**Notes to the Financial Statements**  
**June 30, 2016 and 2015**

**Note 6 – Contributions:**

Donated materials, equipment and essential services are reflected as contributions in the accompanying financial statements at fair market value, at the date of the donation. The Organization also adopted a policy to record an in-kind donation for food procured at a below market rate from another non-profit organization. These transactions have been recorded as follows.

	<u>2016</u>	<u>2015</u>
Donated services, materials, equipment and food	\$ <u>128,553</u>	\$ <u>57,286</u>

**Note 7 – Investments:**

The cost and fair market values of investment securities held are as follows:

<u>Description</u>	<u>Cost</u>	<u>Fair Market Value</u>	<u>Accumulated Holding Gains Or (Losses)</u>
Mutual Funds - 2016	\$ <u>51,004</u>	\$ <u>84,200</u>	\$ <u>0</u>
Mutual Funds – 2015	\$ <u>50,910</u>	\$ <u>85,863</u>	\$ <u>34,953</u>

Current year realized gains were \$33,196 for the year ended June 30, 2016.

Prior year unrealized losses were \$3,329 for the year ended June 30, 2015.

**Note 8 – Fair Value Measurements:**

The Organization utilizes all relevant and available information in measuring fair value of investment assets and liabilities in accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*. The fair value hierarchy of ASC 820 prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 - Quoted prices in active markets for similar assets or markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement and may require the School to develop its own assumptions.

*-Continued on Next Page-*

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**  
**Notes to the Financial Statements**  
**June 30, 2016 and 2015**

**Note 8 – Fair Value Measurements - Continued:**

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Some of the Organization's financial assets are not measured on a recurring basis but nevertheless are recorded at amounts that approximate fair value due to their liquid or short term nature. Such financial assets and liabilities include cash and bank deposits, certificates of deposit, accounts receivable and accounts payable.

The following is a description of the valuation methodologies used for assets measured at fair value:

*Money Market Fund, Mutual Funds and Equity Investments:* Valued at the net asset value (NAV) of shares held by the Organization at year end as reported by the investment management firm.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value as of June 30, 2016;

	Level 1	Level 2	Level 3	Total
Corporate Equity Mutual Funds	\$0	\$0	\$0	\$0

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value as of June 30, 2015;

	Level 1	Level 2	Level 3	Total
Corporate Equity Mutual Funds	\$85,863	\$0	\$0	\$85,863

*-Continued on Next Page-*

**SERENITY PLACE**  
**NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE AFFILIATE**  
**Notes to the Financial Statements**  
**June 30, 2016 and 2015**

**Note 9 – Line of Credit:**

As of June 30, 2016 and June 30, 2015, there was a \$100,000 line of credit available through a commercial bank. The line of credit carries an interest rate of 4.00%. At June 30, 2016 and June 30, 2015 there was \$88,505 outstanding on this credit line.

**Note 10 – Involuntary Conversion:**

In 2015, the Organization became aware of a loss of funds that occurred over years ending June 30, 2015 and 2014. The loss was isolated to the transitional living program for adult men. The amount of the loss was estimated to be \$20,667 and \$18,696 for the years ending June 30, 2015 and 2014.

The amount of the loss estimated is covered by insurance and an insurance claim was filed to recover the loss. A receivable for the total amount of the loss of \$39,363 was established at June 30, 2015. At June 30, 2016, the Organization collected on the receivable claim.

**Note 11 – Abandonment of Project:**

The Organization has chosen to capitalize legal, consulting and feasibility costs related to the search and construction of a new premise of additional space for the expansion of the Organization. The capitalized costs related to such activities are expensed when the Organization deems that the space under consideration will not meet the needs of the Organization. The costs associated with the abandoned projects as of June 30, 2015 are \$45,446. The Organization is continuing the search for suitable additional space.

**Note 12 – Subsequent Events:**

The Organization has evaluated subsequent events thru January 17, 2017, which is the date the financial statements were available to be issued. Management asserts that there are no events which meet the criteria for disclosure.



**Serenity Place Board of Directors – FY2018**

<b>NAME</b>	<b>BUSINESS ADDRESS</b>
Roger Beauchamp	Job Corps [REDACTED]
Jeff Benson	VP/CIO Bellwether Community Credit Union [REDACTED]
Mary Constance	Camp Allen Executive Director, Retired [REDACTED]
John FitzGerald, III President	Patch & FitzGerald, P.A. [REDACTED]
Anthony Messina Treasurer	Controller Moveras [REDACTED]
Skip McNamara	Mental Health Center of Greater Manchester - Retired [REDACTED]
Michael O'Shaughnessy Vice- President	McDonough & O'Shaughnessy [REDACTED]
Barbara Potvin Secretary	Keller Williams Realty [REDACTED]
Bobby Schultz	Nashua High School Retired Teacher (working PT)

**Serenity Place Board of Directors – FY2018**

Alan Villeneuve	Pidella Corp. [REDACTED]

All Board Meetings are the 3rd Thursday of the month at 4:15 p.m.  
No Board Meetings during the months of July and December.

**Stephanie H. Bergeron**



[shbergeron74@yahoo.com](mailto:shbergeron74@yahoo.com)

**Education**

Master of Science – Organizational Leadership, Southern New Hampshire University, Manchester, NH 2010

Bachelor of Fine Arts – Visual Arts, New Hampshire Institute of Art, Manchester, NH 2003

**Work History**

**Serenity Place Manchester, NH**

**October 2016 – Present, Executive Director**

**Responsibilities:**

- Reports directly to the Board of Directors on all Serenity Place activities.
- Oversees day-to-day operations, administration, and finances to include development of job specific and organization wide policies and procedures.
- Provides direct supervision and leadership to the Management Team who oversees all day-to-day operations, programs, and clinical functions (consists of Controller/HR Officer, Development Director, Clinical Director, and Program Director).
- ♦ Building visibility of agency, programs, and public policy positions and community impact.
- ♦ Maintain compliance with federal, state, and local regulations.
- ♦ Oversee screening, training, and supervising of existing and new staff to develop and build an effective organization.
- ♦ Retain working relationship with organizations, service providers, and other agencies.
- ♦ Maintain a high level of professional and ethical standards.
- ♦ Work with Board and Executive management team development, fiscal budgetary status, and proposed operational changes as required.
- ♦ Assists in preparation of annual operating budget with Controller and Board.
- ♦ With Clinical Director, oversees the training of new employees in the Staff Code of Ethics and confidentiality policies.
- ♦ Managing the physical plant(s).

**March 2013- October 2016- Development & Operations Director**

- ♦ Data collection, evaluation, and reporting on agency programs.
- ♦ All fundraising activities including annual fund, major gifts and event sponsorships for agency with \$2.5 million+ budget
- ♦ Working with Board of Directors on fundraising and resource building strategies.
- ♦ Researching, writing, and reporting on all federal and foundation grants for the agency.

- ◆ Creating annual development plan and development budget.
- ◆ Creating annual marketing plan with Marketing & Development Committee.
- ◆ Maintaining agency external communications and media outreach.
- ◆ Overseeing the Event Committee to organize all special events and related activities.
- ◆ Managing agency website content and social media outreach.
- ◆ Maintaining fundraising database and mailing list.
- ◆ Developing staff training with Management Team.
- ◆ Identifying and stewarding community partnerships.

**September 2005 – February 2013 Southern New Hampshire University,  
Manchester, NH**

**Assistant Director of Foundation and Corporate Relations**

**Responsibilities:**

- ◆ Researching and identifying governmental and foundation/corporate grant opportunities
- ◆ Contacting program officers and appropriate personnel
- ◆ Connecting with corporate partners for sponsorships
- ◆ Project Management- Writing, preparing, and coordinating with faculty and staff experts large foundation and federal grant proposals and projects
- ◆ Raising \$1.2 million yearly in foundation, corporate and federal grants
- ◆ Maintaining grant proposal calendars
- ◆ Grant reporting: Maintaining grants report calendar, coordinating and writing reports, running Accounts Payable reports for expenses to ensure correct reporting
- ◆ Budget disbursement of new grant funds: Determining with other staff/faculty the disbursement of funds, tracking grant funds through Accounts Payable and Institutional Advancement to ensure they are expensed and recorded correctly in Raiser's Edge
- ◆ Data collection and reporting to Executive Team and Board of Trustees
- ◆ Developing and administering grant workshops and trainings for faculty and staff
- ◆ Supervising and training student workers
- ◆ Supervising departmental budget
- ◆ Liaison between Institutional Advancement, Accounts Payable and the University President's Office
- ◆ Work closely with Director to develop funding strategies related to the University's strategic plan
- ◆ Work closely with Development and Alumni Relations to cultivate funding strategies and community outreach opportunities

**September 2000 – September 2005 New Hampshire Institute of Art, Development  
Assistant**

**Responsibilities:**

- ◆ Researching and writing grants
- ◆ Managing the annual fund

- ◆ Recording all gifts received by the Institute and sending acknowledgement
- ◆ Working with the President's office to organize events, lectures, and visiting artists
- ◆ Organizing exhibition receptions
- ◆ Assist with gallery activities including exhibition shipping, installation, and labeling
- ◆ Writing and distributing all press releases
- ◆ Creating commencement publications and exhibition promotional materials
- ◆ Maintaining the database and mailing lists
- ◆ Assist in all exhibition activities
- ◆ Organizing events for Student Activities Council
- ◆ Training and managing student volunteers
- ◆ Providing tours with historical background to visitors, including large groups

### **Professional Development and Memberships**

Association of Fundraising Professionals (AFP) - Member  
 Council for Advancement and Support of Education (CASE) – Member  
 Southern New Hampshire University Professional Enrichment Program (PEP)  
 Nonviolent Crisis Intervention Training Program  
 Vicarious Trauma in the Workplace  
 Boundaries and Ethics for Clinical Environments

### **Boards**

Manchester City Library Foundation, Director 2008-2011

### **Objective**

A challenging position as that would provide support, education and awareness to individuals.

### **Summary of Qualifications**

- \* Excellent communication skills, both oral and written needs of others
- \* Experience with curriculum development and implementation
- \* Effective Presentation Skills
- \* Management leadership and organizational skills
- \* Extensive experience in crisis intervention
- \* Substantial understanding of the dynamics of domestic violence.

### **Professional Accreditation**

- \* Nationally Certified Counselor (NCC)
- \* Certified Clinical Mental Health Counselor (CCMHC)
- \* Certified Alcohol and Drug Abuse Counselor (CADAC) and (LADC I)
- \* Certified Co-Occurring Disorder Professional- Diplomate (CCDP-D)
- \* Substance Abuse Professional (SAP) Department of Transportation Certification
- \* Approved Clinical Supervisor certified (ACS)
- \* Certified Batterer's Intervention Counselor
- \* Spiritual Care giving to Help Addicted Persons and Families Certificate
- \* Substance Abuse Counseling Certificate
- \* Certified HIV/AIDS Educator
- \* Criminology Certificate
- \* CPR and First Aid Certified
- \* MRT Certified

### **Professional Background**

Serenity Place, Manchester, NH

2014 – Present

#### **Clinical Director**

- Direct supervision of clinical programs and personnel.
- Assist in developing and supervising provisions of all clinical records and programs offered by the Agency.
- Assist with grant and proposal writing.
- Maintain compliance with federal, state, and local regulations.
- Screen, train, and supervise existing and new staff to develop and build an effective organization.
- Proficient in Evidence Based Practices.
- Retain working relationship with organizations, service providers, and other agencies.
- Maintain a high level of professional and ethical standards.
- Schedules and leads regular case conferences. Promotes and maintains an atmosphere which encourages and facilitates a client review process to ensure coordinated, comprehensive, and individualized provision of client services.
- Oversees the training of new employees in the Staff Code of Ethics and confidentiality policies.

Roxbury Community Health Care Center, Roxbury, MA

2012-2013

#### **Senior Clinician/ Suboxone Program Coordinator**

- Provide assessment, diagnosis, and treatment for psychological illness and Substance Abuse through case management, individual, group, family and marital Psychotherapy, consultation, education and prevention to promote maximum benefits from the services provided.
- Attend, present and complete necessary documentation for case management team meetings
- Conducting clinical assessments of individuals, couples and families.

- Conduct substance abuse groups and explore symptoms, underlying causes and consequences to the individual, couples and families.
- Focused on discussing behavior responsibility, motivation and attitudes in achieving redirected behavior.

Arbour Counseling Services: Allston, Ma

2004-2012

**Program Director-School-Based Program**

- Supervised 10-15 Clinicians weekly while working with K-12 students within Boston Public Schools
- Conducted individual as well as group counseling sessions for students facing behavioral and developmental problems
- Conducted seminars/workshops for Teachers and Parents on Developmental and adjustment issues in classroom.
- Conducted several seminars for parents and suggested ways to overcome the behavioral problems of their children.
- Acted as a successful link between students, their teachers and parents.
- Maintained all records and all billing issues related to program development.

HRI, Arbour Hospital. Brookline, MA

2002-2004

**Triangle PHP Clinical Coordinator**

- Provided high end clinical work and treatment services to patients with complex psychosocial needs and Substance abuse diagnosis's independently as well as in group therapy.
- Evaluated patients at admission and formulated appropriate treatment plans.
- Took a fundamental role in coordinating services with the interdisciplinary team and community agencies to ensure appropriate patient care.
- Provided ongoing case management along with advocacy services for patients with medically related social and emotional problems.
- Re-evaluated at appropriate intervals with patients and maintained electronic records in accordance with Hospital and State regulations.

Spectrum Health Systems, Inc. Somerville, Ma

2001-2002

**Clinical Director –Spectrum Shelter for Boys.**

- Provided emergency services with day services for children ages 11-18 in a stabilization program.
- Provided necessary supervision and administration to 30 clinical and staff employees.
- Initiate and formulate treatment planning and discharge planning.
- Offered various kinds of family therapy instructions with psychology internship programs.
- Worked as the responsible authority for all aspects of admissions, clinical care, and crisis work along with psychiatric day services for children with severe mental health and development problems.
- Supervised treatment action for 30 clients for a 45 day period along with educational and clinical needs.

“Reaching out to Women”, Lynn, Ma

2000-2001

**Senior clinician**

- Performed individual and group substance abuse counseling psychotherapy
- Conducted court-ordered evaluations and conducted specialized assessments for Court mandated women
- Worked with women on issues around trauma, domestic violence, and substance abuse, evaluated and reported progress.

Tri-City Mental Health & Retardation Center, Lynn, Ma.

1999-2001

**Group Facilitator in Batterer's Intervention**

- Conducted batterer's intervention group using Deluth Model of Intervention.
- Conducted individual assessments and ongoing treatment involvement
- Managed a high caseload (up to 45)

Essex County Correctional Facility, Middleton, Ma

1997-1999

**Alternatives to Domestic Violence & Abuse Program  
Program Director**

- Tracking record of the domestic violence cases with administration for parole and probation departments.
- Receiving cases from other units and prisons and classifying them according to given parameters.
- Conducting batterer's intervention groups within a jail setting.
- Supervising all staff clinical and officers.
- Supervising progression with enforcement of legal policies and codes.

Serenity Supportive Housing, Topsfield, Ma.

1995-1997

**Assistant Program Director**

- provided counseling to HIV infected patients and motivated them for a healthy happy life
- Delivered lectures on the role of society towards HIV patients
- Conducted HIV tests and both pre and post counseling sessions for individuals.
- Conducted HIV/AIDS educational workshops for college students.

**Educational Background**

- \* **Doctor of Clinical Psychology Candidate , January 2010-present**  
California Southern University
- \* **Masters of Science in Clinical Psychology May 2004**  
Salem State College Salem, Ma, U.S.A
- \* **New England School of Addiction Studies, summer 2000.**  
University of Eastern Connecticut, Willimantic, CT.
- \* **Masters of Education in Integrated Studies, 2000**  
Cambridge College, Cambridge, Ma, U.S.A
- \* **Graduate Courses in Psychology, 1998**  
University Of Massachusetts at Boston, Boston, Ma. U.S.A.
- \* **Bachelor of Arts degree in Sociology and Folklore 1994**  
Memorial University of Newfoundland, St. John's, Newfoundland
- \* **Bachelor of Education (Adult Education), Sept. 2005-present.**  
Memorial University of Newfoundland, St. John's Newfoundland
- \* **Associate's Degree in Science. Major in Drug and Alcohol Rehabilitation, 1996**  
North Shore Community College, Danvers, Ma. U.S.A

**References Available upon Request**



# Jamie Hill

## Objective

To continue my career with an organization that will utilize my Management, Finance and Administrative skills to benefit mutual growth and success.

## Experience

### **Serenity Place – Finance Director**

**January 2016 - Present**

- Prepare and analyze financial statements and reports.
- Plan, coordinate and participate in auditing assignments.
- Perform day-to-day procedures important to Serenity Place's financial operations.
- Prepare all journal entries and reconcile general ledger & subsidiary accounts.
- Reconcile all cash accounts to bank statements and prepare supporting schedules on a monthly basis.
- Monitor deferred revenue from various lines of business.
- Update customer receivables to reflect billing to insurance.
- Manage cash flow daily, prepare cash flow forecast and review with CEO weekly.
- Reconcile temporarily restricted assets and prepare monthly revenue reports to review with the CEO.
- Prepare annual and mid-year budgets.
- Maintain a schedule of fixed assets and record monthly depreciation, disposals and additions; coordinate physical inventory of assets.
- Assist in preparation of year-end audit reports and schedules.
- Assist in open enrollment meetings with broker, CEO and HR to negotiate costs of benefit plans offerings for staff.
- Oversee Accounts Payable, Accounts Receivable and Payroll functions.
- Provide supervision to staff directly assigned to Accounting Department.
- Responsible for relationships with all vendors.
- Contribute to a respectful and collegial work place atmosphere while actively advancing the mission of Serenity Place.

### **Control Technologies - Accounting Assistant**

**July 2015 - January 2016**

- Manage payroll processing for 100+ employees in CA, MA and NH.
- Process tax payments and 401K deferral payments.
- Report certified payroll to sub-contractors and government agencies.
- Monthly contract billing.
- Various office tasks as needed.

### **Accountemps – Salaried Professional Sr. Accountant**

**July 2014 – July 2015**

- Assist clients with various accounting/finance needs and projects

#### **WhippleHill Communications**

- Assisted client with acquisition and transfer of Human Resources and Payroll to Parent Company.
- Assisted CFO and Senior Accountant with Payroll, Benefits Management, Accounts Payable, Accounts Receivable, Bank Reconciliations, Balance Sheet Reconciliations, Vacation Accruals, Budgeting and P&L reporting.

Bauer Hockey

- Assist client with staff deficit in the Accounts Payable department.
- Duties include, but not limited to: Process weekly check/wire payments, update daily cash, process audit files for bank, process/audit employee expense reports, update international currency rates, process journal entries and update accrual files.

**Gigunda Group, Inc. – Director of Finance**

**March 2012 – May 2014**

- Supervise, Manage and Mentor the Finance and Administration department by utilizing their skills and strengths and ensure the accurate reporting of the corporate financials.
- Review program budgets with Account Services and Sales teams to ensure maximum profitability on programs.
- Forecast monthly budgets and analyze monthly expenses to provide CEO and CFO with monthly/quarterly profit and loss reporting along with giving an analysis of the budget vs. actual variances.
- Report current and future revenue pipeline on weekly basis and provide profit and loss estimates to CEO and CFO on a regular basis.
- Established controls and policies for corporate expenses and credit card purchases.
- Manage HR benefits, 401k, employee contracts, Non-Disclosure agreements, Independent contractor agreements, corporate insurance, yearly accounting review/audit, and ensure the corporate taxes were prepared and filed in a timely manner.

**Gigunda Group, Inc. – Accounting Assistant**

**January 2008 – March 2012**

- Ensure the accurate entry of all accounts payable and payroll transactions.
- Managed relationships with vendors and clients by ensuring the timely payment of vendor invoices and accurately invoicing clients.
- Manage HR files of 75 – 200 employees, including employee contracts, background checks, state/federal forms, wage garnishments and benefit eligibility.
- Managed the CEO's related party companies and established their corporate books and payroll on Quickbooks.

**Manchester Radio Group – Assistant Business Manager**

**May 2002 – June 2007**

- Ensure the accurate entry of all accounts payable, payroll and customer payments.
- Managed weekly cash and forecast reporting to corporate office.
- Managed relationships with vendors by ensuring the timely payment of vendor invoices.
- Manage HR files of approximately 20 employees, including employee contracts, state/federal forms, wage garnishments and benefit eligibility.
- Established controls to ensure compliance with Sarbanes Oxley rules and regulations.
- Managed yearly audit with outside auditors.

## **Education**

**Hesser College – Associates in Accounting**

**January 2001 – May 2003**

Pursued my passion for numbers and analyzing problems.

## **Skills**

Verbal and written communication, partner relationship management, attention to detail and organized, self-sufficient and proactive, presentation experience, ability to train others, analytical thinking and planning, accuracy and attention to detail, organizational and prioritization, leadership.

## **Computer Applications**

QuickBooks Pro, QuickBooks Enterprise, Intuit Payroll, Peachtree, Macola, NetSuite, MS Word, MS Excel, MS PowerPoint, ADP, Ceridian, SAP, Trac, Maxwell.

Susan Ouellett

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Over twenty years of non-profit experience as development professional and volunteer manager.

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### Professional Experience

***Serenity Place***

2017 –

Development Director

- Create and execute comprehensive development plan
- Work with event committee to plan and execute annual Courage to Change fundraising event
- Prepare grant proposals for funding of Serenity Place programs
- Serve as part of the senior management team to oversee an effective organization

***New Hampshire Coalition Against Domestic and Sexual Violence***

2015 – 2017

Development and Database Coordinator

- Executed successful Hall of Fame Luncheon and Purple Purse online fundraising campaigns
- Planned and executed annual Mother's Day card sales, increasing revenue from previous year
- Managed entry of gifts into fundraising database and timely acknowledgement of donors
- Drafted Third Party Fundraising Policy
- Prepared FY17 Development Plan

***Child Health Services at Manchester Community Health Center – Manchester, NH***

2014 - 2015

Annual Campaign and Events Coordinator

- Planned and executed 8<sup>th</sup> annual breakfast, working with vendors and volunteers, and solicited corporate sponsors and advertisers, increasing sponsorship revenue by 26% from previous year
- Planned and implemented spring appeal
- With short timeline, planned and executed successful stakeholder event celebrating union of Child Health Services and Manchester Community Health Center
- Provided historical information on donors, volunteers, and Child Health Services' practices to MCHC leadership to inform decisions regarding fundraising and management
- Communicated with Child Health Services' donors and volunteers to inform them of changes and transition support to MCHC

***Child Health Services - Manchester, NH***

1998 – 2014

Development Manager

- Served as de facto development director for two years upon departure of director in anticipation of merger, managing most aspects of development, including, annual appeals, events, grants, board committee meetings and communications

Volunteer and Development Coordinator

- Implemented diverse aspects of development program, including execution of annual fundraising events, annual appeals, data management and reporting, board committee work, and grants
- Built a volunteer program, developing policies and procedures, job descriptions and training protocol and directing all aspects of volunteer program, managing 60-70 volunteers per year

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### Education

University of Wisconsin, Madison

BS-Education

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## **Julia M. Reilly, LCMHC, MLADC, C.F.C.**

### **OBJECTIVE:**

I seek to obtain an adjunct teaching position. I hope to work with a vibrant group of educators and an educational team of professionals to achieve a common goal of providing an exceptional educational experience to assigned students.

### **EDUCATION:**

University of New Hampshire Granite State College Associates of Behavioral Science	1998
Bachelor of Behavioral Science	2006
New England College	
Master of Science in Mental Health Counseling	2009
Internship Site: New Hampshire Department of Corrections	
Concord State Prison Secure Psychiatric Unit	04/08 – 01/09

### **Professional Licenses and Certifications:**

Licensed Clinical Mental Health Counselor State of New Hampshire	#1012
Certified Forensic Counselor: National Association of Forensic Counselors	#26070
Master Licensed Alcohol and Drug Counselor Licensure State of New Hampshire	#0676

### **Memberships and Associations:**

National Association of Forensic Counseling  
NAADAC  
ICRC International Certification  
New Hampshire Provider's Association

### **RELATED PROFESSIONAL EXPERIENCE:**

#### ***Dochas Counseling Center, LLC***

**07/2012 –Present**

35 Third Street

Dover, New Hampshire 03820

#### **Managing Director**

- Proprietor/Owner of a private practice maintaining ethical standards of substance use disorder and mental health counseling profession for referral sources and stakeholders within the Stafford and Rockingham County community. Referral sources include, The State of New Hampshire, Department of Corrections, a variety of treatment providers and agencies within the State of New Hampshire. Credentialed through NH Medicaid, Blue Cross, Anthem and additional insurance companies.

#### ***Serenity Place***

101 Manchester Street, Manchester, NH 03101

**01/16/13-Present**

#### **Program Director/Licensed Clinician**

- Oversight of the operation of all clinical programs in the agency
- Supervise the Program Supervisors for each program
- Assist in developing and supervising provisions of all clinical records and programs offered
- Provide one-on-one counseling with clients using Evidence Based Practices
- Facilitate/lead therapeutic group sessions
- Ability to create curriculum for use in group sessions
- Collaborate with other agencies to ensure access to resources for clients
- Screen, train, and supervise existing and new staff to develop and build an effective program
- Assist in the training of new employees in the Staff Code of Ethics and confidentiality policies
- Retain working relationships with organizations, service providers, and other agencies

References Available Upon Request

- Schedules and leads case conferences. Promotes and maintains an atmosphere which encourages and facilitates a client review process to ensure coordinated, comprehensive, and individualized provision of client services
- Assist with grant and proposal writing
- Maintain a high level of professional and ethical standards
- Maintain compliance with federal, state, and local regulations
- Report to Clinical Director regarding program development, fiscal budgetary status, and proposed operational changes as required

***The Farnum Center/ Easter Seals New Hampshire***  
235 Hanover Street, Manchester, NH 03104

**09/04/09 – 01/11/13**

**Substance Abuse Counselor May 21, 2012- 01/11/2013**

- Maintain case load of individuals diagnosed with substance dependence and potentially additional Axis I or II diagnosis.
- Facilitated Intensive Outpatient Group Therapy
- Maintain all paperwork necessary associated with clinical work in a timely fashion.
- Maintain ATR (Access To Recovery) standards.

**Director of Substance Abuse Services 10/2011 – 07/2012**

- Provide Clinical and Administrative Supervision to all Outpatient and Intensive Outpatient counseling staff as well as Residential Program Coordinators.
- Facilitate weekly group supervision of all residential counseling staff.
- Oversee and monitor all outpatient services for continuity and productivity.
- Develop community relationships through consistent participation in monthly coalition and collaboration efforts with outside agencies.
- Assist the Vice President of Substance Abuse Services in the oversight and staff support of the Webster Place Recovery Center, Franklin, NH.
- Prepare agency for CARF certification
- Develop strategies to increase meaningful contact with the public through the creation of new programs.
- Maintain on-call status on a rotating basis.

**Clinical Director 08/2010 – 10/2011**

- Provide clinical supervision and direction to all residential counseling staff utilizing TIP 21, 21A and 52.
- Facilitate weekly group supervision of all residential counseling staff.
- Through direct observation develop and foster therapeutic competencies in residential counseling and milieu staff including skills related to CBT, DBT and other therapies.
- Initiate, oversee, participate and maintain clinical supervision excellence through the Action Learning Collaborative initiative.
- Maintain on-call status on a rotating basis.
- Provide individual therapy to a rotating case load of adult individuals.

**Co-Occurring Counselor 09/2009 – 08/2010**

- Oversee the co-occurring program at The Farnum Center Residential Treatment Program.
- Develop curriculum relative to the needs of the co-occurring population.
- Provide individual counseling to a case load of adult individuals

***New Hampshire State Prison for Men - Secure Psychiatric Unit***  
***Master's Level Counseling Intern***

**04/08-01/09**

- Develop and conduct weekly evidenced based treatment groups for client inmates. [*WRAP, Managing Mood Disorders, Grief and Loss, IMR, Men's Relational Issues and Anxiety and Anger Management.*]
- Meet with assigned clients weekly for individual therapy and provide mental health counseling to clients utilizing such strategies as CBT and Motivational Interviewing.
- Write daily progress notes, develop treatment plans and conduct treatment plan reviews monthly.
- Attend and actively contribute during development meetings and daily census reviews.

***Odyssey NH Adolescent Therapeutic Center***  
30 Winnacunnet Road, Hampton, NH 03842

**10/02-08/09**

**Therapist**

**04/09-08/09**

- Develop and implement treatment plans, complete daily individual and group notes.
- Develop and conduct weekly evidenced based treatment groups for clients.
- Meet with assigned clients weekly and provide mental health counseling.

**Residential Care Supervisor**

**10/02-04/09**

- Supervise residential clients within strength-based program.
- Provide emotional support as required to residents during milieu.
- Provide direction to youth workers, implement and model a variety of counseling techniques.
- Assess work progress of staff members via weekly supervision and monthly written assessments.
- Interview and recommend candidates for employment.
- Orient incoming staff to programmatic expectations.
- Facilitate evidence based focus groups. [WRAP, IMR etc.]
- Maintain and direct team value system including PBIS standards for both residents and staff.

**Case Manager**

- Assist in development of client's treatment plans and maintain monthly records and case notes.
- Develop and organize volunteer work programs and opportunities for community outreach [NHSPCA, United Way Day of Caring, Timberland *SERVAPALOOZA*]

**American Red Cross Instructor**

- Teach current American Red Cross first responder curriculum standards to agency staff.

**Quality Assurance Member**

- Actively participate in monthly QA meetings.

**Independent Living Coordinator**

- Conduct client assessments, report aptitude to probation officers and protective service workers, train and implement curriculum to counseling staff.

## KEY ADMINISTRATIVE PERSONNEL

### NH Department of Health and Human Services

**Vendor Name:** Serenity Place

**Name of Program/Service:** SUD Crisis Respite Shelter

<b>BUDGET PERIOD:</b>			
<b>Name &amp; Title Key Administrative Personnel</b>	<b>Annual Salary of Key Administrative Personnel</b>	<b>Percentage of Salary Paid by Contract</b>	<b>Total Salary Amount Paid by Contract</b>
Stephanie Bergeron - Executive Director	\$85,000	0.00%	\$0.00
Dominic Donahue - Clinical Director	\$74,074	0.00%	\$0.00
Jamie Hill - Finance Director	\$70,000	0.00%	\$0.00
Susan Ouellet - Development Director	\$55,000	0.00%	\$0.00
Julia Reilly - Program Director	\$60,632	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>			<b>\$0.00</b>

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, 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 the agreement.





Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION FOR BEHAVIORAL HEALTH  
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-6110 1-800-852-3345 Ext. 6738  
Fax: 603-271-6105 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov/dcbcs/bdas/](http://www.dhhs.nh.gov/dcbcs/bdas/)

July 21, 2017

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to enter into a **retroactive, sole source** Agreement with the organizations listed below for the provision of substance use disorder (SUD) crisis respite shelter in an amount not to exceed \$400,000, effective **retroactive** to July 1, 2017, upon Governor and Council approval, with a completion date of June 30, 2018. 100% Other Funds.

Vendor	City	Vendor Number	Amount
Harbor Homes, Inc.	Nashua, NH	155358-B001	\$200,000
National Council on Alcoholism and Drug Dependence/Greater Manchester - Serenity Place	Manchester, NH	177265-P001	\$200,000
		<b>Total:</b>	<b>\$400,000</b>

Funds are available in the following account for State Fiscal Year 2018 with authority to adjust amounts within the price limitation through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

**05-92-920510-33820000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

State Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
2018	102-500731	Contracts for Program Services	92058503	\$400,000
			<b>Total:</b>	<b>\$400,000</b>

**EXPLANATION**

This request is **retroactive and sole source** because this service is a critical component of the Safe Stations programs in Manchester and Nashua. The previous vendor in Manchester unexpectedly notified the Department that they would no longer be providing this service after June 30, 2017. The National Council on Alcoholism and Drug Dependence/Greater Manchester-Serenity Place, another

partner in the Manchester Safe Stations program, expressed a willingness to assume substance use disorder crisis respite shelter services effective July 1, 2017. In Nashua, the partners in the Safe Stations program were unable to secure funding for substance use disorder crisis respite shelter services. Harbor Homes, Inc. has space available and is willing to provide respite shelter. Going out to bid at this time would result in a gap in critical services which would endanger the lives of housing unstable individuals with substance use disorders who are taking part in the Safe Stations programs.

Funds in this agreement will be used to provide temporary crisis respite shelter care to individuals in crisis who are receiving services through the Manchester and Nashua Safe Stations programs.

Many of the clients entering the Safe Stations programs are either homeless or living in environments with active substance use. Substance use disorder respite shelter services provide clients with a temporary, safe, substance-free environment while they stabilize and receive treatment services. In addition, these services help clients to identify more permanent, safe housing options.

Between May 2016 and April 2017, there were 1,529 requests for assistance from the Manchester Safe Stations program. Of these, 347 individuals were taken to a local recovery community organization, and 977 were enrolled in treatment services. Many of these individuals were also housed in substance use disorder respite shelter. Between its start in November 2016 and June 2017, there were 483 requests for assistance from the Nashua Safe Stations program. Of these, 406 were connected with treatment and recovery resources. Furthermore, since its inception, there have been no known overdose fatalities in clients who have entered into services through the Nashua Safe Stations program. There was also a thirteen percent (13%) reduction in primary overdose-related visits to the Southern New Hampshire Medical Systems Emergency Department during this period.

As referenced in Exhibit C-1 of this contract, the Department reserves the right to extend the Agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The following performance measures/objectives will be used to measure the effectiveness of the agreement:

- Number of clients served;
- Number of average nights in substance use disorder respite shelter;
- The time between request for services and admission to shelter; and
- Number of clients placed in more permanent housing.

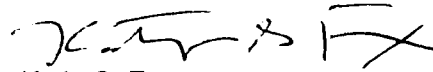
Should Governor and Council not authorize this request, individuals seeking substance use disorder treatment services through the Safe Stations programs may be forced to return to environments that are un conducive to substance use disorders treatment and recovery, lessening the likelihood that they will successfully complete treatment and increasing the likelihood that they will experience an overdose.

Source of Funds: 100% Other Funds from the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 3 of 3

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

Respectfully submitted,



Katja S. Fox  
Director

Approved by:



Jeffrey A. Meyers  
Commissioner

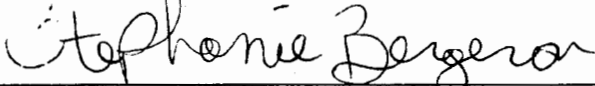
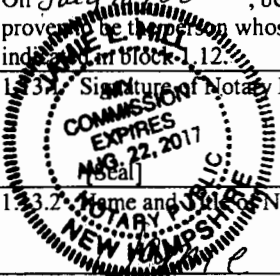
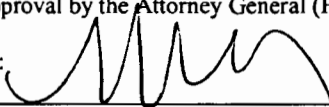
Subject: Substance Use Disorder Crisis Respite Shelter (SS-2018-BDAS-03-RESPI)

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

**AGREEMENT**

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

**GENERAL PROVISIONS****1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name National Council on Alcoholism and Drug Dependence/Greater Manchester - Serenity Place		1.4 Contractor Address 101 Manchester Street Manchester, NH 03101	
1.5 Contractor Phone Number 603-625-6980	1.6 Account Number 05-95-92-920510-33820000-102-500734	1.7 Completion Date June 30, 2018	1.8 Price Limitation \$200,000
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Stephanie Bergeron Executive Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Hillsborough</u> On <u>July 18, 2017</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proved 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  <u>James L. Hill</u> Notary Public			
1.13.2 Name and Title of Notary or Justice of the Peace <u>James L. Hill</u> Notary			
1.14 State Agency Signature <u>Katya S. Fix</u> Date: <u>7/2/17</u>		1.15 Name and Title of State Agency Signatory <u>Katya S. Fix, Director</u>	
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) (if applicable) By:  On: <u>Meghan Kelly Attorney</u> <u>7/31/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

**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, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("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. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

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

6.3 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.

#### **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 notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and 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 \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form 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.

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 thirty (30) 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 provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) 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 unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

#### 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.

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.



## **Scope of Services**

### **1. Provisions Applicable to All Services**

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

### **2. Scope of Services**

- 2.1. The Contractor shall provide crisis respite shelter, a critical component of the Manchester Safe Stations initiative; to individuals who do not have safe, stable housing. The Contractor shall:
  - 2.1.1. Ensure a minimum of sixteen (16) beds are reserved for Safe Stations' clients between the hours of 3:00 pm and 9:00 am;
  - 2.1.2. Provide dinner and breakfast meals to Safe stations' clients while in the Contractor's care;
  - 2.1.3. Provide qualified staff at the crisis respite center;
  - 2.1.4. Work with local shelters and overnight care facilities to find alternative overnight respite care for clients denied admission to the center on the basis of lack of capacity;
  - 2.1.5. Attempt to notify clients who were denied admission based on lack of capacity when a bed becomes available; and
  - 2.1.6. Work collaboratively with Safe Stations representatives and other community providers to ensure continuity of care for Safe Stations' clients.

### **3. Staffing**

- 3.1. The Contractor shall ensure staff is on duty twenty four (24) hours per day, seven (7) days per week.
- 3.2. Staff shall obtain certification as a Certified Recovery Support Worker (CRSW) no later than six (6) months after the date of hire or the effective date of this contract, whichever is later.

SB

7-18-17





#### 4. Reporting

- 4.1. The Contractor shall submit a web-based monthly report to the Department by the tenth (10<sup>th</sup>) day of each month that will include, but may not be limited to, the following aggregate data:
  - 4.1.1. Number and demographics of clients served;
  - 4.1.2. Average time in shelter;
  - 4.1.3. Discharge reason and where the clients were discharged to;
  - 4.1.4. Staffing changes;
  - 4.1.5. Reason for admission denials; and
  - 4.1.6. Time between requests for shelter and admission.

#### 5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are achieved annually and monitored monthly to measure the effectiveness of the agreement:
  - 5.1.1. Provide a minimum of 4,500 bed nights annually;
  - 5.1.2. Transition clients to more permanent housing within an average of seven (7) days of admission; and
  - 5.1.3. Annually, the Contractor shall develop and submit a corrective action plan to the Department for any performance measure not achieved.

SB

7-18-17



## Method and Conditions Precedent to Payment

1. This agreement is being funded with Governor Commission Funds.
2. The State shall pay the Contractor an amount not to exceed the Price Limitation, Block 1.8 of the Form P-37 General Provisions, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services in accordance with Exhibit B-1 Budget.
3. Payment for services shall be on a cost reimbursement basis only for actual services provided, in accordance with Exhibit B-1 Budget.
4. Payment for services shall be made as follows:
  - 4.1. The Contractor shall submit monthly invoices by the tenth (10<sup>th</sup>) day of each month for reimbursement of actual costs incurred for the previous month. The State shall make payment to the Contractor within thirty (30) days of receipt of each accurate and correct invoice for Contractor services provided pursuant to this Agreement.
  - 4.2. Invoices identified in Section 4.1 must be submitted to:

Clinical & Recovery Services Unit Administrator  
NH Department of Health and Human Services  
Bureau of Drug and Alcohol Services  
129 Pleasant Street  
Concord, NH 03301
5. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services.
6. A final payment request shall be submitted no later than forty (40) days after the Contract ends. Failure to submit the invoice, and accompanying documentation could result in nonpayment.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transferring amounts between budget line items in Exhibit B-1, Budget, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

SP

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

**Bladder/Program Name: National Council on Alcoholism and Drug Dependence/Greater Manchester - Serenity Place**

**Budget Request for: SS-2018-BDAS-03-RESPI**  
(Name of Contract)

**Budget Period: July 1, 2017 - June 30, 2018**

[illegible]

### Indirect As A Percent of Direct

Exhibit B-1 BUDGET

Initials SB Date 5-18-17



### SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
  - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
  - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

SB  
7-18-17

New Hampshire Department of Health and Human Services  
Exhibit C



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

New Hampshire Department of Health and Human Services  
Exhibit C



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports:** Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.
  - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
  - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
  - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF  
WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.  
When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
  - 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
  - 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
  - 19.3. Monitor the subcontractor's performance on an ongoing basis

SB

7-18-17

New Hampshire Department of Health and Human Services  
Exhibit C



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

**DEFINITIONS**

As used in the Contract, the following terms shall have the following meanings:

**COSTS:** Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

**DEPARTMENT:** NH Department of Health and Human Services.

**FINANCIAL MANAGEMENT GUIDELINES:** Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

**PROPOSAL:** If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

**UNIT:** For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

**FEDERAL/STATE LAW:** Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

**CONTRACTOR MANUAL:** Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act, NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

**SUPPLANTING OTHER FEDERAL FUNDS:** The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.





Exhibit C-1

**REVISIONS TO GENERAL PROVISIONS**

1. 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.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
  - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
  - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
  - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
  - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
  - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

SB

7-18-17



**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

**ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS**

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS  
US DEPARTMENT OF EDUCATION - CONTRACTORS  
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner  
NH Department of Health and Human Services  
129 Pleasant Street,  
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
  - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
    - 1.2.1. The dangers of drug abuse in the workplace;
    - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
    - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
    - 1.4.1. Abide by the terms of the statement; and
    - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

New Hampshire Department of Health and Human Services  
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
    - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

7-18-17  
Date

Contractor Name: Serenity Place -  
NCADD/GM  
Stephanie Bergeron  
Name: Stephanie Bergeron  
Title: Executive Director



**CERTIFICATION REGARDING LOBBYING**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS  
US DEPARTMENT OF EDUCATION - CONTRACTORS  
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- \*Temporary Assistance to Needy Families under Title IV-A
- \*Child Support Enforcement Program under Title IV-D
- \*Social Services Block Grant Program under Title XX
- \*Medicaid Program under Title XIX
- \*Community Services Block Grant under Title VI
- \*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

7-18-17  
Date

Contractor Name: Serenity Place -  
NCADD/GM  
Stephanie Bergeron  
Name: Stephanie Bergeron  
Title: Executive Director



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION  
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

#### PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

#### LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
- 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
  - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7-18-17  
Date

Contractor Name: Serenity Place -  
NC A DD/GM  
Stephanie Bergeron  
Name: Stephanie Bergeron  
Title: Executive Director

Contractor Initials SB  
Date 7-18-17



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO  
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND  
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations  
and Whistleblower protections

Contractor Initials

SB

Date 7-18-17

New Hampshire Department of Health and Human Services  
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

7-18-17  
Date

Contractor Name:

Serenity Place -  
NC APP/GM

Stephanie Bergeron  
Name: Stephanie Bergeron  
Title: Executive Director

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations  
and Whistleblower protections

Contractor Initials

SB

Date

7-18-17





CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

7-18-17  
Date

Contractor Name: Serenity Place -  
NCAOD/GM  
Stephanie Bergeron  
Name: Stephanie Bergeron  
Title: Executive Director



Exhibit I

**HEALTH INSURANCE PORTABILITY ACT**  
**BUSINESS ASSOCIATE AGREEMENT**

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

SB

7-18-17



Exhibit I

- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
  - I. For the proper management and administration of the Business Associate;
  - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
  - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

SB

7-18-17



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

**(3) Obligations and Activities of Business Associate.**

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
  - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
  - o The unauthorized person used the protected health information or to whom the disclosure was made;
  - o Whether the protected health information was actually acquired or viewed
  - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) **Obligations of Covered Entity**

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

- a. **Definitions and Regulatory References.** All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. **Amendment.** Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. **Data Ownership.** The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. **Interpretation.** The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

SB



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services

The State

Katy S Fox  
Signature of Authorized Representative

Katya S Fox  
Name of Authorized Representative

Director  
Title of Authorized Representative

7/2/17  
Date

Serenity Place - NCADD/GM  
Name of the Contractor

Stephanie Bergeron  
Signature of Authorized Representative

Stephanie Bergeron  
Name of Authorized Representative

Executive Director  
Title of Authorized Representative

7-18-17  
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY  
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
  - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
  - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

7-18-17  
Date

Contractor Name: Serenity Place -  
NCADD/IGM  
Stephanie Bergeron  
Name: Stephanie Bergeron  
Title: Executive Director



New Hampshire Department of Health and Human Services  
Exhibit J



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 00-946-2784
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

✓ NO \_\_\_\_\_ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

\_\_\_\_\_ NO \_\_\_\_\_ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

New Hampshire Department of Health and Human Services  
Exhibit K



**DHHS INFORMATION SECURITY REQUIREMENTS**

1. Confidential Information: In addition to Paragraph #9 of the General Provisions (P-37) for the purpose of this RFP, the Department's Confidential information includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Personal Health Information (PHI), Personally Identifiable Information (PII), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.
2. The vendor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services. Minimum expectations include:
  - 2.1. Maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).
  - 2.2. Maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
  - 2.3. Encrypt, at a minimum, any Department confidential data stored on portable media, e.g., laptops, USB drives, as well as when transmitted over public networks like the Internet using current industry standards and best practices for strong encryption.
  - 2.4. Ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
  - 2.5. Provide security awareness and education for its employees, contractors and sub-contractors in support of protecting Department confidential information
  - 2.6. Maintain a documented breach notification and incident response process. The vendor will contact the Department within twenty-four 24 hours to the Department's contract manager, and additional email addresses provided in this section, of a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
    - 2.6.1. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.  
Breach notifications will be sent to the following email addresses:
      - 2.6.1.1. [DHHSChiefInformationOfficer@dhhs.nh.gov](mailto:DHHSChiefInformationOfficer@dhhs.nh.gov)
      - 2.6.1.2. [DHHSInformationSecurityOffice@dhhs.nh.gov](mailto:DHHSInformationSecurityOffice@dhhs.nh.gov)
  - 2.7. If the vendor will maintain any Confidential Information on its systems (or its sub-contractor systems), the vendor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the vendor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure

**New Hampshire Department of Health and Human Services**  
**Exhibit K**



deletion, or otherwise physically destroying the media (for example, degaussing). The vendor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and vendor prior to destruction.

- 2.8. If the vendor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the vendor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the vendor, including breach notification requirements.
3. The vendor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the vendor and any applicable sub-contractors prior to system access being authorized.
4. If the Department determines the vendor is a Business Associate pursuant to 45 CFR 160.103, the vendor will work with the Department to sign and execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
5. The vendor will work with the Department at its request to complete a survey. The purpose of the survey is to enable the Department and vendor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the vendor engagement. The survey will be completed annually, or an alternate time frame at the Department's discretion with agreement by the vendor, or the Department may request the survey be completed when the scope of the engagement between the Department and the vendor changes. The vendor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the appropriate authorized data owner or leadership member within the Department.