

9 mac

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES
DIVISION OF FAMILY ASSISTANCE

Jeffrey A. Meyers
Commissioner

Terry R. Smith
Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9474 1-800-852-3345 Ext. 9474
FAX: 603-271-4637 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 12, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Family Assistance, to amend an existing agreement with Good News Garage LSS, Inc. a subsidiary of Ascentria Care Alliance, (Vendor #174439), 14E Worcester Street, Suite 300, Worcester, MA 01604, to provide affordable car ownership opportunities to low income individuals by increasing the price limitation by \$275,000 from \$1,794,700 to \$2,069,700 with no change to the contract completion date of June 30, 2017, effective upon Governor and Executive Council approval. Governor and Executive Council approved the original agreement on May 1, 2013 (Item #37A) and amended on May 6, 2015 (Item #10). 100% Federal Funds.

Funds are available in State Fiscal Year 2016 and State Fiscal Year 2017, upon the availability and continued appropriation of funds in the future operating budget with the ability to adjust encumbrances between state fiscal years through the Budget Office, without further approval of Governor and Executive Council, if needed and justified.

05-95-45-451010-61270000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: TRANSITIONAL ASSISTANCE, CLIENT SERVICES, EMPLOYMENT

SFY	Class	Title	Current Budget	Increase/ Decrease	Modified Budget
2014	102-500734	Contracts for Program Svcs.	\$397,350		\$397,350
2015	102-500734	Contracts for Program Svcs.	\$397,350		\$397,350
2016	102-500734	Contracts for Program Svcs.	\$500,000	\$25,000	\$525,000
2017	102-500734	Contracts for Program Svcs.	\$500,000	\$250,000	\$750,000
		Total:	\$1,794,700	\$275,000	\$2,069,700

EXPLANATION

The purpose of this amendment is to provide additional funding in order to increase the number of affordable car ownership opportunities provided to eligible families by an additional fifty-five (55) vehicles.

Good News Garage LSS provides affordable car ownership opportunities to low income individuals who receive Temporary Assistance to Needy Families (TANF) who are actively participating in the New Hampshire Employment Program. Reliable transportation is necessary for individuals, many of which live in areas without public transportation or have no means to purchase a vehicle to successfully seek, obtain, and maintain employment as they transition from welfare to work. Through marketing and promotion efforts, vehicles are donated, repaired and made available to current Temporary Assistance to Needy Families participants who are not able to support a vehicle loan.

Good News Garage LSS has been providing transportation options for the Division of Family Assistance since January 2006. In the past ten years Good News Garage has provided reliable transportation to over 1000 families receiving Temporary Assistance to Needy Families who are actively participating in the New Hampshire Employment Program.

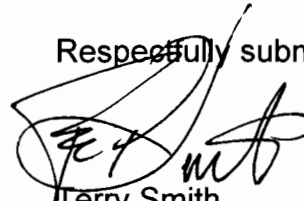
Should the Governor and Executive Council determine not to approve this request, approximately fifty-five (55) eligible individuals may not have reliable transportation necessary to retain unsubsidized employment. Without unsubsidized employment, these individuals may need to reapply for assistance through the Temporary Assistance to Needy Families Program.

Area served: Statewide

Source of Funds: 100% Federal Funds.

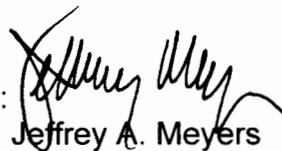
In the event that the federal funds become no longer available, general funds will not be requested to support this contract.

Respectfully submitted,



Terry Smith
Director

Approved by:



Jeffrey A. Meyers
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Good News Garage-LSS, Inc.**

This 2nd Amendment to the Good News Garage-LSS, Inc. contract (hereinafter referred to as "Amendment #1") dated this, 11th day of March 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Good News Garage-LSS, Inc., (a subsidiary of Ascentria Care Alliance) hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 14E Worcester Street, Suite 300, Worcester, MA 01604.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on 5/1/2013 (item #37A) and Amendment #1 on 5/6/15 (Item #10), 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 of the Agreement, the agreement may only be amended in writing signed by the parties and only after approval of the Governor and Executive Council; and;

WHEREAS, the parties agree to increase the price limitation; and

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:

To amend as follows:

1. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
\$2,069,700
2. Exhibit A, Scope of Services, Section II, Program Referral Guidelines, Paragraph A. Subparagraph 1. to read:
 1. The contractor will receive thirty (30) referrals a month for individuals needing a donated vehicle, from which two hundred fifty-five (255) will be chosen for delivery of one of two hundred fifty-five (255) vehicles during the contract period; and
3. Exhibit A, Scope of Services, Section III., Direct Service Requirements, Paragraph B, Subparagraph 2 to read:
 2. The Contractor is required to deliver a total of two hundred and fifty-five (255) vehicles to this program;
 - a. The Contractor will provide delivery of one hundred five (105) vehicles during year one of the contract period and one hundred fifty (150) during year two of the contract period (year 1 equals July 1, 2015 through June 30, 2016 and year 2 equals July 1, 2016 through June 30, 2017).



4. Exhibit B Methods and Conditions Precedent to Payment, Section I. Funding of Contract Paragraph C. to read:
 - A. The Contractor will provide one hundred five (105) donated vehicles to eligible families during the period of July 1, 2015 through June 30, 2016, and an additional one hundred fifty (150) vehicles to eligible families during the period of July 1, 2016 through June 30, 2017, for a total of two hundred fifty five (255) vehicles to eligible families for the total length of this contract.
5. Add Exhibit B-2, Amendment #2 Budget



New Hampshire Department of Health and Human Services
Good News Garage-LSS, Inc.

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,

4/15/16
Date

State of New Hampshire
Department of Health and Human Services
[Signature]
Terry Smith
Director

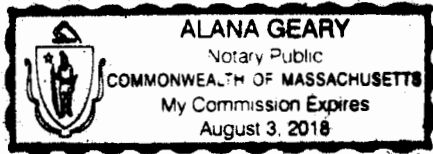
4.6.16
Date

Good News Garage-LSS, Inc.
(a subsidiary of Ascentria Care Alliance)
Dana Ramish
NAME: DANA RAMISH
TITLE: EXECUTIVE VP

Acknowledgement:
State of MA, County of Worcester on April 6, 2016, before the undersigned officer, personally appeared the person identified 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.

Signature of Notary Public or Justice of the Peace

[Signature]
Name and Title of Notary or Justice of the Peace




New Hampshire Department of Health and Human Services
Good News Garage-LSS, Inc.



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

OFFICE OF THE ATTORNEY GENERAL

4/28/14
Date


Name: Megan A. Yapple
Title: Attorney

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-2: Budget Proposal SFY 14

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

Bidder/Program Name: Good News Garage-LSS, Inc

Budget Request for: 13-DFA-BWW-TO-04

(Name of RFP)

Budget Period: 7/1/15 - 6/30/16

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 119,612.00		\$ 119,612.00	Wages/6 staff members
2. Employee Benefits	\$ 26,912.00	\$ -	\$ 26,912.00	FICA/Dental/Health/LTD/Workers Comp.
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 3,000.00	\$ -	\$ 3,000.00	Equip Maint/Repair
Rental		\$ -	\$ -	Network Maint.
Repair and Maintenance	\$ 301,875.00		\$ 301,875.00	Garage/Vehicle Expense/DMV
Purchase/Depreciation	\$ 3,466.00	\$ -	\$ 3,466.00	Equipment Lease/Depreciation
5. Supplies:	\$ 2,909.00	\$ -	\$ 2,909.00	Car Care Guide
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 6,904.00		\$ 6,904.00	
7. Occupancy	\$ 37,754.00	\$ -	\$ 37,754.00	Rent/Utilities/Build. Maint.
8. Current Expenses	\$ 2,775.00	\$ -	\$ 2,775.00	Program Supplies
Telephone	\$ 4,000.00	\$ -	\$ 4,000.00	Land Line/Cell/Internet
Postage	\$ 4,248.00		\$ 4,248.00	Client/Survey/Notification
Subscriptions	\$ 900.00	\$ -	\$ 900.00	Dues/Subs./Membership
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ 3,315.00	\$ -	\$ 3,315.00	Liability Insurance
Board Expenses		\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 87,622.00		\$ 87,622.00	Printing & copying/advertising
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ 110,364.00	\$ 110,364.00	Total G/A Allocation, central office support
Revenue	\$ -	\$ -	\$ -	Fiancial/HR/Advancement
105 delivered units @ \$5000.00			\$ 525,000.00	program units
288 auction units @ \$662.		\$ -	\$ 190,656.00	donated units not fit for program
TOTAL	\$ 605,292.00	\$ 110,364.00	\$ 715,656.00	

Indirect As A Percent of Direct

15%

EXHIBIT B-2: Budget Proposal SFY 15

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

Bidder/Program Name: Good News Garage-LSS, Inc

Budget Request for: 13-DFA-BWW-TO-04

(Name of RFP)

Budget Period: 7/1/16 - 6/30/17

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 119,612.00	\$ -	\$ 119,612.00	Wages/6 staff members
	\$ 26,912.00		\$ 26,912.00	FICA/Dental/Health/LTD/Workers Comp.
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 3,000.00	\$ -	\$ 3,000.00	Equip Maint/Repair Network Maint.
Rental		\$ -		
Repair and Maintenance	\$ 433,760.00		\$433,760.00	Garage/Vehicle Expense/DMV
Purchase/Depreciation	\$ 3,466.00	\$ -	\$ 3,466.00	Equipment Lease/Depreciation
5. Supplies:	\$ 4,155.00	\$ -	\$ 4,155.00	Car Care Guide
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 9,720.00		\$ 9,720.00	Staff/Meals Expense/ Conference
7. Occupancy	\$ 37,754.00		\$ 37,754.00	Rent/Utilities/Build. Maint.
8. Current Expenses	\$ 3,750.00	\$ -	\$ 3,750.00	Program Supplies
Telephone	\$ 4,000.00	\$ -	\$ 4,000.00	Land Line/Cell/Internet
Postage	\$ 6,068.00	\$ -	\$ 6,068.00	Client/Survey/Notification
Subscriptions	\$ 900.00	\$ -	\$ 900.00	Dues/Subs./Membership
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ 4,734.00	\$ -	\$ 4,734.00	Liability Insurance
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 125,175.00	\$ -	\$ 125,175.00	Printing & copying/advertising
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ 157,650.00	\$ 157,650.00	Total G/A Allocation, central office support Fiancial/HR/Advancement
Revenue	\$ -	\$ -	\$ -	
150 delivered units @ \$5000.00		\$ -	\$ 750,000.00	program units
288 auction units @ \$662.00	\$ -	\$ -	\$ 190,656.00	donated units not fit for program
TOTAL	\$ 783,006.00	\$ 157,650.00	\$ 940,656.00	

Indirect As A Percent of Direct

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 Ascentria Community Services, Inc., a(n) Massachusetts nonprofit corporation, registered to do business in New Hampshire on June 13, 2011. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of April, A.D. 2015

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

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 Good News Garage is a New Hampshire trade name registered on March 11, 2011 and that Lutheran Social Services presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 17th day of March, A.D. 2016

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Alana Geary, do hereby certify that:
(Name of the elected Officer of the Agency cannot be contract signatory)

1. I am a duly elected Officer of Good News Garage - LSS, Inc., (subsidiary of Ascentria Care Alliance, Inc., formerly known as Lutheran Social Services of New England, Inc.).
(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 September 21, 2015:
(Date)

Resolved that the president and executive vice presidents are hereby authorized on behalf of this Corporation to execute any and all amendments, agreements, leases, contracts and other instruments, and any amendments, revisions, or modifications thereto, as may be deemed necessary, desirable or appropriate by the CEO, board of directors or executive committee in accordance with the agency signing authority policy.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 5th day of April, 2016.
(Date Contract Signed)

4. Dana Ramish is the duly elected Executive Vice President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Alana Geary
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Merrimack

The forgoing instrument was acknowledged before me this 5th day of April, 2016.

By Alana Geary
(Name of Elected Officer of the Agency)

Harmoney Payne
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 6/5/2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/21/2016

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

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

PRODUCER Commercial Lines - (617) 330-1005 Wells Fargo Insurance Services USA, Inc. 699 Boylston St, 6th Floor Boston, MA 02116	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): (866) 597-9827 E-MAIL ADDRESS: _____														
INSURED Good News Garage – LSS Inc. 14 East Worcester Street Worcester, MA 01604	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance Company	18058	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Philadelphia Indemnity Insurance Company	18058														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER: 10260830** **REVISION NUMBER: See below**

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																								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			PHPK1400391	10/01/2015	10/01/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 25,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>Human Services Prof Liab</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 25,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMP/OP AGG	\$ 3,000,000	Human Services Prof Liab	\$ 1,000,000	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$
EACH OCCURRENCE	\$ 1,000,000																														
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																														
MED EXP (Any one person)	\$ 25,000																														
PERSONAL & ADV INJURY	\$ 1,000,000																														
GENERAL AGGREGATE	\$ 3,000,000																														
PRODUCTS - COMP/OP AGG	\$ 3,000,000																														
Human Services Prof Liab	\$ 1,000,000																														
COMBINED SINGLE LIMIT (Ea accident)	\$																														
BODILY INJURY (Per person)	\$																														
BODILY INJURY (Per accident)	\$																														
PROPERTY DAMAGE (Per accident)	\$																														
	\$																														
	AUTOMOBILE LIABILITY <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						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$														
COMBINED SINGLE LIMIT (Ea accident)	\$																														
BODILY INJURY (Per person)	\$																														
BODILY INJURY (Per accident)	\$																														
PROPERTY DAMAGE (Per accident)	\$																														
	\$																														
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$																		
EACH OCCURRENCE	\$																														
AGGREGATE	\$																														
	\$																														
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">PER STATUTE</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr><td>E L EACH ACCIDENT</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E L DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E L DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td></td></tr> </table>		PER STATUTE	OTH-ER	E L EACH ACCIDENT	\$		E L DISEASE - EA EMPLOYEE	\$		E L DISEASE - POLICY LIMIT	\$													
	PER STATUTE	OTH-ER																													
E L EACH ACCIDENT	\$																														
E L DISEASE - EA EMPLOYEE	\$																														
E L DISEASE - POLICY LIMIT	\$																														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Good News Garage - LSS, Inc. is a subsidiary of Ascentria Care Alliance, Inc.

CERTIFICATE HOLDER New Hampshire Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3852	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/2/2016

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

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


PRODUCER Hays Companies 133 Federal Street, 2nd Floor Boston MA 02110		CONTACT NAME: Moira Crosby PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: mcrosby@hayscompanies.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Insurance	NAIC # 23043
INSURED Good news Garage- Lss Inc. 14 East Worcester Street Suite 300 Worcester MA 01604		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 15-16 WC (NH & VT) **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
	COMMERCIAL GENERAL LIABILITY <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:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC5-31S-392006-015	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER DHHS 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE James Hays/MCROSB 
---	---

Good News Garage

 A member of Ascentria Care Alliance



340 Granite Street, 3rd Floor, Manchester, NH 03102 | 603.669.6937
GoodNewsGarage.org | 877.GIVE.AUTO (877.448.3288)
info@GoodNewsGarage.org | Donate a car...Change a life!
Formerly Lutheran Social Services of New England

Good News Garage Mission Statement

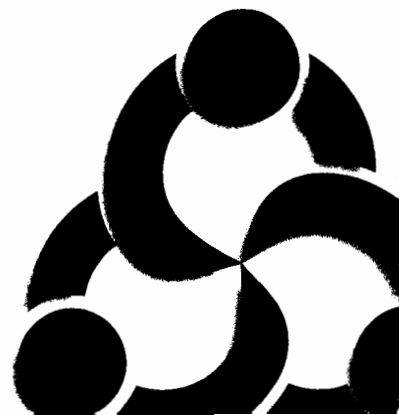
The mission of Good News Garage is to
“Create economic opportunity by providing affordable
and reliable transportation options for people in need.”

Ascentria Care Alliance Mission Statement

Our Mission

“We are called to strengthen communities by empowering
people to respond to life’s challenges.”

Empowering People. Strengthening Communities.



ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY

**UNIFORM FINANCIAL STATEMENTS
AND INDEPENDENT AUDITOR'S REPORT**

YEAR ENDED JUNE 30, 2015

**ASCENTRIA COMMUNITY SERVICES, INC.
TABLE OF CONTENTS
YEAR ENDED JUNE 30, 2015**

AUDITOR DISCLOSURE	1
INDEPENDENT AUDITORS' REPORT	2
UFR COVER PAGE	4
CONSOLIDATED FINANCIAL STATEMENTS	
CONSOLIDATED STATEMENT OF FINANCIAL POSITION	5
CONSOLIDATED STATEMENTS OF ACTIVITIES	6
CONSOLIDATED STATEMENTS OF CASH FLOWS	7
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES	9
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS	16
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS	28
ORGANIZATION SUPPLEMENTAL INFORMATION SCHEDULE A (UNAUDITED)	31
PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B (UNAUDITED)	32
SUPPLEMENTAL SCHEDULES (UNAUDITED)	61
INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH <i>GOVERNMENT AUDITING STANDARDS</i>	62
INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133	64
SCHEDULE OF FINDINGS AND QUESTIONED COSTS	66
BOARD ACKNOWLEDGEMENT	68

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
AUDITOR DISCLOSURE INFORMATION
JUNE 30, 2015**

Lead Auditor

Timothy Warren
CliftonLarsonAllen LLP
300 Crown Colony Drive, Suite 310
Quincy, MA 02169
(617) 984-8100

EIN 41-0746749



CliftonLarsonAllen

CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Board of Directors
Ascentria Community Services, Inc. and Subsidiary
Worcester, Massachusetts

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Ascentria Community Services, Inc. and Subsidiary, which comprise the consolidated statement of financial position as of June 30, 2015, and the related consolidated statements of activities, cash flows and functional expenses for the year 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 consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascentria Community Services, Inc. and Subsidiary as of June 30, 2015, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Board of Directors
Ascentria Community Services, Inc. and Subsidiary

Other Matters

Other Information – Schedule of Expenditures of Federal Awards

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The schedule of expenditures of federal awards, as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.


Other Information – Uniform Financial Reporting

The prior year summarized comparative information has been derived from the Organizations' June 30, 2014 financial statements and, in our report dated November 12, 2014, we expressed an unmodified opinion on those financial statements. This includes certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organizations' financial statements for the year ended June 30, 2014.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements. The supplementary information included in Schedules A and B and the supporting schedules thereto is presented solely for purposes of additional analysis as required by the Commonwealth of Massachusetts, and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements and, accordingly, we do not express an opinion on it.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 9, 2015, on our consideration of Ascentria Community Services, Inc. and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the result of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Ascentria Community Services, Inc. and Subsidiary's internal control over financial reporting and compliance.



CliftonLarsonAllen LLP

Boston, Massachusetts
December 9, 2015

UNIFORM FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

COVER PAGE - Page 1 of 1
 For the Year Ended: 6/30/2015 (M/YYYY) Filed Electronically? (Y/N): Y
 Filing Organization: Ascenita Community Services, Inc. (legal name)
 Federal Employer Identification Number (FEIN) for Filing Entity - 9 digits: 043566243
 45212474
 Other corporate names & FEINs if applicable: Ascenita Community Care, Inc.
 (Use for consolidated financial statements.)

Business Address: 14 East Worcester Street, Suite 300 Worcester (City) MA 01604 (State) (Zip)
 (Doing Business As name, if applicable)
 CFO: (774) 243-3906 (Phone - Area Code / Number) E-mail address: jcohan@ascenita.org
 CEO or CFO: Lisa (First Name) Cohan (Last Name)
 CPA: CliftonLarsonAllen LLP
 CPA Firm's Current Mass. License #: 901
 CPA Firm's Federal Employer Id. (FEIN) #: 410746749
 Management Company Name: Ascenita Care Alliance, Inc.
 CPA's E-mail Address: jim.warren@clconnect.com
 A-133 Audit Submitted? (Y/N): Y
 Have basic F/S been audited? (Y/N): Y
 UFR Exemption/Exception Code:
 Special Education (SPED) Contractor (Y/N): N
 Principal Purch. Agency: DSS
 Program Performance Report (Internet system) is not required.
 Primary Contractor(s):

Organization Type Code: C For-Profit Organization: NO
 Date of Org./Incorp.: 6/21/2001 (M/D/YYYY)
 If Yes, Date of Exemption: 6/27/2002 (M/D/YYYY)
 Cost Allocation Method Code: MD

Program Number	Program Name	Subcontractor Name	Street	City	State	Zip Code	Program Description	MMARS Prog. Code
2	Program to Enhance Elder Services (PEERS)		593 Main Street	West Springfield	MA	01089	Elder Refugee Services	2022
6	Therapeutic Foster Care/After Care		139 Pleasant Street	Brockton	MA	02301	Therapeutic Foster Care and Aftercare	FNFO
7	Ruth House		533 Main Street	Brockton	MA	02301	Teen Living Program	CT10
8	Forsberg Independent Living Program		84 Highland Street	Worcester	MA	01609	Adult Independent Program	3798
9	Ashland Street		8 North Ashland Street	Worcester	MA	01609	Residential Services Mentally Handicapped	
10	Florence House		414 Cambridge Street	Worcester	MA	01609	Teen Living Program	
12	URMP Foster Care		1310 Center Street	Newton	MA	02459	Unaccompanied Refugee Minor Program	
18	Refugee Job Services, Worcester		30 Harvard Street	Worcester	MA	01609	Refugee Services	2021
19	Refugee Job Services, West Springfield		593 Main Street	West Springfield	MA	01089	Refugee Services	2020
20	Refugee Case Management		593 Main Street	Worcester	MA	01089	Refugee Services	AMSS
21	Non Commonwealth Funded Refugee Programs		593 Main Street	West Springfield	MA	01089	Refugee Services	FBSS
25	Massachusetts Adoption		20 Hamilton Street	Brockton	MA	01609	Adoption Program	2021
28	Young Parents Support		553 North Main Street	Springfield	MA	01103	Targeted Assistance Grant	2021
29	Employment Support Services		593 North Main Street	Westfield	MA	01085	Lutheran Community Creative Living	3798
32	TAG		27 Elm Street	Andover	MA	01810	Department of Education	
34	Creative Living DMR		268 South Main Street	West Springfield	MA	01069	CNAP	2023
35	Department of Education		593 Main Street	Worcester	MA	01089	Refugee Services	2024
43	Refugee School Impact (RSI) Program		51 Union Street, Suite 222	Worcester	MA	01609	Refugee Services	2022
44	Social Adjustment Services (SAS)		593 Main Street	West Springfield	MA	01089	Refugee Services	2021
50	MassREAP		14 East Worcester Street	Worcester	MA	01604	Out of State Organization Mission	2021
53	Other Non Massachusetts Programs		281 Sheep Davis Road, Suite A-1	Concord	NH	03301	Residential Services	3153
54	Bridgeway House		659 Summer Street	Brockton	MA	02302	Refugee Services	2025
55	Refugee Preventative Health Education		51 Union Street	Worcester	MA	01609	Refugee Services	2021
56	Refugee Independence through Service Enhancement		51 Union Street	Worcester	MA	01609	Refugee Services	2021
57	DRIVE		593 Main Street	Worcester	MA	01089	Refugee Services	2949
58	Victims of Crime		14 East Worcester Street	West Springfield	MA	01604	Refugee Services	2231
59	Supplemental Nutrition Assistance Program		593 Main Street	West Springfield	MA	01089	Refugee Services	
60	Adaptive Assistance	Good News Garage, Inc.	261 Sheep Davis Road	Concord	NH	03301	Car Donation	

Note: if your agency is exempt from filing this report (see instructions) complete this cover page only and submit it along with documentation to support the basis of the exemption.

FEIN: 043566243

ORGANIZATION : Ascendiria Community Services, Inc.

STATEMENT OF FINANCIAL POSITION AS OF 06/30/2015 WITH COMPARATIVE TOTALS AS OF 6/30/2014
(BALANCE SHEET)

	CURRENT OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	TOTAL THIS YEAR	TOTAL LAST YEAR
ASSETS						
1 Cash and Cash Equivalents	872,153				872,153	881,227
2 Accounts Receivable, Program Services	3,872,897				3,872,897	3,603,843
3 Allowance for Doubtful Accounts	(32,950)				(32,950)	(60,111)
4 Net Accounts Receivable, Program Services	3,839,947				3,839,947	3,543,732
5 Contributions Receivable						
6 Notes Receivable						
7 Prepaid Expenses	127,002				127,002	112,883
8 Other Accounts Receivable	599,095				599,095	583,798
9 Other Current Assets	349,500				349,500	349,500
10 Short-Term Investments						
11 TOTAL CURRENT ASSETS	5,787,697				5,787,697	5,471,100
12 Land, Buildings, and Equipment	2,205,444				2,205,444	2,641,068
13 Accumulated Depreciation	(1,624,750)				(1,624,750)	(1,653,832)
14 Net Land, Buildings and Equipment	580,694				580,694	987,236
15 Long-Term Investments						
16 Other Assets	389,613				389,613	284,605
17 Due From Other Funds						
18 TOTAL ASSETS	6,177,310	580,694			6,758,004	6,742,941
LIABILITIES AND NET ASSETS						
19 Accounts Payable	562,317				562,317	576,103
20 Subcontract Payable						
21 Accrued Expenses	1,473,429				1,473,429	982,902
22 Current Notes Payable						
23 Current Portion Long-Term Debt	37,707				37,707	397,521
24 Deferred Revenue	127,617				127,617	300,178
25 Other Current Liabilities	361,290				361,290	298,990
26 TOTAL CURRENT LIABILITIES	2,524,653	37,707			2,562,360	2,555,694
27 Long-Term Notes & Mortgage Payable		913,319			913,319	625,264
28 Other Liabilities						393,338
29 Due to Other Funds						
30 TOTAL LIABILITIES	2,524,653	951,026			3,475,679	3,574,296
NET ASSETS						
31 Unrestricted	2,996,415	(370,332)			2,626,083	2,542,819
32 Temporarily Restricted	656,242				656,242	625,826
33 Permanently Restricted						
34 TOTAL NET ASSETS	3,652,657	(370,332)			3,282,325	3,168,645
35 TOTAL LIABILITIES AND NET ASSETS	6,177,310	580,694			6,758,004	6,742,941

See Accompanying Notes to the Financial Statements

STATEMENT OF ACTIVITIES FOR THE YEAR ENDED		06/30/2015	WITH COMPARATIVE TOTALS FOR THE YEAR ENDED		06/30/2014
		UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL THIS YEAR
					TOTAL LAST YEAR
REVENUES, GAINS, AND OTHER SUPPORT					
1 Contributions, Gifts, Legacies, Bequests & Special Events					
2 In-Kind Contributions					
3 Grants		23,239,065			22,588,360
4 Program Service Fees		12,971,720			12,043,052
5 Federated Fundraising Organization Allocation					
6 Investment Revenue					
7 Revenue from Commercial Products & Services		83,454			136,753
8 Other		495,213			100,712
9 Net Assets Released From Restrictions:					
10 Satisfaction of Program Restrictions		133,187	(133,187)		
11 Satisfaction of Equipment Acquisition Restrictions					
12 Expiration of Time Restrictions					
13 TOTAL REVENUE, GAINS, AND OTHER SUPPORT		36,922,639	(133,187)	36,789,452	34,868,877
EXPENSES AND LOSSES					
14 Administration (Management & General)		5,160,540			4,465,096
15 Fundraising		3,740			15,832
16 Total Program Services		31,295,345			30,404,106
17 TOTAL EXPENSES		36,459,625			34,885,034
18 Losses		275,683			(147,119)
19 TOTAL EXPENSES AND LOSSES		36,735,308		36,735,308	34,737,915
CHANGES IN NET ASSETS:					
20 Property & Equipment Acquisitions from Unrestricted Funds					
21 Transfer of Realized Endowment Fund Appreciation					
22 Return to Donor					
23 Other Increases (Decreases)		(104,067)	163,603		140,072
24 TOTAL CHANGES IN NET ASSETS		83,264	30,416		271,034
25 NET ASSETS AT BEGINNING OF YEAR		2,542,819	625,826		2,857,611
26 NET ASSETS AT END OF YEAR		2,626,083	656,242		3,168,645

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc.

FEIN: 043566243

STATEMENT OF CASH FLOWS for the YEAR ENDED 06/30/2015

INDIRECT METHOD

	TOTAL
Cash Flows from Operating Activities:	
1 Changes in Net Assets	<u>113,680</u>
Adjustments to Reconcile Change In Net Assets to Net	
Cash provided by/(used in) Operating Activities:	
2 Depreciation	<u>156,022</u>
3 Losses	<u>379,750</u>
4 Increase/Decrease in Net Accounts Receivable	<u>(296,215)</u>
5 Increase/Decrease in Prepaid Expenses	<u>(14,119)</u>
6 Increase/Decrease in Contributions Receivable	
7 Increase/Decrease in Accounts Payable	<u>(13,786)</u>
8 Increase/Decrease in Accrued Expenses	<u>490,527</u>
9 Increase/Decrease in Deferred Revenue	<u>(172,561)</u>
10 Increase/Decrease in Subcontract Payable	
11 Contributions Restricted for Long-Term Investment	
12 Net Unrealized and Realized Gains on Long-Term Investments	
13 Other Cash Used in/Provided by Operating Activities	<u>51,405</u>
14 Net Cash Provided by/(used in) Operating Activities	<u>694,703</u>
Cash Flows from Investing Activities:	
15 Insurance Proceeds	
16 Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)	<u>(37,163)</u>
17 Proceeds from Sale(s) of Investments	
18 Purchase(s) of Investments	
19 Purchase(s) of Assets Restricted To Long-Term Investment	
20 Other Investing Activities	
21 Net Cash Provided by/(used in) Investing Activities	<u>(37,163)</u>
Cash from Financing Activities:	
Proceeds from Contributions Restricted For:	
22 Investment in Endowment	
23 Investment in Term Endowment	
24 Investment in Plant (Land Bldgs. & Equip.)	
Other Financing Activities:	
25 Contributions Restricted for Long-Term Investment	
26 Interest and Dividends Restricted for Reinvestment	
27 Payments on Notes Payable	
28 Payments on Long-Term Debt	<u>(71,759)</u>
29 Other Finance Payments/Receipts	<u>(594,855)</u>
30 Net Cash Provided by/(used in) Financing Activities	<u>(666,614)</u>

See Accompanying Notes to the Financial Statements

ORGANIZATION : Ascentria Community Services, Inc.

FEIN: 043566243

STATEMENT OF CASH FLOWS for the YEAR ENDED

06/30/2015

INDIRECT METHOD

31	Net Increase/(Decrease) in Cash and Cash Equivalents	(9,074)
32	Cash and Cash Equivalents at Beginning of Year	<u>881,227</u>
33	Cash and Cash Equivalents at End of Year	<u><u>872,153</u></u>

Supplemental Disclosure of Cash Flow Information:

34	Cash Paid During the Year for Interest	<u>58,608</u>
35	Cash Paid During the Year for Taxes/Other	<u> </u>

Supplemental Data for Noncash Investing and Financing Activities:

36	Gifts of Equipment	<u> </u>
37	Other Noncash Investing and Financing Activities	<u> </u>
38		<u> </u>
39		<u> </u>
40		<u> </u>

See Accompanying Notes to the Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/2015

	SUPPORTING SERVICES			PROGRAM SERVICES
	TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	
1. Employee Compensation & Related Expenses	<u>20,959,433</u>	<u>348,875</u>		<u>20,610,558</u>
2. Occupancy	<u>1,712,081</u>	<u>215,930</u>		<u>1,496,151</u>
3. Other Program / Operating Expense	<u>8,338,799</u>	<u>117,016</u>		<u>8,221,783</u>
4. Subcontract Expense	<u>429,493</u>			<u>429,493</u>
5. Direct Administrative Expense	<u>4,767,021</u>	<u>4,440,447</u>	<u>3,740</u>	<u>322,834</u>
6. Other Expenses	<u>96,778</u>	<u>36,519</u>		<u>60,259</u>
7. Depreciation of Buildings and Equipment	<u>156,020</u>	<u>1,753</u>		<u>154,267</u>
8. TOTAL EXPENSES	<u>36,459,625</u>	<u>5,160,540</u>	<u>3,740</u>	<u>31,295,345</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/15

	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>
1. Employee Compensation & Related Expenses	<u>25,471</u>	<u>385,160</u>	<u>404,387</u>	<u>387,498</u>	<u>7,967</u>
2. Occupancy	<u>2,559</u>	<u>68,705</u>	<u>106,488</u>	<u>24,573</u>	<u>646</u>
3. Other Program / Operating Expense	<u>787</u>	<u>994,713</u>	<u>82,372</u>	<u>32,062</u>	<u>6,115</u>
4. Subcontract Expense					
5. Direct Administrative Expense	<u>1,064</u>	<u>21,955</u>	<u>12,607</u>	<u>32,912</u>	<u>160</u>
6. Other Expenses					
7. Depreciation of Buildings and Equipment	<u>34</u>	<u>19</u>	<u>57,327</u>	<u>17</u>	
8. TOTAL EXPENSES	<u>29,915</u>	<u>1,470,552</u>	<u>663,181</u>	<u>477,062</u>	<u>14,888</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/15

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	<u>10</u>	<u>12</u>	<u>18</u>	<u>19</u>	<u>20</u>
1. Employee Compensation & Related Expenses	<u>369,081</u>	<u>1,448,790</u>	<u>167,800</u>	<u>70,406</u>	<u>162,259</u>
2. Occupancy	<u>61,113</u>	<u>145,093</u>	<u>41,276</u>	<u>3,775</u>	<u>18,533</u>
3. Other Program / Operating Expense	<u>38,245</u>	<u>628,191</u>	<u>13,018</u>	<u>782</u>	<u>19,431</u>
4. Subcontract Expense		<u>56,245</u>			
5. Direct Administrative Expense	<u>13,349</u>	<u>80,081</u>	<u>5,446</u>	<u>4,090</u>	<u>5,059</u>
6. Other Expenses					
7. Depreciation of Buildings and Equipment	<u>16,006</u>	<u>756</u>		<u>780</u>	<u>526</u>
8. TOTAL EXPENSES	<u>497,794</u>	<u>2,359,156</u>	<u>227,540</u>	<u>79,833</u>	<u>205,808</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/15

	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>
	<u>21</u>	<u>25</u>	<u>28</u>	<u>29</u>	<u>32</u>
1. Employee Compensation & Related Expenses	<u>1,109,608</u>	<u>161,513</u>	<u>92,940</u>	<u>177,105</u>	<u>213,957</u>
2. Occupancy	<u>112,605</u>	<u>13,601</u>	<u>411</u>	<u>13,545</u>	<u>14,325</u>
3. Other Program / Operating Expense	<u>1,059,023</u>	<u>10,727</u>	<u>532</u>	<u>5,080</u>	<u>20,058</u>
4. Subcontract Expense	<u>57</u>	<u>1,850</u>			<u>24,167</u>
5. Direct Administrative Expense	<u>58,337</u>	<u>17,063</u>	<u>2,738</u>	<u>2,117</u>	<u>9,837</u>
6. Other Expenses	<u>2,441</u>				
7. Depreciation of Buildings and Equipment	<u>2,901</u>	<u>8</u>		<u>225</u>	<u>1,190</u>
8. TOTAL EXPENSES	<u>2,344,972</u>	<u>204,762</u>	<u>96,621</u>	<u>198,072</u>	<u>283,534</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/15

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	34	35	37	43	44
1. Employee Compensation & Related Expenses	<u>384,105</u>	<u>138,458</u>	<u>14,716</u>	<u>19,211</u>	<u>21,868</u>
2. Occupancy	<u>4,129</u>	<u>27,157</u>	<u>379</u>	<u>3,779</u>	<u>1,322</u>
3. Other Program / Operating Expense	<u>42,740</u>	<u>13,847</u>	<u>89</u>	<u>4,618</u>	<u>325</u>
4. Subcontract Expense					<u>34,952</u>
5. Direct Administrative Expense	<u>11,200</u>	<u>10,001</u>	<u>1,025</u>	<u>667</u>	<u>1,053</u>
6. Other Expenses					
7. Depreciation of Buildings and Equipment	<u>15</u>				<u>160</u>
8. TOTAL EXPENSES	<u>442,189</u>	<u>189,463</u>	<u>16,209</u>	<u>28,275</u>	<u>59,680</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/15

	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>	<u>PROGRAM #</u>
	<u>50</u>	<u>53</u>	<u>54</u>	<u>55</u>	<u>56</u>
1. Employee Compensation & Related Expenses	<u>82,005</u>	<u>14,136,590</u>	<u>463,166</u>	<u>1,481</u>	<u>174</u>
2. Occupancy	<u>17,282</u>	<u>765,873</u>	<u>35,821</u>	<u>118</u>	
3. Other Program / Operating Expense	<u>15,230</u>	<u>5,160,301</u>	<u>65,643</u>		<u>819</u>
4. Subcontract Expense			<u>24,222</u>		
5. Direct Administrative Expense	<u>4,382</u>		<u>11,980</u>	<u>27</u>	<u>529</u>
6. Other Expenses		<u>57,818</u>			
7. Depreciation of Buildings and Equipment		<u>55,019</u>	<u>17,966</u>		
8. TOTAL EXPENSES	<u>118,899</u>	<u>20,175,601</u>	<u>618,798</u>	<u>1,626</u>	<u>1,522</u>

See Accompanying Notes to Financial Statements

ORGANIZATION : Ascentria Community Services, Inc. FEIN: 043566243

Statement of Functional Expenses for the Year Ended: 06/30/15

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	<u>57</u>	<u>58</u>	<u>59</u>	<u>60</u>	
1. Employee Compensation & Related Expenses	<u>347</u>	<u>41,512</u>	<u>122,983</u>		
2. Occupancy	<u>849</u>	<u>7,990</u>	<u>4,204</u>		
3. Other Program / Operating Expense	<u>133</u>	<u>2,432</u>	<u>4,470</u>		
4. Subcontract Expense				<u>288,000</u>	
5. Direct Administrative Expense	<u>148</u>	<u>3,523</u>	<u>11,484</u>		
6. Other Expenses					
7. Depreciation of Buildings and Equipment		<u>2</u>	<u>1,316</u>		
8. TOTAL EXPENSES	<u>1,477</u>	<u>55,459</u>	<u>144,457</u>	<u>288,000</u>	

See Accompanying Notes to Financial Statements

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Ascentria Community Services, Inc. (ACS) and Ascentria Community Care, Inc. (ACC) (collectively the Organizations) are corporations exempt from tax under Section 501(c)(3) of the Internal Revenue Code as a public charity. The Organizations provide community service programs to children, families, refugees, and developmentally disabled adults throughout New England. ACS transferred its "In Home Care" service line to ACC and is the sole corporate member of ACC. Ascentria Care Alliance, Inc. (Ascentria) is a sole corporate member of ACS and also serves as the management agent.

The Organizations provide the following programs:

Social Services – through a variety of programs, the Organizations provide services related to therapeutic foster care, unaccompanied refugee minors support, housing for teen mothers and their children, housing for homeless, small group homes serving teenagers, various support services and living accommodations for developmentally, physically and mentally disabled adults and other various social support programs.

Refugee Services – through this program, the Organizations seek to provide resettlement, employment, case management, medical case management, English as a second language classes, and other support services to refugees, asylees, and immigrants.

Adoption – through this program, the Organizations provide services related to domestic and international adoptions.

Prior Year Summarized Information

The financial statements contain prior year comparative information in total but not by net asset class and with no accompanying financial statement notes. Consequently, such information does not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organizations financial statements for the year ended June 30, 2014 from which the summarized information was derived.

Basis of Consolidation

The accompanying financial statements present the consolidated financial position, results of operations, changes in net assets, cash flows, and functional expenses of the Organizations. Material intercompany transactions and balances have been eliminated in consolidation.

Method of Accounting

The financial statements of the Organizations have been prepared on the accrual method of accounting. Accordingly, assets are recorded when the Organizations obtain the rights of ownership or is entitled to claims for receipt and liabilities are recorded when the obligation is incurred.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

Cash and Cash Equivalents

The Organizations consider all short-term debt securities purchased with an original maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable are recorded net of an allowance of expected losses. The allowance is estimated from historical performance and projections of trends. Credit is extended to customers and collateral is not required. When the accounts become past due, historically, the Organizations have not charged interest to these accounts.

Program Service Revenue

Program service revenue is recognized as costs are incurred and services are provided

Property and Equipment

Property and equipment are recorded at cost. Assets with an estimated useful life of more than one year and a historical cost in excess of \$2,500 are capitalized. The Organizations capitalize acquisitions and improvements, while expenditures for maintenance and repairs that do not extend the useful lives of the assets are charged to operations. Donated property and equipment are recorded at its fair market value at date of donation. Gifts of long-lived assets are reported as unrestricted support unless donor stipulations specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulation about how long those assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed into service. Depreciation is computed using the straight-line method over the estimated useful life of the assets.

Assets Held for Sale

In 2014, a property in New Hampshire qualified to be classified as held for sale. Consequently, the Organization has presented the assets under the caption "Other Current Assets" on the statement of financial position.

Assets held for sale are reported in the statement of financial position at the lower of its carrying amount or fair value, less cost to sell. Assets held for sale are assessed for impairment when management believes events or changes in circumstances indicate that its carrying amount may not be recoverable. Based on this assessment, assets held for sale that are considered impaired are written down to their fair value. In July 2015, the assets were sold for the fair value noted on the statement of financial position.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

Related Party Loans Receivable

The Organizations' loan portfolio is comprised on unsecured related party loans receivable that are non-interest bearing and have no fixed repayment terms, as detailed in Note 3, and is considered a single portfolio class. Related party loans receivable are recorded net of an allowance for expected loan losses (allowance). The Organizations establish an allowance as an estimate of inherent risk in the Organizations' loan portfolio. Although management believes the allowance to be adequate, ultimate losses may vary from its estimates. The allowance is established through a provision for loan losses that is charged to expense. Loan losses are charged off against the allowance when the Organizations determine the loan balance to be uncollectible. Proceeds received on previously charged off amounts are recorded as recovery in the year of receipt. The Organizations determined that all related party loans receivable are fully collectible as of June 30, 2015.

The Organizations review the adequacy of the allowance, including consideration of the relevant risks in the loan portfolio, current economic conditions and other factors periodically. The Organizations internally monitor related party borrowers to assess the risk of nonperformance. The Organizations determine that changes are warranted based on those reviews, the allowance is adjusted.

Net Assets

Net assets of the Organizations are classified and reported as follows:

Unrestricted Net Assets

Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets

Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organizations and/or the passage of time.

Permanently Restricted Net Assets

Include contributions which require by donor restriction that the corpus be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

Recognition of Donor Restrictions

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Donated Services

Donated services are recognized in the financial statements if the services enhance or create non-financial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Advertising Costs

Promotional advertising costs are expensed as incurred. Promotional advertising expense charged to operations amounted to \$11,018 for the year ended June 30, 2015.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Functional Allocation of Expenses

The cost of providing the various programs and services are summarized on a functional basis. Costs are generally identified as to program site, and are then allocated between programs and supporting services that benefited based on total direct expenses.

Income Taxes

The Organizations are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal and state income taxes on related income pursuant to section 501(a) of the code.

Deferred Revenue

Deferred revenue consists primarily of advances received from state and federal agencies for initial funding of programs. Amounts will be recognized as revenue as these programs incur the related expenditures.

Fair Value Measurements

In accordance with professional standards, assets and liabilities measured and recorded at fair value are required to be categorized into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). If the inputs used in the determination of the fair value measurement fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement. Assets and liabilities measured and recorded at fair value by the Organizations are categorized as follows:

Level I – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organizations have the ability to access.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Fair Value Measurements (Continued)

Level II – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level III – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in valuation methodology used at June 30, 2015.

Subsequent Events

In preparing these financial statements, the Organizations have evaluated events and transactions for potential recognition or disclosure through December 9, 2015, the date the financial statements were available to be issued.

NOTE 2 ASSETS LIMITED AS TO USE

Beneficial Interest in Net Assets of Related Party

The Organizations record beneficial interest in the net assets of Ascentria, a related party, for funds being held by Ascentria on behalf of the Organizations. The Organization has presented the assets under the caption "Other Accounts Receivable" on the statement of financial position.

NOTE 3 RELATED PARTY TRANSACTIONS

The Organizations have entered into the following transactions with related parties:

a) The Organizations are charged annually by Ascentria for accounting, management services, and overhead in monthly installments. Charges to operations for these services totaled approximately \$3,917,000 for the year ended June 30, 2015. These expenses have been included on the statement of activities under the caption "Administration". In addition, Ascentria is the central contracting entity for insurance coverage, and insurance costs are then billed monthly to the Organizations.

b) In connection with soliciting and managing donations received, Ascentria charged the Organizations a custodial fee. The custodial fee charged to operations was \$3,590 for the year ended June 30, 2015.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 3 RELATED PARTY TRANSACTIONS (CONTINUED)

c) The Organizations rents office space and program vehicles from Ascentria under tenancy at will arrangements. The rent charged to operations for these arrangements amounted to approximately \$45,000 for the year ended June 30, 2015.

d) During the year ended June 30, 2015, the Organizations received federal funding of \$288,000 that was passed through to Good News Garage - LSS, Inc.

e) Related Party loans, presented under the caption of "Other Assets" on the statement of financial position, that bear no interest and have no fixed repayment terms, are as follows:

Due from Related Parties:	
Ascentria Care Alliance, Inc.	\$ 300,640
LCS Creative Living, Inc.	23,327
Lutheran Housing Corporation - Brockton, Inc.	78
Luther Ridge at Middletown, Inc.	3,550
Lutheran Assisted Living in Middleton	22
Total	<u>\$ 327,617</u>

NOTE 4 DEFINED CONTRIBUTION PENSION PLAN

The Organizations participate in a defined contribution thrift plan (the thrift plan) qualifying under Internal Revenue Code Section 403(b) maintained by Ascentria. The thrift plan permits discretionary employer contributions based on a specified percentage of annual compensation and employee contributions. The Organizations did not make contributions to the plan for the year ended June 30, 2015.

NOTE 5 ACCOUNTS RECEIVABLE

The accounts receivable balance consisted of the following at June 30, 2015:

Accounts Receivable - Program Services	\$ 3,872,897
Less: Allowance for Doubtful Accounts	<u>(32,950)</u>
Accounts Receivable, Net	<u>\$ 3,839,947</u>

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 6 CONCENTRATION OF CREDIT RISK

Financial instruments that potentially subject the Organizations to concentrations of credit risk consist principally of the following:

Cash and Cash Equivalents

The Organizations maintain cash and cash equivalent balances in several federally insured financial institutions in the same geographic area as well as a money market fund. During the year there may be times when uninsured cash is significantly higher and exceeds federally insured limits.

Major Customer

The Organizations receive significant funding from various federal and state agencies. The states through which funding was received include Massachusetts, New Hampshire and Maine. At June 30, 2015 approximately 90% of the Organizations revenue was received from state and federal agencies directly or via pass through for the year then ended.

Due from Related Parties

The Organizations extend unsecured credit to its affiliates. The balance due from affiliates totaled \$327,617 at June 30, 2015.

Beneficial Interest in Net Assets of Related Party

The Organizations unsecured gifts, held by a related party, amounted to \$599,095 at June 30, 2015.

Accounts Receivable

The Organizations extend unsecured credit to its customers. Accounts receivable amounted to \$3,839,947 at June 30, 2015.

NOTE 7 PROPERTY AND EQUIPMENT

The useful lives of property and equipment for purposes of computing depreciation are:

Building, Building Improvements and Leasehold Improvements	5 - 40 Years
Equipment, Furniture and Fixtures and Vehicles	3 - 10 Years
Equipment under Capital Lease	3 - 5 Years
Computer Equipment and Software	3 Years

Depreciation and amortization (including amortization of equipment under capital lease) expense charged to operations was \$156,022 for the year ended June 30, 2015.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 7 PROPERTY AND EQUIPMENT (CONTINUED)

During April 2014, ACS deemed building assets with net book value of approximately \$350,000 to be held for sale, at this time depreciation on these assets ceased. See Note 1 for additional details.

During January 2015, the Organization experienced fire and water damage at one of their leased facilities resulting in severe damages to the property. The loss incurred on the leased property of approximately \$245,500 is listed under the caption "Losses" on the statement of activities for the year ended June 30, 2015.

NOTE 8 MAINE MEDICAID LIABILITY

ACS provides services for Medicaid eligible individuals under terms of costs based contracts with the State of Maine. Accordingly, ACS provides for the estimated amount of settlements with Medicaid as a liability. Final reimbursement is not determined until the State of Maine accepts the cost report. The amount of the estimated liability was approximately \$318,000 at June 30, 2015. Adjustments to these estimates are reflected on the statement of activities under the caption "Grants" to the extent not previously recorded in the year the final settlement information becomes available to management.

NOTE 9 CONTRIBUTED LEASED PROPERTY

ACS ("lessee") entered into a lease agreement to lease a building. The lease is for a period of five years with an annual rent of \$1 payable to lessor each year.

Management has determined that the annual rental payments are below market value and therefore have recorded the fair value of the lease in the financial statements. The valuation of the lease is based on the lesser of the net present value of market rate rent payments or the fair market value of the building at the lease inception date, at that time, was estimated to be \$69,000. Management concluded that the fair value of the building was the lesser of the two valuation methods and consequently valued the market rate lease at \$69,000 at the lease inception date. The fair value of the lease is being amortized on a straight-line basis over the term of the lease. The unamortized fair value of the lease amounted to \$27,900 as of June 30, 2015, and is reported in the caption "Land, Buildings, and Equipment" in the statement of financial position.

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015**

NOTE 10 LONG-TERM DEBT

The Organizations are liable on long-term debt at June 30, 2015 as follows:

Description

Note Payable

Term note payable to Bank of America face amount \$350,000, due August 7, 2033, secured by business assets, payable in monthly installments of interest only through August 2008 then monthly payments of principal plus interest through maturity. Interest rate is the 30 year treasury bill rate plus 2 1/2% adjusted annually (7.10% at June 30, 2015 and 2014). \$ 305,798

Mortgages

Mortgage payable to TD Bank. In December 2014, the mortgage was extended and now matures on December 17, 2017. The monthly payments of principal and interest before and after the extension were \$3,558 and \$2,512, respectively. The interest rate before and after the extension was 5.0% and 4.23%, respectively. The mortgage is secured by all business assets. 325,414

Mortgage payable to Bank of America face amount \$370,308, secured by real property owned by ACS at two locations, and guaranteed by Ascentria, with an interest rate of 7.01%, due August 2032. Monthly principal and interest payments of \$2,670. 317,080

Capital Lease Obligations

ACS is obligated under various capital lease agreements for equipment and motor vehicles, expiring in 2016, with a combined monthly payment of approximately \$2,200 with interest rates ranging from approximately 4% to 8%. 2,734

Total 951,026

Less: Current Maturities (37,707)

Long-Term Debt, Net \$ 913,319

Following are current maturities for the next five years:

<u>Year Ending June 30,</u>	<u>Current Maturities</u>
2016	\$ 37,707
2017	37,105
2018	312,364
2019	22,674
2020	24,297

Interest charged to operations for the above long-term debt amounted to \$58,655 for the year ended June 30, 2015.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 11 DUE TO THIRD PARTY

The Organizations are reflecting an estimated liability in the amount of approximately \$43,000 at June 30, 2015. The amount is due to the New Hampshire Department of Children, Youth and their Families (DCYF) resulting from reported overpayments that date back to 2005. The liability is reflected on the Statement of Financial Position under the caption "Other Current Liabilities".

NOTE 12 OPERATING LEASES

The Organizations lease land, buildings, equipment and motor vehicles under various operating lease agreements with terms of one to five years. Total rent and related expenses amounted to approximately \$781,000 for the year ended June 30, 2015.

Future minimum lease payments under these agreements are as follows:

<u>Year Ending June 30,</u>	<u>Amount</u>
2016	\$ 399,296
2017	305,271
2018	216,425
2019	29,484
2020	-
Total	<u>\$ 950,476</u>

NOTE 13 CONTINGENCIES

A significant portion of the Organizations' net revenues and accounts receivable are derived from services reimbursable under Medicaid programs. There are numerous healthcare reform proposals being considered on federal and state levels. The Organizations cannot predict at this time whether any of these proposals will be adopted or, if adopted and implemented, what effect such proposals would have on the Organizations.

A significant portion of the Organizations' revenues are derived from services reimbursable under Medicaid programs. The base year costs utilized in calculating the Medicaid rates are subject to audit which could result in a retroactive rate adjustment for all years in which that cost base was used in calculating the rates. It is not possible at this time to determine whether the Organizations will be audited or if a retroactive rate adjustment would result.

ACS and Ascentria have entered into an equity sharing agreement related to one property transferred from Ascentria to the ACS on July 1, 2001. The agreement states that if the properties are sold or leased to a third party, approximately 40% of the proceeds will become payable to Ascentria. Such payment represents the excess of fair value of the properties transferred over their net book value as of July 1, 2001. A significant portion of the Organizations' revenues are derived from state and federal government funding. Due to current economic conditions it is possible that funding from these sources could be reduced in the near term. The Organizations cannot determine at this time if funding levels will change, or what financial impact, if any, potential changes would have on the Organizations.

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 13 CONTINGENCIES (CONTINUED)

ACS was previously covered by a retroactive workers compensation and employer's liability insurance policy. Under such a policy, the ultimate premium is based on ACS's loss experience. In addition, ACS accrues estimated losses for asserted and unasserted claims in excess of the minimum premium up to any stipulated maximum per the policy. ACS's policy contained a loss limitation provision of \$250,000 per incident. As of June 30, 2015 there is an open asserted claim outstanding. There are potential additional costs related to this claim for which management cannot estimate, thus no provision has been recorded. The maximum amount of the additional claims considering the loss limitation is \$120,000. Management is unaware of any additional unasserted claims as of June 30, 2015, thus any financial impact related to such claims cannot be determined at this time.

The receivables of the Organizations are listed as collateral under the line of credit agreement of Ascentria. The outstanding balance \$1,600,000 as of June 30, 2015.

NOTE 14 FAIR VALUE MEASUREMENT

The Organizations use fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. Fair value measurement is based on quoted market prices. For additional information on how the Organizations measure fair value refer to Note 1 – Organization and Summary of Significant Accounting Policies.

The following tables present the Organizations fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of June 30, 2015:

	Total	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
Beneficial Interest in Net Assets of Related Party				
Cash Equivalents	\$ 599,095	\$ -	\$ -	\$ 599,095
Total	<u>\$ 599,095</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 599,095</u>

The following table provides a summary of changes in fair value of the Organization's Level 3 financial assets for the year ended June 30, 2015:

Balance at July 1, 2014	\$ 583,758
Income	15,337
Balance at June 30, 2015	<u>\$ 599,095</u>

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2015

NOTE 15 SURPLUS REVENUE RETENTION

A nonprofit provider is allowed to retain an annual net surplus of up to 5% of gross revenues derived from delivering services to clients of the Commonwealth of Massachusetts (Commonwealth). The cumulative amount retained may not exceed 20% of the prior year's gross revenue from the Commonwealth purchasing agencies, and must be segregated as surplus revenue retention net assets. A current year surplus which exceeds the 5% level or a cumulative surplus exceeding the 20% amount may be: a) reinvested in program services as stipulated by the purchasing agencies; b) recouped or; c) used by the Commonwealth to reduce price of future contracts.

Surplus revenue retention at June 30, 2015 is summarized as follows:

Balance at June 30, 2014	\$ (4,657,940)
Decrease	<u>(1,011,211)</u>
Balance at June 30, 2015	<u><u>\$ (5,669,151)</u></u>

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED JUNE 30, 2015**

Federal Grantor/Pass-through Grantor/Program Title	CFDA Number	Agency or Pass-through Number	Federal Expenditures	Amount Provided to Subrecipient
U.S. Department of Health & Human Services				
Pass-Through Commonwealth of Massachusetts				
Department of Social Services:				
Adoption Management Support Services - Product Based Adoption	93.667	00092015PRODBASEADOP	\$ 37,921	\$ -
Unaccompanied Refugee Minors	93.566 *	INTF0000009921519369	1,707,797	-
Statewide Intensive Foster Care	93.667	INTF0000000915NIFO	134,692	-
Statewide Intensive Foster Care	93.558	INTF0000000915NIFO	209,190	-
NH School Impact Project	93.667	010-095-5973000 102-500731	88,962	-
Mass Rehab Commission	84.126	SCMRC2007011NGVD002	288,000	288,000
Children Services Aftercare	93.667	INF0000000915FNSSO	1,311	-
Office of Refugees and Immigrants:				
TAG	93.584	CTORI010011TAG000004	157,425	-
Refugee Cash Management	93.576 *	CTORI010012PHP000006	1,380	-
		CTORI010011RCM000002/ CTORI0100 15 RCM00007 CTORI010011RCM00012/ CTORI010015RCM000008	189,199	-
Refugee Cash Management	93.566 *	CTORI010014CRES000006/ CTROI010011CRES000006	263,076	-
CRES	96.566 *	CTROI010013PRS000005	18,494	-
PEERS	93.576 *	010-042-79220000	131,476	-
TAG	93.576 *	CTORI010011SAS000003	61,539	-
SAS	93.566	010-042-79220000-500731-42200010	2,597	-
Health Coordination	93.566	CT ORI 010015HPP000006	13,156	-
MA Health Promotion Program	53.576 *	CTORI010014REAP00002/ CTORI010011REAP00002	119,581	-
REAP	93.576 *	CTORI010013RSI000001/ CTORI010012RSI000001	28,198	-
Refugee School Impact	93.576 *	CTORI010012PHP000006	35,340	-
PHP	93.576 *			
Pass-Through State of New Hampshire				
Office of Minority Health and Refugee Affairs:				
New Hampshire Health Profession Project	93.093	010-095-59930000	2,463,792	-
Refugee Social Services	93.566 *	010-042-79220000-102	189,125	-
Refugee Targeted Assistance	93.576 *	010-042-79220000-500731-42200019	18,267	-
Bi-Cultural Services for Older Refugees	93.576 *	010-095-59580000-102	36,096	-
Pass-Through Lutheran Immigration and Refugee Service				
Office of Refugees and Immigrants:				
Unaccompanied Child and Youth Program	93.676	90ZU0103/01 90RV0062/01/ 90RV0062/03	1,074,048	-
Match Grant	93.567		191,052	-
Pass-Through EMM				
Office of Refugees and Immigrants:				
Preferred Communities	93.576 *	90RP0105 EMM SPRMC010CA014/ EMM SPRMC010CA015	103,121	-
Match Grant	93.567		136,421	-
Pass-Through Church World Services				
Office of Refugees and Immigrants:				
Match Grant	93.567	2013	83,245	-

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)
YEAR ENDED JUNE 30, 2015**

<u>Federal Grantor/Pass-through Grantor/Program Title</u>	<u>CFDA Number</u>	<u>Agency or Pass-through Number</u>	<u>Federal Expenditures</u>	<u>Amount Provided to Subrecipient</u>
Pass-Through Administration for Children and Families Office of Refugees Resettlement: Childcare Micro Enterprise	93.576 *	90RG0142-01-00	178,668	-
U.S. Department of State				
Pass-Through Lutheran Immigration and Refugee Service Division of Unaccompanied Minors: Reception and Placement	19.510	SPRMC014CA10065/ SPRMC015CA1014	1,239,770	-
Pass-Through EMM Division of Unaccompanied Minors: Reception and Placement	19.510	EMM SPRMC010CA013/ EMM SPRMC010CA014	395,288	-
Pass-Through Church World Services Division of Unaccompanied Minors: Reception and Placement	19.510	2015	126,100	-
U.S. Department of Agriculture				
USDA Specialty Crop Block Grant	10.170	AGR-SC-2013	5,902	-
New Lands Farms Marketing Collective	10.225	2012-33800-19931	77,165	-
Local Food Promotion	10.225	14-LFPPX	56,229	-
Pass-Through Commonwealth of Massachusetts Supplemental Nutrition Assistance Program	10.561	CT WEL 44003064 LSS 0001	159,118	-
U.S. Department of Justice				
Pass-Through Commonwealth of Massachusetts Victims of Crime	16.575	VOCA2014LUTH000000008	48,608	-
U.S. Department of Transportation				
Pass-Through Central Massachusetts Regional Planning Commission OLMS Transit Grant	20.516	MA-37-X055-00	32,286	-
TOTAL EXPENDITURES OF FEDERAL AWARDS			\$ 10,103,635	\$ 288,000

* Major Program

ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)
YEAR ENDED JUNE 30, 2015

Basis of Presentation and Summary of Significant Accounting Policies

The schedule of Expenditures of Federal Awards includes federal award activity of Ascentria Community Services, Inc. and Subsidiary for the year ended June 30, 2015. The information in this schedule is in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the schedule presents only a selected portion of the operations of the Organizations, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organizations. Expenditures are presented on the accrual basis of accounting, such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, wherein certain types of expenditures are not allowed or are limited as to reimbursement.

	STATEMENT OF ACTIVITIES FOR THE YEAR ENDED 06/30/2015	WITH COMPARATIVE TOTALS FOR THE YEAR ENDED 06/30/2014			
	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL THIS YEAR	TOTAL LAST YEAR
REVENUES, GAINS, AND OTHER SUPPORT					
1 Contributions, Gifts, Legacies, Bequests & Special Events					
2 In-Kind Contributions					
3 Grants	23,239,065			23,239,065	22,588,360
4 Program Service Fees	12,971,720			12,971,720	12,043,052
5 Federated Fundraising Organization Allocation					
6 Investment Revenue					
7 Revenue from Commercial Products & Services	83,454			83,454	136,753
8 Other	495,213			495,213	100,712
9 Net Assets Released From Restrictions:					
10 Satisfaction of Program Restrictions	133,187	(133,187)			
11 Satisfaction of Equipment Acquisition Restrictions					
12 Expiration of Time Restrictions					
13 TOTAL REVENUE, GAINS, AND OTHER SUPPORT	36,922,639	(133,187)		36,789,452	34,868,877
EXPENSES AND LOSSES					
14 Administration (Management & General)	5,160,540			5,160,540	4,465,096
15 Fundraising	3,740			3,740	15,832
16 Total Program Services	31,295,345			31,295,345	30,404,106
17 TOTAL EXPENSES	36,459,625			36,459,625	34,885,034
18 Losses	275,683			275,683	(147,119)
19 TOTAL EXPENSES AND LOSSES	36,735,308			36,735,308	34,737,915
CHANGES IN NET ASSETS:					
20 Property & Equipment Acquisitions from Unrestricted Funds					
21 Transfer of Realized Endowment Fund Appreciation					
22 Return to Donor					
23 Other Increases (Decreases)	(104,067)	163,603		59,536	140,072
24 TOTAL CHANGES IN NET ASSETS	83,264	30,416		113,680	271,034
25 NET ASSETS AT BEGINNING OF YEAR	2,542,819	625,826		3,168,645	2,897,611
26 NET ASSETS AT END OF YEAR	2,626,083	656,242		3,282,325	3,168,645

See Accompanying Notes to Financial Statements

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

ORGANIZATION: Ascendia Community Services, Inc. UFR Program Number: 2 Program Name: Program to Enhance Elder Services (PEERS) Description: Elder Refugee Services

UFR Program Number: 27 Program Address: 593 Main Street (Number/Street) West Springfield (City) MA (State) ZIPcode (Zipcode) 01099 # operating hours/week (e.g. 40) 40.00

FY END: 6/30/2015 FY END: 6/30/2015 FEIN: 043565243

Catalog of Federal Domestic Assistance #: 93.576 http://www.cda.gov/default.htm

*Program Type: 27

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g. in-kind donations) may be appropriate and desirable.

Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE

1R Contib. Gifts Leg. Bequests Spec. Ev.

2R Gov. In-Kind/Capital Budget

3R Private In-Kind

4R Total Contribution and In-Kind

5R Mass Gov. Grant

6R Other Grant (excl. Fed Direct)

7R Total Grants

8R Dept. of Mental Health (DMH)

9R Dept. of Developmental Services (DDS/DMR)

10R Dept. of Children and Families (DCF/DSS)

11R Dept. of Transitional Assist (DTAWEL)

12R Dept. of Youth Services (DYS)

13R Health Care Fin & Policy (HCF)-Contract

14R Health Care Fin & Policy (HCF)-UCP

15R MA. Comm. For the Blind (MCB)

16R MA. Comm. for Deaf & H (MCD)

17R MA. Rehabilitation Commission (MRC)

18R MA. Off. for Refugees & Immigr. (ORI)

19R MA. Off. of Early Educ. & Care (EEC)-Contract

20R Dept. of Early Educ. & Care (EEC)-Voucher

21R Dept. of Early Educ. & Care (EEC)-Voucher

22R Dept. of Correction (DOC)

23R Dept. of Elementary & Secondary Educ. (DOE)

24R Parole Board (PAR)

25R Veteran's Services (VET)

26R Ex. Off. of Elder Affairs (ELD)

27R Div. of Housing & Community Develop (OCD)

28R POS Subcontract

29R Other Mass. State Agency POS

30R Mass. State Agency Non-POS

31R Mass. Local Gov./Quasi-Govt. Entities

32R Non-Mass. State/Local Government

33R Direct Federal Grants/Contracts

34R Medicaid - Direct Payments

35R Medicaid - MBHP Subcontract

36R Medicare

37R Mass. Govt. Client Stipends

38R Client Resources

39R Mass. spon. client SF/3rd Pty offsets

40R Other Publicly sponsored client offsets

41R Private Client Fees (excluding 3rd Pty)

42R Total Assistance and Fees

43R Federated Fundraising

44R Commercial Activities

45R Non-Charitable Revenue

46R Investment Revenue

47R Other Revenue

48R Allocated Admin (M&G) Revenue

49R Released Net Assets-Program

50R Released Net Assets-Equipment

51R Released Net Assets-Time

52R Total Revenue = 57E

53R SUBCONTRACTED DIRECT CARE EXPENSE DETAIL

Subcontractor Name FEIN Expense Amt.

1SDC

2SDC

3SDC

4SDC

5SDC

Comm. Of MA Surplus Rev. Retention Share

PREPARER COMMENTS:

MASSACHUSETTS CONTRACT INFORMATION

Dept. Contract ID-11 Characters MARS Code

1C 061 13PSS00005 2022

2C

3C

4C

5C

State Dept Payor Name

1PS

2PS

3PS

Payor's FEIN

1SDC

2SDC

3SDC

4SDC

5SDC

Comm. Of MA Surplus Rev. Retention Share

PREPARER COMMENTS:

1N Direct Employee Compensation & Related Exp.

2N Direct Occupancy

3N Direct Other Program/Operating

4N Direct Subcontract Expense

5N Direct Administrative Expense

6N Direct Other Expense

7N Direct Depreciation

8N Total Direct Non-Reimbursable (To to 54E)

9N Total Direct and Allocated Non-Reimb. (54E+55E)

10N Eligible Non-Reimbursable Exp. Revenue Offsets

11N Capital Budget Revenue Adjustment

12N Excess of Non-Reimbursable Expense Over Offsets

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

13,588

ORGANIZATION: Ascension Community Services, Inc. **PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited** **FY END:** 6/30/2015 **FEIN:** 04356243

Program Name: Therapeutic Foster Care/After Care **Description:** Therapeutic Foster Care and Aftercare **MA (State):** MA **(Zipcode):** 02301 **Program Address:** 138 Pleasant Street (Numerical/Street) **Brookline (City):** Brookline **Program Number:** 5 **Program Type:** 23 **Catalog of Federal Domestic Assistance #:** 93.558 **FEIN:** 04356243 **URL:** <http://www.cfdia.gov/dfa/audit.htm> **# Weeks operated during audit period (e.g., 52):** 52.00 **# operating hours/week (e.g., 40):** 168.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.
***Program Type codes:** 21 = SPED; 22 = HCFF/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable
REVENUE

Code	Description	FTE	Salary/Wage	Actual	Planned	% Var.
1R	Commb., Gifts, Leg., Bequests, Spec. Ev.			8.60	290,635	10.6 %
2R	Gov. In-Kind/Capital Budget	0.20	14,481			
3R	Private In-Kind	1.00	48,185			
4R	Total Contribution and In-Kind					
5R	Mass Gov. Grant					
6R	Other Grant (excl. Fed Direct)					
7R	Total Grants					
8R	Dept. of Mental Health (DMH)			8.60	320,635	
9R	Dept. of Developmental Services (DDS/DMR)					
10R	Dept. of Public Health (DPH)					
11R	Dept. of Children and Families (DCF/DSS)	7.65				
12R	Dept. of Transitional Assist. (DTA/MEL)					
13R	Dept. of Youth Services (DYS)					
14R	Health Care Fin & Policy (HCFA/Contract)					
15R	Health Care Fin & Policy (HCFA/UCP)					
16R	MA Comm. For the Blind (MCB)					
17R	MA Comm. for Deaf & H/H (MCD)					
18R	MA Rehabilitation Commission (MRC)					
19R	MA Off. for Refugees & Immigr. (ORI)	1,633,895				
20R	Dept. of Early Educ. & Care (EEC)/Contract					
21R	Dept. of Early Educ. & Care (EEC)/Voucher					
22R	Dept. of Correction (DOC)					
23R	Dept. of Elementary & Secondary Educ. (DOE)					
24R	Parole Board (PAR)					
25R	Veteran's Services (VET)					
26R	Ex. Off. of Elder Affairs (ELD)					
27R	Div. of Housing & Community Develop. (OCD)					
28R	POS Subcontract					
29R	Other Mass. State Agency POS					
30R	Mass State Agency Non - POS					
31R	Mass. Local Govt./Quasi-Govt. Entities					
32R	Non-Mass. State/Local Government					
33R	Direct Federal Grants/Contracts					
34R	Medicaid - Direct Payments					
35R	Medicaid - MBHP Subcontract					
36R	Medicare					
37R	Mass Govt. Client Salaries	53,870				
38R	Client Resources					
39R	Mass. spon client SF/3rd Pty offests					
40R	Other Publicly sponsored client offests					
41R	Private Client Fees (excluding 3rd Pty)					
42R	Private Client 3rd Pty/other offests					
43R	Total Assistance and Fees					
44R	Federated Fundraising					
45R	Commercial Activities					
46R	Non-Charitable Revenue					
47R	Investment Revenue					
48R	Other Revenue					
49R	Allocated Admin (M&G) Revenue					
50R	Released Net Assets-Program					
51R	Released Net Assets-Time					
52R	Released Net Assets-Item					
53R	Total Revenue = 57E		1,695,223			

Code	Description	FTE	Actual	Planned	% Var.
1E	Total Direct Program Staff = 39S		8.60	290,635	10.6 %
2E	Chief Executive Officer				
3E	Chief Financial Officer				
4E	Accounting/Financial Support				
5E	Admin Maint/House-Grndkeeping				
6E	Total Admin Employee				
7E	Commercial products & Svs/Mktg				
8E	Total FTE/Salary/Wages		320,635		
9E	Payroll Taxes 150		23,410		
10E	Fringe Benefits 151		41,115		
11E	Accrual Adjustments		385,160		
12E	Total Employee Compensation & Rel. Exp.			385,056	0.0 %
13E	Facility and Prog. Equip. Expenses 301,390				
14E	Facility & Prog. Equip. Depreciation 301				
15E	Facility Operation/Maint./Fum. 390				
16E	Facility General Liability Insurance 390				
17E	Total Occupancy			71,476	-3.9 %
18E	Direct Care Consultant 201				
19E	Temporary Help 202				
20E	Client and Caregivers Reimb./Stipends 203			945,214	
21E	Subcontracted Direct Care 206				
22E	Staff Training 204				
23E	Staff Mileage / Travel 205			40,704	
24E	Meals 207			20	
25E	Client Transportation 208				
26E	Vehicle Expenses 208				
27E	Vehicle Depreciation 208				
28E	Incidental Medical/Medicine/Pharmacy 209				
29E	Client Personal Allowances 211				
30E	Provision Material Goods/Svs./Benefits 212				
31E	Direct Client Wages 214				
32E	Other Commercial Prod. & Svs. 214				
33E	Program Supplies & Materials 215			8,775	
34E	Non-Charitable Expenses				
35E	Other Expense				
36E	Total Other Program Expense		984,713		0.2 %
42E	Other Professional Fees & Other Admin. Exp. 410				
43E	Leased Office/Program Office Equip. 410,390				
44E	Office Equipment Depreciation 410				
48E	Program Support 216			15,349	
49E	Professional Insurance 410				
50E	Working Capital Interest 410				
51E	Total Direct Administrative Expense		21,965	20,019	9.7 %
52E	Admin (M&G) Reporting Center Allocation		103,377	89,031	16.1 %
53E	Total Reimbursable Expense		1,573,029	1,557,910	1.0 %
54E	Direct State/Federal Non-Reimbursable Expense				
55E	Allocation of State/Fed Non-Reimbursable Expense				
56E	TOTAL EXPENSE = 63R		1,573,029	1,557,910	1.0 %
57E	TOTAL REVENUE = 57E		1,695,223	1,557,910	6.6 %
58E	OPERATING RESULTS		121,294		

CRE Preliminary Calculation of Cost Reimb. Excess Rev. (subject to OSD adjustment)

Code	Description	Amount
1N	Direct Employee Compensation & Related Exp.	
2N	Direct Occupancy	
3N	Direct Other Program/Operating	
4N	Direct Subcontract Expense	
5N	Direct Administrative Expense	
6N	Direct Other Expense	
7N	Direct Depreciation	
8N	Total Direct Non-Reimbursable (Tie to 54E)	
9N	Total Direct and Allocated Non-Reimb. (54E+55E)	
10N	Eligible Non-Reimbursable Exp. Revenue Offsets	
11N	Capital Budget Revenue Adjustment	
12N	Excess of Non-Reimbursable Expense Over Offsets	121,294

UNDUP # # service units delivered

Code	Description	Undup #	# service units delivered
34	OSD's Program	34	15,161
34	Publicly sponsored clients:		
34	Privately sponsored clients:		
34	Free Care clients:		
34	Total:	34	15,161

MASSACHUSETTS CONTRACT INFORMATION

Code	Dept	Contract ID - 11 Characters	MMARS Code
1C	DSS	000915FNFO	FNFO
2C	DSS	00092015PNO	RESO
3C	DSS		
4C			
5C			

POS SUBCONTRACT INFORMATION

Code	State Dept	Payor Name	Payor's FEIN
1PS			
2PS			
3PS			

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL

Code	Subcontractor Name	FEIN	Expense Amt.
1SDC			
2SDC			
3SDC			
4SDC			
5SDC			
Comm. Of MA Surplus Rev. Retention Share			121,294

PREPARER COMMENTS:

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FEIN: 04356240

FY END: 6/30/2015

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

UFR Program Number: 8
 Program Name: Foresberg Independent Living Program
 Program Address: 84 Highland Street
 Program Type: 23
 (Number/Street)
 Worcester (City)
 MA (State)
 01609 (Zipcode)

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.

Program Type codes: 21 = SPED; 22 = HCFF/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE

1R Contib. Gifts, Leg. Bequests, Spec. Ev.

2R Gov. In-Kind/Capital Budget

3R Private In-Kind

4R Total Contribution and In-Kind

5R Mass Gov. Grant

6R Other Grant (excl. Fed Direct)

7R Total Grants

8R Dept. of Mental Health (DMH)

9R Dept. of Developmental Services (DDS/DMR)

10R Dept. of Public Health (DPH)

11R Dept. of Children and Families (DCF/DSS)

12R Dept. of Transitional Assists (DTAWEL)

13R Dept. of Youth Services (DYS)

14R Health Care Fin. & Policy (HCF)-Contract

15R Health Care Fin. & Policy (HCF)-LUCP

16R MA. Comm. For the Blind (MCB)

17R MA. Comm. for Deaf & H (MCD)

18R MA. Rehabilitation Commission (MRC)

19R MA. Off. for Refugees & Immigr. (ORI)

20R Dept. of Early Educ. & Care (EEC)-Contract

21R Dept. of Early Educ. & Care (EEC)-Voucher

22R Dept. of Correction (DOC)

23R Dept. of Elementary & Secondary Educ. (DOE)

24R Parole Board (PAR)

25R Veteran's Services (VET)

26R Ex. Off. of Elder Affairs (ELD)

27R Div. of Housing & Community Develop(OCD)

28R POS Subcontract

29R Other Mass. State Agency POS

30R Mass State Agency Non - POS

31R Mass. Local Gov./Quasi-Govt. Entities

32R Non-Mass. State/Local Government

33R Direct Federal Grants/Contracts

34R Medicaid - Direct Payments

35R Medicaid - MBHP Subcontract

36R Medicare

37R Mass. Govt. Client Stipends

38R Client Resources

39R Mass. spon-client SF3rd Pty offsets

40R Other Publicly sponsored client offsets

41R Private Client Fees (excluding 3rd Pty)

42R Private Client 3rd Pty/other offsets

43R Total Assistance and Fees

44R Federated Fundraising

45R Commercial Activities

46R Non-Charitable Revenue

47R Investment Revenue

48R Other Revenue

49R Allocated Admin (M&G) Revenue

50R Released Net Assets-Program

51R Released Net Assets-Equipment

52R Released Net Assets-Time

53R Total Revenue = 576

1SDC

2SDC

3SDC

4SDC

5SDC

Comm. Of MA Surplus Rev. Retention Share

2,658

PREPARER COMMENTS:

ORGANIZATION: Arcemita Community Services, Inc. **PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited** **FY END:** 6/30/2015 **FEIN:** 04356243

UFR Program Number: 10 **Program Name:** Florence House **Program Address:** 414 Cambridge Street (Number/Street) **City:** Worcester **State:** MA **Zipcode:** 01609 **Description:** Teen Living Program **Catalog of Federal Domestic Assistance #:** http://www.cfdas.gov/default.htm **# Weeks operated during audit period (e.g. 52):** 52.00 **# operating hours/week (e.g. 40):** 168.00

Program Type: 23 **Program Address:** 414 Cambridge Street (Number/Street) **City:** Worcester **State:** MA **Zipcode:** 01609 **Description:** Teen Living Program **Catalog of Federal Domestic Assistance #:** http://www.cfdas.gov/default.htm **# Weeks operated during audit period (e.g. 52):** 52.00 **# operating hours/week (e.g. 40):** 168.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned or non-reimbursable expenses (e.g. In-Kind donations) may be appropriate and desirable. **Program Type codes:** 21 = SPCD, 22 = HCFP/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE	IR	Comorb. Gifts, Leg. Bequests, Spec. Ev.	2R	Gov. In-Kind/Capital Budget	3R	Private In-Kind	4R	Total Contribution and In-Kind	5R	Mass Gov. Grant	6R	Other Grant (excl. Fed Direct)	7R	Total Grants	8R	Dept. of Mental Health (DMH)	9R	Dept. of Developmental Services (DDS/DMR)	10R	Dept. of Public Health (DPH)	11R	Dept. of Children and Families (DCF/DSS)	12R	Dept. of Transitional Assist (DTA/WEL)	13R	Dept. of Youth Services (DYS)	14R	Health Care Fin & Policy (HCF)-Contract	15R	Health Care Fin & Policy (HCF)-UCP	16R	MA. Comm. For the Blind (MCB)	17R	MA. Comm. for Deaf & H (MCD)	18R	MA. Rehabilitation Commission (MRC)	19R	MA. Off. for Refugees & Immigr. (ORI)	20R	Dept. of Early Educ. & Care (EEC)-Contract	21R	Dept. of Early Educ. & Care (EEC)-Voucher	22R	Dept. of Correction (DOC)	23R	Dept. of Elementary & Secondary Educ. (DOE)	24R	Parole Board (PAR)	25R	Veteran's Services (VET)	26R	Ex. Off. of Elder Affairs (ELD)	27R	Div. of Housing & Community Develop (OCD)	28R	POS Subcontract	29R	Other Mass. State Agency - POS	30R	Mass. State Agency Non-POS	31R	Mass. Local Govt/Quasi-Govt. Entities	32R	Non-Mass. State/Local Government	33R	Direct Federal Grants/Contracts	34R	Medicaid - Direct Payments	35R	Medicaid - MBHP Subcontract	36R	Medicare	37R	Mass. Govt. Client Stipends	38R	Client Resources	39R	Mass. spon client SF/3rd Pty offsets	40R	Other Publicly sponsored client offsets	41R	Private Client Fees (excluding 3rd Pty)	42R	Total Assistance and Fees	43R	Private Client 3rd Pty/other offsets	44R	Federated Fundraising	45R	Commercial Activities	46R	Non-Charitable Revenue	47R	Investment Revenue	48R	Other Revenue	49R	Allocated Admin (M&G) Revenue	50R	Released Net Assets-Program	51R	Released Net Assets-Equipment	52R	Released Net Assets-Time	53R	Total Revenue = 57E																																								
	0S	STAFFING # hourly = 1,000 FTE:	1S	Program Director (UFR Title 102)	2S	Program Function Manager (UFR Title 101)	3S	Asst. Program Director (UFR Title 103)	4S	Supervising Professional (UFR Title 104)	5S	Physician & Psychiatrist (UFR Title 105 & 121)	6S	Physician Asst. (UFR Title 106)	7S	N. N. Midwife, N.P., Psych N.N.A., R.N. - MA (Title 107)	8S	R.N. - Non Masters (UFR Title 108)	9S	L.P.N. (UFR Title 109)	10S	Pharmacist (UFR Title 110)	11S	Occupational Therapist (UFR Title 111)	12S	Physical Therapist (UFR Title 112)	13S	Speech /Lang. Pathol., Audiologist (UFR Title 113)	14S	Dietician / Nutritionist (UFR Title 114)	15S	Spec. Education Teacher (UFR Title 115)	16S	Teacher (UFR Title 116)	17S	Day Care Director (UFR Title 117)	18S	Day Care Lead Teacher (UFR Title 118)	19S	Day Care Teacher (UFR Title 119)	20S	Day Care Asst. Teacher / Aide (UFR Title 120)	21S	Psychologist - Doctorate (UFR Title 122)	22S	Clinician-(formerly Psych.Masters)(UFR Title 123)	23S	Social Worker - L.I.C.S.W. (UFR Title 124)	24S	Social Worker - L.C.S.W., L.S.W (UFR Title 125 & 126)	25S	Licensed Counselor (UFR Title 127)	26S	Cert. Voc. Rehab. Counselor (UFR Title 128)	27S	Cert. Alch. &/or Drug Abuse Counselor (UFR Title 129)	28S	Counselor (UFR Title 130)	29S	Case Worker / Manager - Masters (UFR Title 131)	30S	Case Worker / Manager (UFR Title 132)	31S	Direct Care / Prog. Staff Superv. (UFR Title 133)	32S	Direct Care / Prog. Staff III (UFR Title 134)	33S	Direct Care / Prog. Staff II (UFR Title 135)	34S	Direct Care / Prog. Staff I (UFR Title 136)	35S	Prog. Secretarial / Clerical Staff (UFR Title 137)	36S	Maintenance, House/Groundskeeping, Cook 138	37S	Direct Care / Over Time Staff (UFR Title 138)	38S	Direct Care Overtime, Shift Differential and Relief	39S	Total Direct Program Staff = 1E	1SS	Enter defined unit of service:	2SS	Enter total unit capacity:	3SS	OSD's Program	4SS	Performance Report (D-1)	5SS	Internet filing system)	6SS	Internet filing system)	7SS	Internet filing system)	1C	EHS	2C	15ERS8765AL	3C	SALR	4C		5C		1PS	DCF	2PS	You, Inc.	3PS		1SDC	SUBCONTRACTED DIRECT CARE EXPENSE DETAIL	2SDC	Subcontractor Name	3SDC	FEIN	4SDC	Expense Amt.	5SDC		110N	Total Direct and Allocated Non-Reimb. (54E+55E)	111N	Total Direct and Allocated Non-Reimb. (54E+55E)	112N	Total Direct and Allocated Non-Reimb. (54E+55E)	113N	Total Direct and Allocated Non-Reimb. (54E+55E)	114N	Total Direct and Allocated Non-Reimb. (54E+55E)	115N	Total Direct and Allocated Non-Reimb. (54E+55E)	116N	Total Direct and Allocated Non-Reimb. (54E+55E)	117N	Total Direct and Allocated Non-Reimb. (54E+55E)	118N	Total Direct and Allocated Non-Reimb. (54E+55E)	119N	Total Direct and Allocated Non-Reimb. (54E+55E)	120N	Total Direct and Allocated Non-Reimb. (54E+55E)	121N	Total Direct and Allocated Non-Reimb. (54E+55E)	122N	Total Direct and Allocated Non-Reimb. (54E+55E)

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

ORGANIZATION: Ascendia Community Services, Inc. UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 27 Program Address: 30 Harvard Street (Number/Street) Worcester (City) MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

UFR Program Number: 18 Program Name: Refugee Job Services, Worcester Description: Worcester MA (State) 01609 (Zipcode) Worcester (City) 2080 (FTE) 3.40 (Total Direct Program Staff = 39S) 135,256 (Actual) 109,406 (Planned) 74.5% (% Var.)

1R Contrib. Gifts, Leg. Bequests, Spec. Ev.
 2R Gov. In-Kind/Capital Budget
 3R Private In-Kind
 4R Total Contribution and In-Kind
 5R Mass Gov. Grant
 6R Other Grant (exclud. Fed Direct)
 7R Total Grants
 8R Dept. of Mental Health (DMH)
 9R Dept. of Developmental Services (DDS/DMR)
 10R Dept. of Public Health (DPH)
 11R Dept. of Children and Families (DCF/DSS)
 12R Dept. of Transitional Assist (DTA/WEL)
 13R Dept. of Youth Services (DYS)
 14R Health Care Fin & Policy (HCF)-Contract
 15R Health Care Fin & Policy (HCF)-UCP
 16R MA. Comm. For the Blind (MCB)
 17R MA. Comm. for Deaf & H (MCD)
 18R MA. Rehabilitation Commission (MRC)
 19R MA. OH. for Refugees & Immigr.(ORI)
 20R Dept of Early Educ. & Care (EEC)-Contract
 21R Dept of Early Educ. & Care (EEC)-Voucher
 22R Dept of Correction (DOC)
 23R Dept. of Elementary & Secondary Educ. (DOE)
 24R Parole Board (PAR)
 25R Veterans's Services (VET)
 26R Ex. Off. of Elder Affairs (ELD)
 27R Div. of Housing & Community Develop(OCDD)
 28R POS Subcontract
 29R Other Mass. State Agency POS
 30R Mass. State Agency Non-POS
 31R Mass. Local Govt/Quasi-Govt. Entities
 32R Non-Mass. State/Local Government
 33R Direct Federal Grants/Contracts
 34R Medicaid - Direct Payments
 35R Medicaid - MBHP Subcontract
 36R Medicare
 37R Mass. Govt. Client Sliipends
 38R Client Resources
 39R Mass. spon client SF/3rd Ply offsets
 40R Other Publicly sponsored client offsets
 41R Private Client Fees (excluding 3rd Ply)
 42R Total Assistance and Fees
 43R Federated Fundraising
 44R Commercial Activities
 45R Non-Charitable Revenue
 46R Other Revenue
 47R Allocated Admin (M&G) Revenue
 48R Released Net Assets-Program
 49R Released Net Assets-Equipment
 50R Released Net Assets-Time
 51R Released Net Assets-Time
 52R Released Net Assets-Time
 53R Total Revenue = 57E

1S Program Director (UFR Title 102)
 2S Program Function Manager (UFR Title 101)
 3S Asst. Program Professional (UFR Title 103)
 4S Supervising Professional (UFR Title 104)
 5S Physician & Psychiatrist (UFR Title 105 & 121)
 6S Physcian Asst. (UFR Title 106)
 7S N. Midwife, N.P., Psych N.A., R.N., MA (Title 107)
 8S R.N. - Non Masters (UFR Title 108)
 9S L.P.N. (UFR Title 109)
 10S Pharmacist (UFR Title 110)
 11S Occupational Therapist (UFR Title 111)
 12S Physical Therapist (UFR Title 112)
 13S Speech /Lang. Pathol., Audiologist (UFR Title 113)
 14S Dietician / Nutritionist (UFR Title 114)
 15S Spec. Education Teacher (UFR Title 115)
 16S Teacher (UFR Title 116)
 17S Day Care Director (UFR Title 117)
 18S Day Care Lead Teacher (UFR Title 118)
 19S Day Care Teacher (UFR Title 119)
 20S Day Care Asst. Teacher/ Aide (UFR Title 120)
 21S Psychologist - Doctorate (UFR Title 122)
 22S Clinician-(formerly Psych.Masters)(UFR Title 123)
 23S Social Worker - L.I.C.S.W. (UFR Title 124)
 24S Social Worker - L.C.S.W., L.S.W (UFR Title 125 & 126)
 25S Licensed Counselor (UFR Title 127)
 26S Cert. Voc. Rehab. Counselor (UFR Title 128)
 27S Cert. Alch. &or Drug Abuse Counselor (UFR Title 129)
 28S Counselor (UFR Title 130)
 29S Case Worker / Manager - Masters (UFR Title 131)
 30S Direct Care / Prog. Staff Superv. (UFR Title 132)
 31S Direct Care / Prog. Staff III (UFR Title 133)
 32S Direct Care / Prog. Staff II (UFR Title 134)
 33S Direct Care / Prog. Staff I (UFR Title 135)
 34S Direct Care / Prog. Staff (UFR Title 136)
 35S Prog. Secretarial / Clerical Staff (UFR Title 137)
 36S Maintenance, House/Groundskeeping, Cook 138
 37S Direct Care / Driver Staff (UFR Title 138)
 38S Direct Care Overtime, Shift Differential and Relief
 39S Total Direct Program Staff = 1E

1S5 Enter defined unit of service: 159
 2S5 Enter total unit capacity: 159
 3S5 OSD's Program Publicly sponsored clients:
 4S5 Performance Report (0-1) Privately sponsored clients:
 5S5 Internet filing system) Free Care clients:
 6S5 suspended for FY '08
 7S5 filings. Total: 159

1C Dept 14CRE500006
 2C ORI 2021
 3C
 4C
 5C
 POS SUBCONTRACT INFORMATION
 State Dept Payor Name Payor's FEIN
 1PS
 2PS
 3PS
 Comm. Of MA Surplus Rev. Retention Share N/A

1SDC SUBCONTRACTED DIRECT CARE EXPENSE DETAIL
 2SDC Subcontractor Name Expense Amt
 3SDC
 4SDC
 5SDC
 PREPARER COMMENTS:

1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

NON-REIMBURSABLE EXPENSE DETAIL
 CRE Preliminary Calculation of Cost Reimb. Excess Rev. (subject to OSD adjustment)
 51E Total Direct Administrative Expense 1,200 353.8 %
 52E Admin (M&G) Reporting Center Allocation 25,517 75.5 %
 53E Total Reimbursable Expense 184,999 47.2 %
 54E Direct State/Federal Non-Reimbursable Expense
 55E Allocation of State/Fed Non-Reimbursable Expense
 56E TOTAL EXPENSE 272,316
 57E OPERATING RESULTS 220,332
 58E OPERATING RESULTS (51,984)

1E Total Direct Program Staff = 39S
 2E Chief Executive Officer
 3E Chief Financial Officer
 4E Acting/Clerical Support
 5E Admin Main/House-Gmdkeeping
 6E Total Admin Employee
 7E Commensal products & Svs/Mktg
 8E Total FTE/Salary/Wages
 9E Payroll Taxes 150
 10E Fringe Benefits 151
 11E Accrual Adjustments
 12E Total Employee Compensation & Rel. Exp.
 13E Facility and Prog. Equip Expenses 301,390
 14E Facility & Prog. Equip. Depreciation 301
 15E Facility Operation/Maint./Fum.390
 16E Facility General Liability Insurance 390
 17E Total Occupancy
 18E Direct Care Consultant 201
 19E Temporary Help 202
 20E Clients and Caregivers Reimb./Slipends 203
 21E Subcontracted Direct Care 205
 22E Staff Training 204
 23E Staff Mileage / Travel 205
 24E Meals 207
 25E Client Transportation 208
 26E Vehicle Expenses 208
 27E Vehicle Depreciation 208
 28E Incidental Medical/Medicine/Pharmacy 209
 29E Client Personal Allowance 211
 30E Provision Material Goods/Svs./Benefits 212
 31E Direct Client Wages 214
 32E Other Commercial Prod. & Svs. 214
 33E Program Supplies & Materials 215
 34E Non Charitable Expenses
 35E Other Expense
 36E Total Other Program Expense
 42E Other Professional Fees & Other Adm. Exp. 410
 43E Leased Office/Program Office Equip. 410,390
 44E Office Equipment Depreciation 410
 48E Program Support 216
 49E Professional Insurance 410
 50E Working Capital Interest 410
 51E Total Direct Administrative Expense 1,200 353.8 %
 52E Admin (M&G) Reporting Center Allocation 25,517 75.5 %
 53E Total Reimbursable Expense 184,999 47.2 %
 54E Direct State/Federal Non-Reimbursable Expense
 55E Allocation of State/Fed Non-Reimbursable Expense
 56E TOTAL EXPENSE 272,316
 57E OPERATING RESULTS 220,332
 58E OPERATING RESULTS (51,984)

ORGANIZATION: Asenitha Community Services, Inc. **PROGRAM NAME:** Refugee Job Services, West Springfield **PROGRAM ADDRESS:** 593 Main Street, West Springfield (City), MA (State) 01089 (Zipcode) **FY END:** 6/30/2015 **FEIN:** 04366243

UFR Program Number: 19 **Program Type:** 27 **Program Address:** 593 Main Street, West Springfield (City), MA (State) 01089 (Zipcode) **Category of Federal Domestic Assistance #:** 93.566 **URL:** <http://www.cdfa.gov/default.htm> **# Weeks operated during audit period (e.g. 52):** 52.00 **# operating hours/week (e.g. 40):** 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence or significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable. **Program Type codes:** 21 = SPED, 22 = HCFF/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE

Code	Description	Rate	Units	Revenue	Actual	Planned	% Var.
1R	Contrib. Gifts, Leg., Bequests, Spec. Ev.						
2R	Gov. In-Kind/Capital Budget						
3R	Private In-Kind						
4R	Total Contribution and In-Kind						
5R	Mass Gov. Grant						
6R	Other Grant (excl. Fed Direct)						
7R	Total Grants						
8R	Dept. of Mental Health (DMH)						
9R	Dept. of Developmental Services (DDS/DMR)						
10R	Dept. of Public Health (DPH)						
11R	Dept. of Children and Families (DCF/DSS)						
12R	Dept. of Transitional Assist (DTAWEL)						
13R	Dept. of Youth Services (DYS)						
14R	Health Care Fin & Policy (HCF)-Contract						
15R	Health Care Fin & Policy (HCF)-UCP						
16R	MA Comm. For the Blind (MCB)						
17R	MA Comm. for Deaf & H.H (MCD)						
18R	MA Rehabilitation Commission (MRC)						
19R	MA Off. for Refugees & Immigr.(ORI)						
20R	Dept. of Early Educ. & Care (EEC)-Contract						
21R	Dept. of Early Educ. & Care (EEC)-Voucher						
22R	Dept. of Correction (DOC)						
23R	Dept. of Elementary & Secondary Educ. (DOE)						
24R	Parole Board (PAR)						
25R	Veteran's Services (VET)						
26R	Ex. Off. of Elder Affairs (ELD)						
27R	Div. of Housing & Community Develop(OCD)						
28R	POS Subcontract						
29R	Other Mass. State Agency POS						
30R	Mass. State Agency Non-POS						
31R	Mass. Local Gov./Quasi-Govt. Entities						
32R	Non-Mass. State/Local Government						
33R	Direct Federal Grants/Contracts						
34R	Medicaid - Direct Payments						
35R	Medicaid - MBHP Subcontract						
36R	Medicare						
37R	Mass. Govt. Client Stipends						
38R	Client Resources						
39R	Mass. spon client SF/3rd Py offsets						
40R	Other Publicly sponsored client offsets						
41R	Private Client Fees (excluding 3rd Py)						
42R	Private Client 3rd Py/other offsets						
43R	Total Assistance and Fees						
44R	Federated Fundraising						
45R	Commercial Activities						
46R	Non-Charitable Revenue						
47R	Investment Revenue						
48R	Other Revenue						
49R	Allocated Admin. (M&G) Revenue						
50R	Released Net Assets-Program						
51R	Released Net Assets-Equipment						
52R	Released Net Assets-Time						
53R	Total Revenue = 57E						

EXPENSE - ACTUAL/PLANNED

Code	Description	Rate	Units	Revenue	Actual	Planned	% Var.
1E	Total Direct Program Staff = 395				63,143	41,511	52.1%
2E	Chief Executive Officer						
3E	Chief Financial Officer						
4E	Accounting/Clerical Support						
5E	Admin Maint/House-Grndkeeping						
6E	Total Admin Employee						
7E	Commercial products & Svs/Mktng						
8E	Total FTE/Salary/Wages				63,143		
9E	Payroll Taxes 150				4,471		
10E	Fringe Benefits 151				2,792		
11E	Accrual Adjustments				70,406		
12E	Total Employee Compensation & Rel. Exp.				77,412		
13E	Facility and Prog. Equip. Depreciation 301				78		
14E	Facility and Prog. Equip. Depreciation 301				3,631		
15E	Facility Operation/Maint./Pum.390				144		
16E	Facility General Liability Insurance 390				3,853		
17E	Total Occupancy				5,000		-22.9%
18E	Direct Care Consultant 201						
19E	Temporary Help 202						
20E	Clients and Caregivers Reimb./Slipends 203						
21E	Subcontracted Direct Care 206						
22E	Staff Training 204						
23E	Staff Mileage / Travel 205						
24E	Meals 207						
25E	Client Transportation 208						
26E	Vehicle Expenses 208						
27E	Vehicle Depreciation 208						
28E	Incidental Medical /Medicine/Pharmacy 209						
29E	Client Personal Allowances 211						
30E	Provision Maternal Goods/Svs./Benefits 212						
31E	Direct Client Wages 214						
32E	Other Commercial Prod. & Svs. 214						
33E	Program Supplies & Materials 215						
34E	Non Charitable Expenses						
35E	Other Expense						
36E	Total Other Program Expense				782		
42E	Other Professional Fees & Other Admin. Exp. 410				811		
43E	Leased Office/Program Office Equip 410,390						
44E	Office Equipment/Depreciation 410				2,950		
48E	Program Support 216				729		
49E	Professional Insurance 410				4,090		465.5%
50E	Working Capital Interest 410				15,571		54.6%
51E	Total Direct Administrative Expense				94,702		29.7%
52E	Admin (M&G) Reporting Center Allocation				702		
53E	Total Reimbursable Expense				95,604		
54E	Direct State/Federal Non-Reimbursable Expense				86,043		
55E	Allocation of State/Fed Non-Reimbursable Expense				9,561		
56E	TOTAL EXPENSE = 53R				19,361		17.4%
57E	TOTAL REVENUE = 57E				73,000		
58E	OPERATING RESULTS						

CRE Preliminary Calculation of Cost Reimb. Excess Rev. (subject to OSD adjustment)

NON-REIMBURSABLE EXPENSE DETAIL

Code	Description	Revenue	Expense	Net
1N	Direct Employee Compensation & Related Exp.			
2N	Direct Occupancy			
3N	Direct Other Program/Operating			
4N	Direct Subcontract Expense			
5N	Direct Administrative Expense			
6N	Direct Other Expense			
7N	Direct Depreciation			
8N	Total Direct Non-Reimbursable (Tie to 54E)		702	
9N	Total Direct and Allocated Non-Reimb. (54E-55E)		702	
10N	Eligible Non-Reimbursable Exp. Revenue Offsets			
11N	Capital Budget Revenue Adjustment			
12N	Excess of Non-Reimbursable Expense Over Offsets			702

UNDUP #

Code	Description	Revenue	Expense	Net
1U	Undup #	76	76	
2U	Undup # delivered	76	76	
3U	Undup # service units	76	76	
4U	Undup # clients	76	76	
5U	Undup # service units	76	76	
6U	Undup # clients	76	76	
7U	Undup # service units	76	76	
8U	Undup # clients	76	76	
9U	Undup # service units	76	76	
10U	Undup # clients	76	76	
11U	Undup # service units	76	76	
12U	Undup # clients	76	76	

SERVICE STATISTICS

Code	Description	Revenue	Expense	Net
1S	Enter defined unit of service:			
2S	Enter total unit capacity:			
3S	Publicly sponsored clients:			
4S	Privately sponsored clients:			
5S	Interim filing system:			
6S	suspended for FY 08:			
7S	filings:			

MASSACHUSETTS CONTRACT INFORMATION

Code	Description	Revenue	Expense	Net
1C	Dept. Contract ID-11 Characters			
2C	ORI			
3C	14CRES00007			
4C	2021			
5C	POS SUBCONTRACT INFORMATION			
6C	State Dept			
7C	Payor Name			
8C	Payor's FEIN			
9C	State Dept			
10C	Payor Name			
11C	Payor's FEIN			
12C	State Dept			
13C	Payor Name			
14C	Payor's FEIN			
15C	State Dept			
16C	Payor Name			
17C	Payor's FEIN			
18C	State Dept			
19C	Payor Name			
20C	Payor's FEIN			
21C	State Dept			
22C	Payor Name			
23C	Payor's FEIN			
24C	State Dept			
25C	Payor Name			
26C	Payor's FEIN			
27C	State Dept			
28C	Payor Name			
29C	Payor's FEIN			
30C	State Dept			
31C	Payor Name			
32C	Payor's FEIN			
33C	State Dept			
34C	Payor Name			
35C	Payor's FEIN			
36C	State Dept			
37C	Payor Name			
38C	Payor's FEIN			
39C	State Dept			
40C	Payor Name			
41C	Payor's FEIN			
42C	State Dept			
43C	Payor Name			
44C	Payor's FEIN			
45C	State Dept			
46C	Payor Name			
47C	Payor's FEIN			
48C	State Dept			
49C	Payor Name			
50C	Payor's FEIN			
51C	State Dept			
52C	Payor Name			
53C	Payor's FEIN			
54C	State Dept			
55C	Payor Name			
56C	Payor's FEIN			
57C	State Dept			
58C	Payor Name			
59C	Payor's FEIN			
60C	State Dept			
61C	Payor Name			
62C	Payor's FEIN			
63C	State Dept			
64C	Payor Name			
65C	Payor's FEIN			
66C	State Dept			
67C	Payor Name			
68C	Payor's FEIN			
69C	State Dept			
70C	Payor Name			
71C	Payor's FEIN			
72C	State Dept			
73C	Payor Name			
74C	Payor's FEIN			
75C	State Dept			
76C	Payor Name			
77C	Payor's FEIN			
78C	State Dept			
79C	Payor Name			
80C	Payor's FEIN			
81C	State Dept			
82C	Payor Name			
83C	Payor's FEIN			
84C	State Dept			
85C	Payor Name			

ORGANIZATION: Ascendia Community Services, Inc. PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited FY END: 6/30/2015 FEIN: 04356243

Program Name: Refugee Case Management Description: Worcester (City) MA 01089 (Zipcode) # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00
 Program Address: 593 Main Street (Number/Street) Program Type: 27
 Catalog of Federal Domestic Assistance #: 93.563 http://www.cfda.gov/default.htm

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.
 *Program Type codes: 21 = SPED; 22 = HCFF/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Accommodations Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE	Program Name	Program Address	City	State	MA	01089	Zipcode	FTE	Salary/Wage	Actual	Planned	% Var.
1R	Contrib. Gifts, Leg. Bequests, Spec. Ev.							0.16	8,173	133,108	119,364	11.5%
2R	Gov. In-Kind/Capital Budget						0.07	4,841	3,359			
3R	Private In-Kind						0.06	1,995				
4R	Total Contribution and In-Kind											
5R	Mass Gov. Grant											
6R	Other Grant (excl. Fed Direct)											
7R	Total Grants											
8R	Dept. of Mental Health (DMH)											
9R	Dept. of Developmental Services (DDS/DMR)											
10R	Dept. of Public Health (DPH)											
11R	Dept. of Children and Families (DCF/DSS)											
12R	Dept. of Transitional Assist. (DTAWEL)											
13R	Dept. of Youth Services (DYS)											
14R	Health Care Fin & Policy (HCF)/Contract											
15R	Health Care Fin & Policy (HCF)/JUCP											
16R	MA, Comm. For the Blind (MGB)											
17R	MA, Comm. For Deaf & H (MCD)											
18R	MA, Rehabilitation Commission (MRC)											
19R	MA, Off. for Refugees & Immigr. (ORI)											
20R	Dept. of Early Educ. & Care (EEC)/Contract											
21R	Dept. of Early Educ. & Care (EEC)/Voucher											
22R	Dept. of Correction (DOC)											
23R	Dept. of Elementary & Secondary Educ. (DOE)											
24R	Parole Board (PAR)											
25R	Veteran's Services (NET)											
26R	Ex. Off. of Elder Affairs (ELD)											
27R	Div. of Housing & Community Develop. (OCD)											
28R	POS Subcontract											
29R	Other Mass. State Agency POS											
30R	Mass State Agency Non-POS											
31R	Mass. Local Govt./Quasi-Govt. Entities											
32R	Non-Mass. State/Local Government											
33R	Direct Federal Grants/Contracts											
34R	Medicaid - Direct Payments											
35R	Medicaid - MBHP Subcontract											
36R	Medicare											
37R	Mass. Govt. Client Stipends											
38R	Client Resources											
39R	Mass. spon.client SF/3rd Ply offsets											
40R	Other Publicly sponsored client offsets											
41R	Private Client Fees (excluding 3rd Ply)											
42R	Private Client 3rd Ply/other offsets											
43R	Total Assistance and Fees											
44R	Federated Fundraising											
45R	Commercial Activities											
46R	Non-Charitable Revenue											
47R	Investment Revenue											
48R	Other Revenue											
49R	Allocated Admin (M&G) Revenue											
50R	Released Net Assets-Program											
51R	Released Net Assets-Equipment											
52R	Released Net Assets-Time											
53R	Total Revenue = 57E											

EXPENSE - ACTUAL/PLANNED	Actual	Planned	% Var.
1E Total Direct Program Staff = 39S	133,108	119,364	11.5%
2E Chief Executive Officer			
3E Chief Financial Officer			
4E Acting/Client Support			
5E Admin Maint./House-Gndkeeping			
6E Total Admin Employees			
7E Commercial products & Svs/Mktg			
8E Total FTE/Salary/Wages	133,108		
9E Payroll Taxes 150	9,969		
10E Fringe Benefits 151	19,183		
11E Accrual Adjustments			
12E Total Employee Compensation & Rel. Exp.	162,259		
13E Facility and Prog. Equip. Expenses 301,390	90		
14E Facility & Prog. Equip. Depreciation 301	17,805		
15E Facility Operation/Maint./Furn.390	728		
16E Facility General Liability Insurance 390	18,623		
17E Total Occupancy			
18E Direct Care Consultant 201			
19E Temporary Help 202			
20E Clients and Caregivers Reimb./Stipends 203			
21E Subcontracted Direct Care 206			
22E Staff Training 204			
23E Staff Mileage /Travel 205	1,961		
24E Meals 207	54		
25E Client Transportation 208	4,236		
26E Vehicle Expenses 208	1,805		
27E Vehicle Depreciation 208			
28E Incidental Medical/Medicine/Pharmacy 209			
29E Client Personal Allowances 211			
30E Provision Material Goods/Svs./Benefits 212			
31E Direct Client Wages 214	113,840		
32E Other Commercial Prod. & Svs. 214			
33E Program Supplies & Materials 215	1,375		
34E Non Charitable Expenses			
35E Other Expense			
36E Total Other Program Expense	19,431		
37E Total Program Expense	807		
38E Other Professional Fees & Other Admin. Exp. 410			
39E Leased Office/Program Office Equip.410,390			
40E Office Equipment Depreciation 410			
41E Program Support 216			
42E Professional Insurance 410	2,912		
43E Working Capital Interest 410	1,345		
44E Total Direct Administrative Expense	5,059		
45E Admin (M&G) Reporting Center Allocation	40,413		
46E Total State/Federal Non-Reimbursable Expense	245,785		
47E Allocation of State/Fed Non-Reimbursable Expense	439		
48E TOTAL EXPENSE = 53R	246,223		
49E TOTAL REVENUE = 53R	219,066		
50E OPERATING RESULTS	(27,155)		

NON-REIMBURSABLE EXPENSE DETAIL	Description
1N Direct Employee Compensation & Related Exp.	
2N Direct Occupancy	
3N Direct Other Program/Operating	
4N Direct Subcontract Expense	
5N Direct Administrative Expense	
6N Direct Other Expense	
7N Direct Depreciation	435
8N Total Direct Non-Reimbursable (Tie to 54E)	435
9N Total Direct and Allocated Non-Reimb. (54E-55E)	435
10N Eligible Non-Reimbursable Exp. Revenue Offsets	
11N Capital Budget Revenue Adjustment	
12N Excess of Non-Reimbursable Expense Over Offsets	435

UNDUP #	# service units delivered	UNDUP #	# service units delivered
33S	645	33S	645
43S	645	43S	645
53S	645	53S	645
63S	645	63S	645
73S	645	73S	645

Service Statistics	Enter defined unit of service:	Enter total unit capacity:
15S	696	696
25S		
35S		
45S		
55S		
65S		
75S		

MASSACHUSETTS CONTRACT INFORMATION	MMARS Code
1C ORI 11RCM000002	2020
2C ORI 11RCM000012	2020
3C ORI 15RCM000008	2020
4C ORI 15RCM000007	2020
5C	

POS SUBCONTRACT INFORMATION	State Dept	Payor Name	Payor's FEIN
1PS			
2PS			
3PS			
Comm. Of MA Surplus Rev. Retention Share	N/A		

PREPARER COMMENTS:

ORGANIZATION: Asperline Community Services, Inc. **PROGRAM NAME:** Non-Commonwealth Funded Refugee Programs **DESCRIPTION:** West Springfield (City) MA (State) 01069 (Zipcode) **FY END:** 6/30/2015 **FEIN:** 043566243

UFR Program Number: 21 **Program Type:** N/A **Program Address:** 593 Main Street (Number/Street) **Program Name:** Non-Commonwealth Funded Refugee Programs **Program Address:** 593 Main Street (Number/Street) **City:** West Springfield (City) **State:** MA (State) **Zipcode:** 01069 (Zipcode) **FTE:** 22.92 **Actual:** 889,910 **Planned:** 889,910 **% Var:** 0.00

Program Type: 21 = SPED 22 = HCFF/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE: 1R Contib. Gifts, Leg. Bequests, Spec. Ev. 2R Gov. In-Kind/Capital Budget 3R Private In-Kind 4R Total Contribution and In-Kind 5R Mass Gov. Grant 6R Other Grant (excl. Fed.Direct) 7R Total Grants 8R Dept. of Mental Health (DMH) 8R Dept. of Developmental Services (DDS/DMR) 10R Dept. of Public Health (DPH) 11R Dept. of Children and Families (DCF/DSS) 12R Dept. of Transitional Assist (DTA/WEL) 13R Dept. of Youth Services (DYS) 14R Health Care Fin. & Policy (HCF)-Contract 15R Health Care Fin. & Policy (HCF)-UCP 16R MA Comm. For the Blind (MCB) 17R MA Comm. for Deaf & H.H. (MCD) 18R MA Rehabilitation Commission (MRC) 19R MA. Off. for Refugees & Immigr. (ORI) 20R Dept. of Early Educ. & Care (EEC)-Contract 21R Dept. of Early Educ. & Care (EEC)-Voucher 22R Dept. of Correction (DOC) 23R Dept. of Elementary & Secondary Educ. (DOE) 24R Parole Board (PAR) 25R Veterans Services (VET) 26R Ex. Off. of Elder Affairs (ELD) 27R Div. of Housing & Community Develop.(OCD) 28R POS Subcontract 29R Other Mass. State Agency POS 30R Mass State Agency Non-POS 31R Mass. Local Govt/Quasi-Govt. Entities 32R Non-Mass. State/Local Government 33R Direct Federal Grants/Contracts 34R Medicaid - Direct Payments 35R Medicaid - MBHP Subcontract 36R Medicare 37R Mass. Govt. Client Stipends 38R Client Resources 39R Mass. spon.client SF/3rd Pty offsets 40R Other Publicly sponsored client offsets 41R Private Client Fees (excluding 3rd Pty) 42R Private Client 3rd Pty/other offsets 43R Total Assistance and Fees 44R Federated Fundraising 45R Commercial Activities 46R Non-Charitable Revenue 47R Investment Revenue 48R Other Revenue 49R Allocated Admin (M&G) Revenue 50R Released Net Assets-Program 51R Released Net Assets-Equipment 52R Released Net Assets-Time 53R Total Revenue = 57E

EXPENSE - ACTUAL/PLANNED: 1E Total Direct Program Staff = 39S 2E Chief Executive Officer 3E Chief Financial Officer 4E Acting/Clerical Support 5E Admin Main/House-Childkeeping 6E Total Admin Employees 7E Commercial products & Svs/Mktng 8E Total FTE/Salary/Wages 9E Payroll Taxes 150 10E Fringe Benefits 151 11E Accrual Adjustments 12E Total Employee Compensation & Rel. Exp. 13E Facility and Prog. Equip. Expenses 301,390 14E Facility & Prog. Equip. Depreciation 301 15E Facility Operation/Maint./Fum.390 16E Facility General Liability Insurance 390 17E Total Occupancy 112,756 18E Direct Care Consultant 201 19E Temporary Help 202 20E Clients and Caregivers Reimb./Stipends 203 21E Subcontracted Direct Care 206 22E Staff Training 204 23E Staff Mileage / Travel 205 24E Meals 207 25E Client Transportation 208 26E Vehicle Expenses 208 27E Vehicle Depreciation 208 28E Incidental Medical/Medicines/Pharmacy 209 29E Client Personal Allowances 211 30E Provision Material Goods/Svs/Benefits 212 31E Direct Client Wages 214 32E Other Commercial Prod. & Svs. 214 33E Program Supplies & Materials 215 34E Non Charitable Expenses 882,820 35E Other Expense 1,059,080 36E Total Other Program Expense 1,059,080 37E Other Professional Fees & Other Admin. Exp. 410 42E Leased Office/Program Office Equip.410,390 43E Office Equipment Depreciation 410 44E Program Support 216 48E Program Insurance 410 49E Working Capital Interest 410 51E Total/Direct Administrative Expense 50,326 52E Admin (M&G) Reporting Center Allocation 453,901 53E Total Reimbursable Expense 2,785,371 54E Direct State/Federal Non-Reimbursable Expense 13,202 55E Allocation of State/Fed Non-Reimbursable Expense 2,785,371 56E TOTAL EXPENSE 2,785,371 57E TOTAL REVENUE = 53R 2,785,371 58E OPERATING RESULTS (514,797) (subject to OSD adjustment)

NON-REIMBURSABLE EXPENSE DETAIL: 1N Direct Employee Compensation & Related Exp. 2N Direct Occupancy 3N Direct Other Program/Operating 4N Direct Subcontract Expense 5N Direct Administrative Expense 6N Direct Other Expense 7N Direct Depreciation 8N Total Direct Non-Reimbursable (Tie to 54E) 9N Total Direct and Allocated Non-Reimb. (54E+55E) 10N Eligible Non-Reimbursable Exp. Revenue Offsets 11N Capital Budget Revenue Adjustment 12N Excess of Non-Reimbursable Expense Over Offsets (1,855,841)

LEGAL FEES: 8,011 **Bad Debt:** 2,441 **Unbillable Depreciation:** 2,750 **13,202** (Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

UNDUP # # service units delivered: 889,910

CLIENTS: 22.92

ENTER DEFINED UNIT CAPACITY: 889,910

OSD'S PROGRAM: Publicly sponsored clients: 35S Performance Report (D-1) 35S Internet filing system) 35S suspended for FY '08

PRIVATELY SPONSORED CLIENTS: 35S Internet filing system) 35S suspended for FY '08

MASSACHUSETTS CONTRACT INFORMATION: 1C Dept. Contract ID: 11 Characters, MMARS Code 2C 3C 4C 5C

POS SUBCONTRACT INFORMATION: 1PS Payor Name 2PS 3PS

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL: Subcontractor Name FEIN Expense Amt.

PREPARER COMMENTS: Comm. Of MA Surplus Rev. Retention Share

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

ORGANIZATION: Acemibin Community Services, Inc. UFR Program Number: 25 Program Name: Massachusetts Adoption Adoption Program: MA 01839 (Zipcode) MA (State) Worcester (City) 20 Hamilton Street (Number/Street) 2080 Worcester, MA 01839
 UFR Program Number: 25 Program Name: Massachusetts Adoption Adoption Program: MA 01839 (Zipcode) MA (State) Worcester (City) 20 Hamilton Street (Number/Street) 2080 Worcester, MA 01839
 FY END: 6/30/2015 FEIN: 04356243
 # Weeks operated during audit period (e.g., 52) 52.00 # operating hours/week (e.g., 40) 40.00
 Catalog of Federal Domestic Assistance #: http://www.cdfa.gov/default.htm

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.
 * Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable
 REVENUE

1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R																	

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

ORGANIZATION: Ascension Community Services, Inc.

FEIN: 043566243

UFR Program Number: 29 Program Name: Employment Support Services Description: Springfield (City) MA (State) 01069 (Zipcode) # Weeks operated during audit period (e.g. 52) 52.00 # operating hours/week (e.g. 40) 40.00

Program Address: 593 North Main Street (Number/Street) Springfield (City) MA (State) 01069 (Zipcode) # operating hours/week (e.g. 40) 40.00

Program Type: 23 Catalog of Federal Domestic Assistance #: http://www.cdda.gov/default.htm

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g. in-kind donations) may be appropriate and desirable.

Program Type codes: 21 = SPED, 22 = HCFFP/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE

Line	Description	MA (State)	01069 (Zipcode)	FTE	Salary/Wage	% Var.
1R	Contnb. Gifts, Leg. Bequests, Spec. Ev.					
2R	Gov. In-Kind/Capital Budget					
3R	Private In-Kind					
4R	Total Contribution and In-Kind					
5R	Mass Gov. Grant					
6R	Other Grant (excl. Fed Direct)					
7R	Total Grants					
8R	Dept. of Mental Health (DMH)					
9R	Dept. of Public Health (DPH)					
10R	Dept. of Children and Families (DCF/DSS)					
11R	Dept. of Transitional Assis (DTA/WEL)					
12R	Dept. of Youth Services (DYS)					
13R	Health Care Fin & Policy (HCF-Contract)					
14R	Health Care Fin & Policy (HCF-UCP)					
15R	MA. Comm. For the Blind (MCB)					
16R	MA. Comm. for Deaf & H (MCD)					
17R	MA. Comm. for Deaf & H (MCD)					
18R	MA. Rehabilitation Commission (MRC)					
19R	MA. Off. for Refugees & Immigr (ORI)					
20R	Dept. of Early Educ. & Care (EEC)-Contract					
21R	Dept. of Early Educ. & Care (EEC)-Voucher					
22R	Dept. of Correction (DOC)					
23R	Dept. of Elementary & Secondary Educ. (DOE)					
24R	Parole Board (PAR)					
25R	Veteran's Services (VET)					
26R	Ex. Off. of Elder Affairs (ELD)					
27R	Div. of Housing & Community Develop (OCD)					
28R	POS Subcontract					
29R	Other Mass. State Agency POS					
30R	Mass. State Agency Non-POS					
31R	Mass. Local Govt/Quasi-Govt. Entities					
32R	Non-Mass. State/Local Government					
33R	Direct Federal Grants/Contracts					
34R	Medicaid - Direct Payments					
35R	Medicaid - MBHP Subcontract					
36R	Medicare					
37R	Mass. Govt. Client Stipends					
38R	Client Resources					
39R	Mass. spon. client SF/3rd Pty offsets					
40R	Other Publicly sponsored client offsets					
41R	Private Client Fees (excluding 3rd Pty)					
42R	Total Assistance and Fees					
43R	Federated Fundraising					
44R	Commercial Activities					
45R	Non-Charitable Revenue					
46R	Investment Revenue					
47R	Other Revenue					
48R	Allocated Admin (M&G) Revenue					
49R	Released Net Assets-Program					
50R	Released Net Assets-Equipment					
51R	Released Net Assets-Time					
52R	Total Revenue = 57E					
53R						
54R						
55R						
56R						
57E	15S OSD's Program					
58E	15S Performance Report (D-1)					
59E	15S Internet filing system					
60E	15S suspended for FY '08					
61E	15S Total:					
62E	15S					
63E	15S					
64E	15S					
65E	15S					
66E	15S					
67E	15S					
68E	15S					
69E	15S					
70E	15S					
71E	15S					
72E	15S					
73E	15S					
74E	15S					
75E	15S					
76E	15S					
77E	15S					
78E	15S					
79E	15S					
80E	15S					
81E	15S					
82E	15S					
83E	15S					
84E	15S					
85E	15S					
86E	15S					
87E	15S					
88E	15S					
89E	15S					
90E	15S					
91E	15S					
92E	15S					
93E	15S					
94E	15S					
95E	15S					
96E	15S					
97E	15S					
98E	15S					
99E	15S					
100E	15S					
101E	15S					
102E	15S					
103E	15S					
104E	15S					
105E	15S					
106E	15S					
107E	15S					
108E	15S					
109E	15S					
110E	15S					
111E	15S					
112E	15S					
113E	15S					
114E	15S					
115E	15S					
116E	15S					
117E	15S					
118E	15S					
119E	15S					
120E	15S					
121E	15S					
122E	15S					
123E	15S					
124E	15S					
125E	15S					
126E	15S					
127E	15S					
128E	15S					
129E	15S					
130E	15S					
131E	15S					
132E	15S					
133E	15S					
134E	15S					
135E	15S					
136E	15S					
137E	15S					
138E	15S					
139E	15S					
140E	15S					
141E	15S					
142E	15S					
143E	15S					
144E	15S					
145E	15S					
146E	15S					
147E	15S					
148E	15S					
149E	15S					
150E	15S					
151E	15S					
152E	15S					
153E	15S					
154E	15S					
155E	15S					
156E	15S					
157E	15S					
158E	15S					
159E	15S					
160E	15S					
161E	15S					
162E	15S					
163E	15S					
164E	15S					
165E	15S					
166E	15S					
167E	15S					
168E	15S					
169E	15S					
170E	15S					
171E	15S					
172E	15S					
173E	15S					
174E	15S					
175E	15S					
176E	15S					
177E	15S					
178E	15S					
179E	15S					
180E	15S					
181E	15S					
182E	15S					
183E	15S					
184E	15S					
185E	15S					
186E	15S					
187E	15S					
188E	15S					
189E	15S					
190E	15S					
191E	15S					
192E	15S					
193E	15S					
194E	15S					
195E	15S					
196E	15S					
197E	15S					
198E	15S					
199E	15S					
200E	15S					
201E	15S					
202E	15S					
203E	15S					
204E	15S					
205E	15S					
206E	15S					
207E	15S					
208E	15S					
209E	15S					
210E	15S					
211E	15S					
212E	15S					
213E	15S					
214E	15S					
215E	15S					
216E	15S					
217E	15S					
218E	15S					
219E	15S					
220E	15S					
221E	15S					
222E	15S					
223E	15S					
224E	15S					
225E	15S					

ORGANIZATION: Ascendia Community Services, Inc. **PROGRAM NAME:** Refugee School Impact (RSI) Program **DESCRIPTION:** Worcester (City) MA (State) 01609 (Zipcode) **FEIN:** 043566240

UR Program Number: 43 **Program Address:** 51 Union Street, Suite 222 (Number/Street) **Worcester** **MA** **01609** **(State)** **(Zipcode)** **FY END:** 6/30/2015 **FEIN:** 043566240

***Program Type:** 27 **Program Address:** 51 Union Street, Suite 222 (Number/Street) **Worcester** **MA** **01609** **(State)** **(Zipcode)** **http://www.cddg.gov/default.htm** **Catalog of Federal Domestic Assistance #:** 93.576 **B**

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.

REVENUE **Program Type codes:** 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

05 STAFFING - # hours/yr = 1,000 FTE: **25 Non-negotiated Accommodations Rate:** **26 Other Non-negotiated Unit Rate:** **27 = Cost Reimbursement; NA = Not Applicable**

Line	Description	FTE	Salary/Wage	Undup # Clients	# service units delivered	Actual	Planned	% Var
1R	Contib. Gifts, Leg. Bequests, Spec Ev.							
2R	Gov. In-Kind/Capital Budget							
3R	Private In-Kind							
4R	Total Contribution and In-Kind							
5R	Mass Gov. Grant							
6R	Other Grant (excl. Fed Direct)							
7R	Total Grants							
8R	Dept. of Mental Health (DMH)							
9R	Dept. of Developmental Services (DDS/DMR)							
10R	Dept. of Public Health (DPH)							
11R	Dept. of Children and Families (DCF/DSS)							
12R	Dept. of Transitional Assis. (DTAWEL)							
13R	Dept. of Youth Services (DYS)							
14R	Health Care Fin. & Policy (HCF)-Contract							
15R	Health Care Fin. & Policy (HCF)-LUCP							
16R	MA Comm. For the Blind (MCB)							
17R	MA Comm. for Deaf & H.H. (MCD)							
18R	MA Rehabilitation Commission (MRC)							
19R	MA. Off. for Refugees & Immigr. (ORI)							
20R	Dept. of Early Educ. & Care (EEC)-Contract	29,099						
21R	Dept. of Early Educ. & Care (EEC)-Voucher							
22R	Dept. of Correction (DOC)							
23R	Dept. of Elementary & Secondary Educ. (DOE)							
24R	Parole Board (PAR)							
25R	Veteran's Services (VET)							
26R	Ex. Off. of Elder Affairs (ELD)							
27R	Div. of Housing & Community Developm (OCD)							
28R	POS Subcontract							
29R	Other Mass. State Agency POS							
30R	Mass State Agency Non-POS							
31R	Mass. Local Gov/Quasi-Govt. Entities							
32R	Non-Mass. State/Local Government							
33R	Direct Federal Grants/Contracts							
34R	Medicaid - Direct Payments							
35R	Medicaid - MBHP Subcontract							
36R	Medicare							
37R	Mass. Govt. Client Stipends							
38R	Client Resources							
39R	Mass. spon.client SF/3rd Ply offsts							
40R	Other Publicly sponsored client offsts							
41R	Private Client Fees (excluding 3rd Ply)							
42R	Private Client 3rd Ply/other offsts							
43R	Total Assistance and Fees	29,099						
44R	Federated Fundraising							
45R	Commercial Activities							
46R	Non-Charitable Revenue							
47R	Investment Revenue							
48R	Other Revenue							
49R	Allocated Admin (M&G) Revenue							
50R	Released Net Assets-Program							
51R	Released Net Assets-Equipment							
52R	Released Net Assets-Time							
53R	Total Revenue = 57E							

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:** 104 **UNDUP # SERVICE UNITS DELIVERED:** 104

UNDUP # CLIENTS: 11,291 **UNDUP # SERVICE UNITS DELIVERED:** 104 **UNDUP # CLIENTS:**

ORGANIZATION: Ascentia Community Services, Inc. **PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited**

UFR Program Number: 44 **Program Name:** Social Adjustment Services (SAS) **Program Address:** 593 Main Street **City:** West Springfield **State:** MA **Zip Code:** 01099 **FEIN:** 043566243

UFR Program Type: 27 **Program Address:** **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Program Address: **City:** **State:** **Zip Code:** **Operating hours/week (e.g., 40):** 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.

Program Type codes: 21 = SPED, 22 = HCFF/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE: **STAFFING #** hourly = 1,000 FTE: 2080 **FTE** **Salary/Wage** **Planned** **% Var**

1R Contib. Gifts, Leg. Bequests, Spec. Ev. **FTE** **Actual** **% Var**

2R Gov. In-Kind/Capital Budget **FTE** **Actual** **% Var**

3R Private In-Kind **FTE** **Actual** **% Var**

4R Total Contribution and In-Kind **FTE** **Actual** **% Var**

5R Mass Gov. Grant **FTE** **Actual** **% Var**

6R Other Grant (excl. Fed Direct) **FTE** **Actual** **% Var**

7R Total Grants **FTE** **Actual** **% Var**

8R Dept. of Mental Health (DMH) **FTE** **Actual** **% Var**

9R Dept. of Developmental Services (DDS/DMR) **FTE** **Actual** **% Var**

10R Dept. of Public Health (DPH) **FTE** **Actual** **% Var**

11R Dept. of Children and Families (DCF/DSS) **FTE** **Actual** **% Var**

12R Dept. of Transitional Assist (DTAWEL) **FTE** **Actual** **% Var**

13R Dept. of Youth Services (DYS) **FTE** **Actual** **% Var**

14R Health Care Fin. & Policy (HCF)-Contract **FTE** **Actual** **% Var**

15R Health Care Fin. & Policy (HCF)-UCP **FTE** **Actual** **% Var**

16R MA. Comm. For the Blind (MCB) **FTE** **Actual** **% Var**

17R MA. Comm. for Deaf & H (MCD) **FTE** **Actual** **% Var**

18R MA. Rehabilitation Commission (MRC) **FTE** **Actual** **% Var**

19R MA. Off. for Refugees & Immigr. (ORI) **FTE** **Actual** **% Var**

20R Dept. of Early Educ. & Care (EEC)-Contract **FTE** **Actual** **% Var**

21R Dept. of Early Educ. & Care (EEC)-Voucher **FTE** **Actual** **% Var**

22R Dept. of Correction (DOC) **FTE** **Actual** **% Var**

23R Parole Board (PAR) **FTE** **Actual** **% Var**

24R Parole Board (PAR) **FTE** **Actual** **% Var**

25R Veteran's Services (VET) **FTE** **Actual** **% Var**

26R Ex. Off. of Elder Affairs (ELD) **FTE** **Actual** **% Var**

27R Div. of Housing & Community Develop (OCD) **FTE** **Actual** **% Var**

28R POS Subcontract **FTE** **Actual** **% Var**

29R Other Mass. State Agency POS **FTE** **Actual** **% Var**

30R Mass. State Agency Non-POS **FTE** **Actual** **% Var**

31R Mass. Local Gov./Quasi-Gov. Entities **FTE** **Actual** **% Var**

32R Non-Mass. State/Local Government **FTE** **Actual** **% Var**

33R Direct Federal Grants/Contracts **FTE** **Actual** **% Var**

34R Medicaid - Direct Payments **FTE** **Actual** **% Var**

35R Medicaid - MBHP Subcontract **FTE** **Actual** **% Var**

36R Medicare **FTE** **Actual** **% Var**

37R Mass. Govt. Client Stipends **FTE** **Actual** **% Var**

38R Client Resources **FTE** **Actual** **% Var**

39R Mass. soon client SF/d Pfy offsets **FTE** **Actual** **% Var**

40R Other Publicly sponsored client offsets **FTE** **Actual** **% Var**

41R Private Client Fees (excluding 3rd Pfy) **FTE** **Actual** **% Var**

42R Total Assistance and Fees **FTE** **Actual** **% Var**

43R Federated Fundraising **FTE** **Actual** **% Var**

44R Commercial Activities **FTE** **Actual** **% Var**

45R Non-Charitable Revenue **FTE** **Actual** **% Var**

46R Investment Revenue **FTE** **Actual** **% Var**

47R Other Revenue **FTE** **Actual** **% Var**

48R Allocated Admin (M&G) Revenue **FTE** **Actual** **% Var**

49R Released Net Assets-Program **FTE** **Actual** **% Var**

50R Released Net Assets-Equipment **FTE** **Actual** **% Var**

51R Released Net Assets-Time **FTE** **Actual** **% Var**

52R Total Revenue = 57E **FTE** **Actual** **% Var**

53R Total Revenue = 57E **FTE** **Actual** **% Var**

1SDC **FTE** **Actual** **% Var**

2SDC **FTE** **Actual** **% Var**

3SDC **FTE** **Actual** **% Var**

4SDC **FTE** **Actual** **% Var**

5SDC **FTE** **Actual** **% Var**

Comm. Of MA Surplus Rev. Retention Share **FTE** **Actual** **% Var**

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPARER COMMENTS:

PREPAR

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

ORGANIZATION: Ascension Community Services, Inc. UFR Program Number: 55 Program Name: Refugee Preventative Health Education Description: Worcester (City) MA 01609 (Zipcode) # Weeks operated during audit period (e.g. 52) 52.00 # operating hours/week (e.g. 40) 40.00
 FY END: 6/30/2015 FEIN: 043566243

UFR Program Address: 51 Union Street (Number/Street) Worcester (City) MA 01609 (Zipcode)
 *Program Type: 27 Catalog of Federal Domestic Assistance #: 93.575

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g. In-Kind donations) may be appropriate and desirable.
 *Program Type codes: 21 = SPED, 22 = HCFF/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE
 1R Contib. Gifts, Leg. Bequests, Spec. Ev.
 2R Gov. In-Kind/Capital Budget
 3R Private In-Kind
 4R Total Contribution and In-Kind
 5R Mass Gov. Grant
 6R Other Grant (exclud. Fed Direct)
 7R Total Grants
 8R Dept. of Mental Health (DMH)
 9R Dept. of Developmental Services (DDS/DMR)
 10R Dept. of Public Health (DPH)
 11R Dept. of Children and Families (DCF/DSS)
 12R Dept. of Transitional Assist (DTAWEL)
 13R Dept. of Youth Services (DYS)
 14R Health Care Fin & Policy (HCF)-Contract
 15R Health Care Fin & Policy (HCF)-UCP
 16R MA. Comm. For the Blind (MCB)
 17R MA. Comm. for Deaf & H (MCD)
 18R MA. Rehabilitation Commission (MRC)
 19R MA. Off for Refugees & Immigr.(ORI)
 20R Dept. of Early Educ. & Care (EEC)-Contract
 21R Dept. of Early Educ. & Care (EEC)-Voucher
 22R Dept. of Correction (DOC)
 23R Dept. of Elementary & Secondary Educ. (DOE)
 24R Parole Board (PAR)
 25R Veteran's Services (VET)
 26R Ex. Off. of Elder Affairs (ELD)
 27R Div. of Housing & Community Develop(OCD)
 28R POS Subcontract
 29R Other Mass. State Agency POS
 30R Mass. State Agency Non - POS
 31R Mass. Local Govt/Quasi-Govt. Entities
 32R Non-Mass. State/Local Government
 33R Direct Federal Grants/Contracts
 34R Medicaid - Direct Payments
 35R Medicaid - MBHP Subcontract
 36R Medicare
 37R Mass. Govt. Client Sponsors
 38R Client Resources
 39R Mass. sponsor/client SF/3rd Pty offsets
 40R Other Publicly sponsored client offsets
 41R Private Client Fees (excluding 3rd Pty)
 42R Private Client 3rd Pty/other offsets
 43R Total Assistance and Fees
 44R Federated Fundraising
 45R Commercial Activities
 46R Non-Charitable Revenue
 47R Investment Revenue
 48R Other Revenue
 49R Allocated Admin (M&G) Revenue
 50R Released Net Assets-Program
 51R Released Net Assets-Equipment
 52R Released Net Assets-Time
 53R Total Revenue = 57E

EXPENSE - ACTUAL/PLANNED
 1E Total Direct Program Staff = 39S
 2E Chief Executive Officer
 3E Chief Financial Officer
 4E Accounting/Clerical Support
 5E Admin Man/House-Comds/keeping
 6E Total Admin Employee
 7E Commercial products & Svs/Mktg
 8E Total FTE/Salary/Wages
 9E Payroll Taxes 150
 10E Fringe Benefits 151
 11E Accrual Adjustments
 12E Total Employee Compensation & Rel. Exp.
 13E Facility and Prog. Equip. Expenses 301,390
 14E Facility Operat/Maint/Fum. 390
 15E Facility General Liability Insurance 390
 16E Total Occupancy
 17E Direct Care Consultant 201
 18E Temporary Help 202
 19E Clients and Caregivers Reimb./Stipends 203
 20E Subcontracted Direct Care 206
 21E Staff Training 204
 22E Meals 207
 23E Client Transportation 208
 24E Vehicle Expenses 208
 25E Vehicle Depreciation 208
 26E Client Personal Allowances 211
 27E Provision Material Goods/Svs./Benefits 212
 28E Other Commercial Prod. & Svs. 214
 29E Program Supplies & Materials 215
 30E Non Charitable Expenses
 31E Total Other Program Expense
 32E Other Professional Fees & Other Admin. Exp. 410
 33E Leased Office/Program Office Equip. 410,390
 34E Office Equipment Depreciation 410
 35E Professional Insurance 410
 36E Working Capital Interest 410
 37E Total Direct Administrative Expense
 38E Admin (M&G) Reporting Center Allocation
 39E Total Reimbursable Expense
 40E Direct State/Federal Non-Reimbursable Expense
 41E Allocation of State/Fed Non-Reimbursable Expense
 42E TOTAL EXPENSE
 43E TOTAL REVENUE = 53R
 44E Preliminary Calculation of Cost Reimb. Excess Rev. * (subject to OSD adjustment)

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

UNDUP # service units delivered
 1N Direct Employee Compensation & Related Exp.
 2N Direct Occupancy
 3N Direct Other Program/Operating
 4N Direct Subcontract Expense
 5N Direct Administrative Expense
 6N Direct Other Expense
 7N Direct Depreciation
 8N Total Direct Non-Reimbursable (Tie to 54E)
 9N Total Direct and Allocated Non-Reimb. (54E+55E)
 10N Eligible Non-Reimbursable Exp. Revenue Offsets
 11N Capital Budget Revenue Adjustment
 12N Excess of Non-Reimbursable Expense Over Offsets

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

ORGANIZATION: Ascentis Community Services, Inc. UFR Program Number: 56 Program Name: Refugee Independence through Service Enhancement Description: Worcester MA (State) 01509 (Zipcode) FEIN: 043566243
 UFR Program Number: 56 *Program Type: 27 Program Address: 51 Union Street (Number/Street) (City) (State) (Zipcode) Catalog of Federal Domestic Assistance #: 93.576 # operating hours/week (e.g. 40) 40.00
 UFR Program Number: 56 Program Name: Refugee Independence through Service Enhancement Description: Worcester MA (State) 01509 (Zipcode) # Weeks operated during audit period (e.g. 52): 52.00 http://www.cfdia.gov/default.htm

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.
 - Program Type codes: 21 = SPED, 22 = HCFP/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Non-negotiated Accommodations Rate, 26 = Other Non-negotiated Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable
 REVENUE

Line	Description	City	State	Zipcode	FTE	Actual	Planned	% Var.
1R	Contib. Gifts Leg. Requests Spec. Ev.							
2R	Gov. In-Kind/Capital Budget							
3R	Private In-Kind							
4R	Total Contribution and In-Kind							
5R	Mass Gov. Grant							
6R	Other Grant (excl. Fed Direct)							
7R	Total Grants							
8R	Dept. of Mental Health (DMH)							
9R	Dept. of Developmental Services (DDS/DMR)							
10R	Dept. of Public Health (DPH)							
11R	Dept. of Children and Families (DCF/DSS)							
12R	Dept. of Transitional Assist (DTAWEL)							
13R	Dept. of Youth Services (DYS)							
14R	Health Care Fin & Policy (HCFP)-Contract							
15R	Health Care Fin & Policy (HCFP)-UCP							
16R	MA. Comm. For the Blind (MCB)							
17R	MA. Comm. For Deaf & H (MCD)							
18R	MA. Rehabilitation Commission (MRC)							
19R	MA. Off. for Refugees & Immigr.(ORI)							
20R	Dept. of Early Educ. & Care (EEC)-Contract							
21R	Dept. of Early Educ. & Care (EEC)-Voucher							
22R	Dept. of Correction (DOC)							
23R	Dept. of Elementary & Secondary Educ. (DOE)							
24R	Parole Board (PAR)							
25R	Veteran's Services (VET)							
26R	Ex. Off. of Elder Affairs (ELD)							
27R	Div. of Housing & Community Develop(OCD)							
28R	POS Subcontract							
29R	Other Mass. State Agency POS							
30R	Mass State Agency Non-POS							
31R	Mass. Local Gov./Quasi-Govt. Entities							
32R	Non-Mass. State/Local Government							
33R	Direct Federal Grants/Contracts							
34R	Medicaid - Direct Payments							
35R	Medicaid - MBHP Subcontract							
36R	Medicare							
37R	Mass. Govt. Client Stipends							
38R	Client Resources							
39R	Mass. spon client SF/3rd Py offsets							
40R	Other Publicly sponsored client offsets							
41R	Private Client Fees (excluding 3rd Py)							
42R	Private Client 3rd Py/other offsets							
43R	Total Assistance and Fees							
44R	Federated Fundraising							
45R	Commercial Activities							
46R	Non-Charitable Revenue							
47R	Investment Revenue							
48R	Other Revenue							
49R	Allocated Admin (M&G) Revenue							
50R	Released Net Assets-Program							
51R	Released Net Assets-Equipment							
52R	Released Net Assets-Time							
53R	Total Revenue = 57E							

Line	Description	City	State	Zipcode	FTE	Actual	Planned	% Var.
1E	Total Direct Program Staff = 39S							
2E	Chief Executive Officer							
3E	Chief Financial Officer							
4E	Acting/Clerical Support							
5E	Admin Maint/House-Gmdskkeeping							
6E	Total Admin Employee							
7E	Commercial products & Svs/Mkng							
8E	Total FTE/Salary/Wages							
9E	Payroll Taxes 150							
10E	Fringe Benefits 151							
11E	Accrual Adjustments							
12E	Total Employee Compensation & Rel. Exp.							
13E	Facility and Prog. Equip. Expenses 301,390							
14E	Facility & Prog. Equip. Depreciation 301							
15E	Facility Operation/Maint./Furn.390							
16E	Facility General Liability Insurance 390							
17E	Total Occupancy							
18E	Direct Care Consultant 201							
19E	Temporary Help 202							
20E	Clients and Caregivers Reimb./Stipends 203							
21E	Subcontracted Direct Care 206							
22E	Staff Training 204							
23E	Staff Mileage / Travel 205							
24E	Meals 207							
25E	Client Transportation 208							
26E	Vehicle Expenses 208							
27E	Vehicle Depreciation 208							
28E	Incidental Medical /Medicine/Pharmacy 209							
29E	Client Personal Allowances 211							
30E	Provision Material Goods/Svs./Benefits 212							
31E	Direct Client Wages 214							
32E	Other Commercial Prod. & Svs. 214							
33E	Program Supplies & Materials 215							
34E	Non Charitable Expenses							
35E	Other Expense							
36E	Total Other Program Expense							
42E	Other Professional Fees & Other Admin. Exp. 410							
43E	Leased Office/Program Office Equip 410,390							
44E	Office Equipment Depreciation 410							
48E	Professional Insurance 410							
49E	Working Capital Interest 410							
51E	Total Direct Administrative Expense							
52E	Admin (M&G) Reporting Center Allocation							
53E	Total Reimbursable Expense							
54E	Direct State/Federal Non-Reimbursable Expense							
55E	Allocation of State/Fed Non-Reimbursable Expense							
56E	TOTAL EXPENSE							
57E	TOTAL REVENUE = 53R							
58E	OPERATING RESULTS							
59E	PRELIMINARY CALCULATION OF COST REIMB. EXCESS REV. *							
60E	CRE							
61E	NON-REIMBURSABLE EXPENSE DETAIL							
1N	Direct Employee Compensation & Related Exp.							
2N	Direct Occupancy							
3N	Direct Other Program/Operating							
4N	Direct Subcontract Expense							
5N	Direct Administrative Expense							
6N	Direct Other Expense							
7N	Direct Depreciation							
8N	Total Direct Non-Reimbursable (Tie to 54E)							
9N	Total Direct and Allocated Non-Reimb. (54E+55E)							
10N	Eligible Non-Reimbursable Exp. Revenue Offsets							
11N	Capital Budget Revenue Adjustment							
12N	Excess of Non-Reimbursable Expense Over Offsets							

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

ORGANIZATION: Acaemia Community Services, Inc. **PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited** **FY END:** 6/30/2015 **FEIN:** 04356243

UFR Program Number: 59 **Program Name:** Supplemental Nutrition Assistance Program **Description:** **MA (State):** 01089 **(Zipcode)** **Relugee Services**
Program Address: 593 Main Street **West Springfield (City):** 2880 **# Weeks operated during audit period (e.g., 52):** 52.00 **# operating hours/week (e.g., 40):** 40.00
***Program Type:** 27

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., in-kind donations) may be appropriate and desirable.
Program Type codes: 21 = SPED, 22 = HCPI/Medicaid Class Rate, 23 = Negotiated Unit Rate, 24 = Negotiated Accommodations Rate, 25 = Negotiated Accommodations Rate, 26 = Non-negotiated Accommodations Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE	1R	2R	3R	4R	5R	6R	7R	8R	9R	10R	11R	12R	13R	14R	15R	16R	17R	18R	19R	20R	21R	22R	23R	24R	25R	26R	27R	28R	29R	30R	31R	32R	33R	34R	35R	36R	37R	38R	39R	40R	41R	42R	43R	44R	45R	46R	47R	48R	49R	50R	51R	52R	53R
	Contrib. Gifts, Leg. Bequests, Spec. Ev.	Gov. In-Kind/Capital Budget	Private In-Kind	Total Contribution and In-Kind	Mass Gov. Grant	Other Grant (exclud. Fed Direct)	Total Grants	Dept. of Mental Health (DMH)	Dept. of Public Health (DPH)	Dept. of Children and Families (DCF/DSS)	Dept. of Transitional Assist (DTAWEL)	Dept. of Youth Services (DYS)	Health Care Fin & Policy (HCF)-Contract	Health Care Fin & Policy (HCF)-UCP	MA. Comm. For the Blind (MCB)	MA. Comm. for Deaf & H (MCD)	MA. Rehabilitation Commission (MRC)	MA. Of. for Refugees & Immigr. (ORI)	MA. Of. of Early Educ. & Care (EEC)-Contract	Dept. of Early Educ. & Care (EEC)-Voucher	Dept. of Education (DOE)	Dept. of Elementary & Secondary Educ. (DOE)	Parole Board (PAR)	Veteran's Services (VET)	Ex. Off. of Elder Affairs (ELD)	Div. of Housing & Community Develop (OCD)	POS Subcontract	Other Mass. State Agency POS	Mass. State Agency Non-POS	Mass. Local Gov./Quasi-Govt. Entities	Non-Mass. State/Local Government	Direct Federal Grants/Contracts	Medicaid - Direct Payments	Medicaid - MBHP Subcontract	Medicare	Mass. Govt. Client Stipends	Client Resources	Mass. spon client SF/3rd Ply. offsets	Other Publicly sponsored client offsets	Private Client 3rd Ply/other offsets	Total Assistance and Fees	Federated Fundraising	Commercial Activities	Non-Charitable Revenue	Investment Revenue	Other Revenue	Allocated Admin (M&G) Revenue	Released Net Assets-Program	Released Net Assets-Equipment	Released Net Assets-Time	Total Revenue = 57E		

EXPENSE - ACTUAL/PLANNED	1E	2E	3E	4E	5E	6E	7E	8E	9E	10E	11E	12E	13E	14E	15E	16E	17E	18E	19E	20E	21E	22E	23E	24E	25E	26E	27E	28E	29E	30E	31E	32E	33E	34E	35E	36E	37E	38E	39E	40E	41E	42E	43E	44E	45E	46E	47E	48E	49E	50E	51E	52E	53E	54E	55E	56E	57E	58E
	Total Direct Program Staff = 393	Chief Executive Officer	Chief Financial Officer	Accounting/Clerical Support	Admin Maint/House-Comdkeeping	Total Admin Employee	Commercial products & Svs/Mktng	Total FTE/Salary/Wages	Payroll Taxes 150	Fringe Benefits 151	Accrual Adjustments	Total Employee Compensation & Rel. Exp.	Facility and Prog. Equip. Depreciation 301	Facility Oper/Maint/Fum. 390	Facility General Liability Insurance 390	Total Occupancy	Direct Care Consultant 201	Temporary Help 202	Clients and Caregivers Reimb./Stipends 203	Subcontracted Direct Care 206	Staff Training 204	Staff Mileage / Travel 205	Meals 207	Client Transportation 208	Vehicle Expenses 208	Vehicle Depreciation 208	Incidental Medical/Medicines/Pharmacy 209	Provision Material Goods/Svs./Benefits 212	Client Personal Allowances 211	Direct Client Wages 214	Other Commercial Prod. & Svs. 214	Program Supplies & Materials 215	Non Charitable Expenses	Other Expense	Total Other Program Expense	Other Professional Fees & Other Admin. Exp. 410	Leased Office/Program Office Equip. 410,390	Office Equipment Depreciation 410	Program Support 216	Professional Insurance 410	Working Capital Interest 410	Total Direct Administrative Expense	Admin (M&G) Reporting Center Allocation	Total Reimbursable Expense	Direct State/Federal Non-Reimbursable Expense	Allocation of State/Fed Non-Reimbursable Expense	TOTAL EXPENSE	TOTAL EXPENSE = 53R	OPERATING RESULTS	Preliminary Calculation of Cost Reimb. Excess Rev. *	(subject to OSD adjustment)							

UNDUP #	CLIENTS	DELIVERED	SEVICE STATISTICS
155	Enter defined unit of service:	Enter total unit capacity:	Participant
255		572	
355	OSD's Program	Publicly sponsored clients:	
455	Performance Report (D-1)	Privately sponsored clients:	
555	Internet (filing system)	Free Care clients:	
655	suspended for FY 08	Total:	
755	filings:		

DEPT	CONTRACT ID	CHARACTERS	MMARS CODE
1C	WEL	WEL04030364	2949
2C			
3C			
4C			
5C			

STATE DEPT	PAYOR NAME	PAYOR'S FEIN
1PS		
2PS		
3PS		

SUBCONTRACTOR NAME	FEIN	EXPENSE AMT.
1SDC		
2SDC		
3SDC		
4SDC		
5SDC		

COMM. OF MA SURPLUS REV. RETENTION SHARE	N/A
13DC	
23DC	
33DC	
43DC	
53DC	

UNBILLABLE DEPRECIATION	1,228
(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)	1,228
11N Capital Budget Revenue Adjustment	13,480
12N Excess of Non-Reimbursable Expense Over Offsets	(12,252)

PREPARER COMMENTS:

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

ORGANIZATION: Ascension Community Services, Inc. FEIN: 04396243

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Program Address: 261 Sheep Davis Road (Number/Street) City: Concord (City) State: NH (State) Zip: 03301 (Zip Code)

Program Type: 27 *Program Type: 27 Catalog of Federal Domestic Assistance #: 84.126 # Operating hours/week (e.g. 40): 40.00

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Program Address: 261 Sheep Davis Road (Number/Street) City: Concord (City) State: NH (State) Zip: 03301 (Zip Code)

Program Type: 27 *Program Type: 27 Catalog of Federal Domestic Assistance #: 84.126 # Operating hours/week (e.g. 40): 40.00

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Program Address: 261 Sheep Davis Road (Number/Street) City: Concord (City) State: NH (State) Zip: 03301 (Zip Code)

Program Type: 27 *Program Type: 27 Catalog of Federal Domestic Assistance #: 84.126 # Operating hours/week (e.g. 40): 40.00

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Program Address: 261 Sheep Davis Road (Number/Street) City: Concord (City) State: NH (State) Zip: 03301 (Zip Code)

Program Type: 27 *Program Type: 27 Catalog of Federal Domestic Assistance #: 84.126 # Operating hours/week (e.g. 40): 40.00

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Program Address: 261 Sheep Davis Road (Number/Street) City: Concord (City) State: NH (State) Zip: 03301 (Zip Code)

Program Type: 27 *Program Type: 27 Catalog of Federal Domestic Assistance #: 84.126 # Operating hours/week (e.g. 40): 40.00

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Program Address: 261 Sheep Davis Road (Number/Street) City: Concord (City) State: NH (State) Zip: 03301 (Zip Code)

Program Type: 27 *Program Type: 27 Catalog of Federal Domestic Assistance #: 84.126 # Operating hours/week (e.g. 40): 40.00

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Program Address: 261 Sheep Davis Road (Number/Street) City: Concord (City) State: NH (State) Zip: 03301 (Zip Code)

Program Type: 27 *Program Type: 27 Catalog of Federal Domestic Assistance #: 84.126 # Operating hours/week (e.g. 40): 40.00

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Program Address: 261 Sheep Davis Road (Number/Street) City: Concord (City) State: NH (State) Zip: 03301 (Zip Code)

Program Type: 27 *Program Type: 27 Catalog of Federal Domestic Assistance #: 84.126 # Operating hours/week (e.g. 40): 40.00

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Program Address: 261 Sheep Davis Road (Number/Street) City: Concord (City) State: NH (State) Zip: 03301 (Zip Code)

Program Type: 27 *Program Type: 27 Catalog of Federal Domestic Assistance #: 84.126 # Operating hours/week (e.g. 40): 40.00

UFR Program Number: 60 Program Name: Adaptive Assistance Description: Care Donation # Weeks operated during audit period (e.g. 52): 52.00 # Operating hours/week (e.g. 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g. in-kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED, 22 = HCFP/Medicaid Class Rate, 24 = Negotiated Unit Rate, 25 = Negotiated Accommodations Rate, 26 = Other Non-Political Unit Rate, 27 = Cost Reimbursement, NA = Not Applicable

REVENUE

1R Contrib., Gifts, Leg., Bequests, Spec. Ev. _____

2R Gov. In-Kind/Capital Budget _____

3R Private In-Kind _____

4R Total Contribution and In-Kind _____

5R Mass Gov. Grant _____

6R Other Grant (excl. Fed Direct) _____

7R Total Grants _____

8R Dept. of Mental Health (DMH) _____

9R Dept. of Developmental Services (DDS/DMR) _____

10R Dept. of Public Health (DPH) _____

11R Dept. of Children and Families (DCF/DSS) _____

12R Dept. of Transitional Assist (DTA/WEL) _____

13R Dept. of Youth Services (DYS) _____

14R Health Care Fin. & Policy (HCF-P/Contract) _____

15R Health Care Fin. & Policy (HCF-LUCP) _____

16R MA. Comm. For the Blind (MCB) _____

17R MA. Comm. for Deaf & H.H. (MCD) _____

18R MA. Rehabilitation Commission (MRC) _____

19R MA. Off. for Refugees & Immigr. (ORI) _____

20R Dept. of Early Educ. & Care (EEC)-Contract _____

21R Dept. of Early Educ. & Care (EEC)-Voucher _____

22R Dept. of Connection (DOC) _____

23R Dept. of Elementary & Secondary Educ. (DOE) _____

24R Parole Board (PAR) _____

25R Veteran's Services (VET) _____

26R Ex. Off. of Elder Affairs (ELD) _____

27R Div. of Housing & Community Develop (OCCD) _____

28R POS Subcontract _____

29R Other Mass. State Agency POS _____

30R Mass State Agency Non-POS _____

31R Mass. Local Gov./Quasi-Govt. Entities _____

32R Non-Mass. State/Local Government _____

33R Direct Federal Grants/Contracts _____

34R Medicaid - Direct Payments _____

35R Medicaid - MBHP Subcontract _____

36R Medicare _____

37R Mass. Govt. Client Stipends _____

38R Client Resources _____

39R Mass. spon.client SF/3rd Pty offsets _____

40R Other Publicly sponsored client offsets _____

41R Private Client Fees (excluding 3rd Pty) _____

42R Private Client 3rd Pty/other offsets _____

43R Total Assistance and Fees _____

44R Federated Fundraising _____

45R Commercial Activities _____

46R Non-Charitable Revenue _____

47R Investment Revenue _____

48R Other Revenue _____

49R Allocated Admin (M&G) Revenue _____

50R Released Net Assets-Program _____

51R Released Net Assets-Equipment _____

52R Released Net Assets-Time _____

53R Total Revenue = \$7E _____

1SDC SUBCONTRACTED DIRECT CARE EXPENSE DETAIL _____

2SDC Subcontractor Name FEIN Expense Amt. _____

3SDC Good News Garage, Inc. 030370713 288,000 _____

4SDC _____

5SDC _____

Comm. of MA Surplus Rev. Retention Share N/A _____

PREPARER COMMENTS: _____

1N Direct Employee Compensation & Related Exp. _____

2N Direct Occupancy _____

3N Direct Other Program/Operating _____

4N Direct Subcontract Expense _____

5N Direct Administrative Expense _____

6N Direct Other Expense _____

7N Direct Depreciation _____

8N Total Direct Non-Reimbursable (Tie to 54E) _____

9N Total Direct and Allocated Non-Reimb. (54E-55E) _____

10N Eligible Non-Reimbursable Exp. Revenue Offsets _____

11N Capital Budget Revenue Adjustment _____

12N Excess of Non-Reimbursable Expense Over Offsets _____

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

UNREIMBURSABLE EXPENSE DETAIL

1N Direct Employee Compensation & Related Exp. _____

2N Direct Occupancy _____

3N Direct Other Program/Operating _____

4N Direct Subcontract Expense _____

5N Direct Administrative Expense _____

6N Direct Other Expense _____

7N Direct Depreciation _____

8N Total Direct Non-Reimbursable (Tie to 54E) _____

9N Total Direct and Allocated Non-Reimb. (54E-55E) _____

10N Eligible Non-Reimbursable Exp. Revenue Offsets _____

11N Capital Budget Revenue Adjustment _____

12N Excess of Non-Reimbursable Expense Over Offsets _____

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PRELIMINARY CALCULATION OF COST REIMB. EXCESS REV. (subject to OSD adjustment)

GRE Preliminary Calculation of Cost Reimb. Excess Rev. _____

35S OSD's Program Publicly sponsored clients: _____

35S Performance Report (D-1 Privately sponsored clients: _____

35S (Internet filing system) Free Care clients: _____

35S suspended for FY 08 _____

35S filings: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

35S Enter total unit capacity: _____

35S Enter defined unit of service: _____

**ASCENTRIA COMMUNITY SERVICES, INC.
SUPPLEMENTAL SCHEDULES (UNAUDITED)
YEAR ENDED JUNE 30, 2015**

SCHEDULE A AND B PROGRAM SUPPLEMENTAL INFORMATION

Other Professional Fees and Other Administrative Expenses

Schedule A OSI: line 42E

Accounting and Management Services	\$ 1,831,546
Program Legal Fees	26,622
Fundraising Costs	3,740
Professional Fees	21,556
Miscellaneous Fees	12,800
Total	<u>\$ 1,896,264</u>

Other Revenue

Schedule A OSI: line 48R

Miscellaneous Fee Income	<u>\$ 495,213</u>
--------------------------	-------------------

Non-Reimbursable Expense

Non-Massachusetts Program Expenses	\$ 20,175,601
Non-Massachusetts Administrative Expenses	3,311,267
Other Non-Reimbursable Expenses	41,109
Total	<u>\$ 23,527,977</u>



CliftonLarsonAllen

CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Ascentria Community Services, Inc. and Subsidiary
Worcester, Massachusetts

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Ascentria Community Services, Inc. and Subsidiary, which comprise the consolidated statement of financial position as of June 30, 2015, and the related consolidated statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated December 9, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Ascentria Community Services, Inc. and Subsidiary's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Ascentria Community Services, Inc. and Subsidiary's internal control. Accordingly, we do not express an opinion on the effectiveness of Ascentria Community Services, Inc. and Subsidiary's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.


Board of Directors
Ascentria Community Services, Inc. and Subsidiary

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Ascentria Community Services, Inc. and Subsidiary's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



CliftonLarsonAllen LLP

Boston, Massachusetts
December 9, 2015



CliftonLarsonAllen LLP
CLAconnect.com

CliftonLarsonAllen

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

Board of Directors
Ascentria Community Services, Inc. and Subsidiary
Worcester, Massachusetts

Report on Compliance for Each Major Federal Program

We have audited Ascentria Community Services, Inc. and Subsidiary's compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Ascentria Community Services, Inc. and Subsidiary's major federal programs for the year ended June 30, 2015. Ascentria Community Services, Inc. and Subsidiary's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Ascentria Community Services, Inc. and Subsidiary's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Ascentria Community Services, Inc. and Subsidiary's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Ascentria Community Services, Inc. and Subsidiary's compliance.

Opinion on Each Major Federal Program

In our opinion, Ascentria Community Services, Inc. and Subsidiary complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2015.

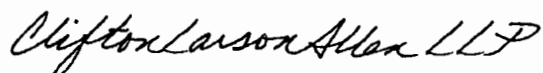
Report on Internal Control Over Compliance

Management of Ascentria Community Services, Inc. and Subsidiary is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Ascentria Community Services, Inc. and Subsidiary's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Ascentria Community Services, Inc. and Subsidiary's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the result of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.



CliftonLarsonAllen LLP

Boston, Massachusetts
December 9, 2015

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED JUNE 30, 2015**

Section I – Summary of Auditors' Results

Financial Statements

1. Type of auditors' report issued: Unmodified
2. Internal control over financial reporting:
- Material weakness(es) identified? _____ yes x no
 - Significant deficiency(ies) identified that are not considered to be material weakness(es)? _____ yes x none reported
3. Noncompliance material to financial statements noted? _____ yes x no

Federal Awards

1. Internal control over major federal programs:
- Material weakness(es) identified? _____ yes x no
 - Significant deficiency(ies) identified that are not considered to be material weakness(es)? _____ yes x none reported
2. Type of auditors' report issued on compliance for major federal programs: Unmodified
3. Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB Circular A-133? _____ yes x no

Identification of Major Federal Programs

93.566	Refugee and Entrant Assistance – State Administered Programs
93.576	Refugee and Entrant Assistance – Discretionary Grants

Dollar threshold used to distinguish between Type A and Type B programs: \$ 303,000

Auditee qualified as low-risk auditee pursuant to OMB Circular A-133? _____ x _____ yes _____ no

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
YEAR ENDED JUNE 30, 2015**

Section II – Financial Statement Findings

Our audit did not disclose any matters required to be reported in accordance with *Government Auditing Standards*.

Section III – Findings and Questioned Costs – Major Federal Programs

Our audit did not disclose any matters required to be reported in accordance with Section 510(a) of OMB Circular A-133.

Section IV – Prior Year Major Federal Program Findings

There were no findings in the prior year that were required to be reported in accordance with Section 510(a) of OMB Circular A-133.

**ASCENTRIA COMMUNITY SERVICES, INC. AND SUBSIDIARY
BOARD ACKNOWLEDGEMENT
JUNE 30, 2015**

We, the Board of Directors* of Ascentria Community Services, Inc. and Subsidiary, met and have voted to recognize and accept the representations of management and the expression of opinions by CliftonLarsonAllen LLP as embodied in the Basic Financial Statements, Supplementary and Subsidiary Financial Statements and Schedules and Independent Auditor's Reports contained in the Uniform Financial Statements and Independent Auditor's Report (UFR) for the period ended June 30, 2015.

In addition, we, the Board of Directors* of Ascentria Community Services, Inc. and Subsidiary, hereby certify under penalty of perjury that to the best of the members of the board of directors' knowledge, all material related party relationships and transactions, as defined by 808 CMR 1.02 and generally accepted government auditing standards, and other representations made by management are accurate and have been correctly and completely disclosed as required in the notes to the financial statements and schedules of the UFR for the year ended June 30, 2015.

Signatory for Board of Directors

Title:

Date: _____

* The board of directors may vote to authorize a subcommittee of the board of directors such as the audit committee or the finance to perform the above noted acknowledgments and oversight responsibilities on its behalf. Members of management may not participate in any of the above noted board of director's acknowledgments and oversight responsibilities.

UFR Filing Instructions

Please sign one copy of the Uniform Financial Statements and the Audit Services Checklist where indicated. The final version of the financial statement will be transmitted via the internet to the Operational Services Division.

DUE DECEMBER 15, 2015

The remaining copies are for your files.



Ascentria
CARE ALLIANCE

BOARD OF DIRECTORS

2015 - 2016

(#/year = term number/year of expiration)

Ex Officio, non voting

The Rev. James Hazelwood
New England Synod, ELCA

Michael Balinskas, Vice Chair

1/2016

Ken Bohlin
BO D 1/2016

1/2017

The Rev. Timothy Yeadon
New England District LCMS

Karen Gaylin, Secretary
1/2016

3/2017

Ex Officio, voting

Angela Bovill, President

The Rev. Ross Goodman

1/2016

Garth Greimann, Financial Secretary 3/2016
1/2016

Directors

The Rev. Canon Hannah Anderson 1/2016
Episcopal Diocese of New Hampshire

Jeff Kinney, Immediate Past Chair 3/2016

Juliana Langille

2/2017

Kim Salmon

1/2018

William Mayo, Chair

1/2016

Dan Strelow

1/2018

Barbara Ruhe

1/2016

Corporate officers:

President/CEO	Angela Bovill [REDACTED]
Executive VP/CFO	Lisa Cohen [REDACTED]
Executive VP	Tim Johnstone [REDACTED]
Executive VP	Dana Ramish [REDACTED]
Treasurer	Nick Russo [REDACTED]
Clerk/Executive Assistant	Alana Geary [REDACTED]
<u>Executive Staff:</u>	
VP for Strategic Marketing & Communications	Jodie Justofin [REDACTED]
VP for Business Development	Michael Alden [REDACTED]

VP of Human Resources	Jean M. Jackson [REDACTED]
Chief Development Officer	Candace Cramer [REDACTED]
VP for ME Operations	Scott Morrison [REDACTED]
VP for NH Operations	Ann Dancy [REDACTED]

Dunkin Donuts

Woodsville, NH

2009-2012

Shift Leader

- Provided Outstanding Customer Service
- Processed and filled customer orders
- Handled monies and responsible for balancing of registers
- Inventory Control
- Supervised 4-6 staff members
- Ability to handle difficult situations
- Problem Solving skills

Robert E. Buckley

OBJECTIVE: Obtain management position that leverages my skills, work experience and education.

QUALIFICATIONS:

- Development & Management of contract proposals in NH & MA.
- Extensive background working with state agency's / nonprofits and for profit organizations
- Comprehensive training and experience in business development, sales and customer service.
- Skillful in expanding business through cold calling, networking and relationship enhancement.
- Excellent territory management, strong communication and presentation skills.

EXPERIENCE:

- Over twenty years experience in Consumer Development.
- Nine years successfully writing contract proposals resulting in future development opportunities
- Maintaining staff development / tenure / budgeting /general operations
- Regional over site for dual state contract administration
- Extensive training in Marketing and Business Development
- Ten years background in Consumer and Mortgage Lending
- Five years directly working in Franchise Auto Dealerships
- Three years experience in Dealer Development and Outside Sales

EDUCATION & TRAINING:

Dealer Development Representative Training 2001, Professional F&I Management 1997. American Institute of Banking 15 Courses
NH Community Technical College, Laconia, NH 1986-1996

EMPLOYMENT HISTORY:

Program Manager	Good News Garage	Manchester, NH	4/05-Current
VP Vehicle Donations	Good News Garage	Manchester, NH	3/04-4/05
Account Manager	LongBeach Acceptance	Paramus, NJ	2/03-6/03
Business Development Officer	Compass Bank	New Bedford, MA	2/02-2/03
Dealer Development Rep.	Arcadia Transouth	Hooksett, NH	2/01-1/02

Nicholas G. Lantagne

- Objective** To leverage diverse customer relationship skills with my background in the automotive industry to help clients find positive resolutions for their auto needs.
- Education** New England Institute of Technology | Warwick, RI
A.S. in Automotive Collision Repair | March 2008 – Sept. 2009
- Maintained position on the Dean's List with a 3.81 final GPA.
- Skills Summary**
- Exemplary Customer Service.
 - Confidential Record Management.
 - Damage Assessment.
 - Generate a repair estimate with Mitchell UltraMate estimating software.
 - Automotive Collision Repair.
- Work Experience**
- Good News Garage | Manchester, NH**
Lead Vehicle Processor | October 2009 - present
- Responsible for daily office operations under the program manager.
 - Analyze repair estimates and make approval or denial decisions.
 - Accountable for the disposition of all vehicles.
 - Builds and maintains relationships with vendors, securing competitive pricing for auto repairs.
 - Manages spectrum of logistical details of the donation process, with attention to time, budget, and customer service: picking up vehicles, delivery to clients, and ongoing vehicle repairs.
- Inskip Audi | Warwick, RI**
Service Lot Attendant | March 2008 – September 2009
- Assessed and recorded damage to the service loaner vehicles.
 - Provided positive customer experience for clients, detailing and arranging client vehicles.
- Porsche / Audi | Nashua, NH**
Lot Manager | 2006 – 2008
- Responsible for inspecting the quality of all vehicles and organizing the inventory for display.
 - Documented and photographed transportation damage on all vehicles.
 - Photographed pre owned cars & uploaded the images to the website.
 - Became proficient in dealer swaps and delivery of client vehicles.
- Auto Fair Honda | Manchester, NH**
Lot Attendant | 2004 – 2006
- Promoted in 2004. Responsible for performing quality inspection on the new vehicle inventory and organizing the inventory for display.
 - Documented transportation damage on new vehicle arrivals.
- Auto Recondition Specialist | 2001-2004**
- Cleaned vehicles for a high volume Honda dealership while paying close attention to detail.
- References** Available upon request.

2013-2013 Boston Paternity DNA

- Computer data entry, answering phones, informing clients of procedure, mailing info and making appointment for test locally and thru USA as needed, consulting results, taking payments, mailing, filling, etc.

2011 –2013 Administrative Assistant, Good News Garage - LSS, Inc

- Computer data entry, filing, answering the phone, filtering donors and client's information, coordinating client's placements, conducting interviews with clients and participating in vehicle deliveries when necessary.

2011 – 2011 Payroll Clerk, Payroll Matters

- Adding and verifying payroll hours received by phone or faxes.
- Checking information and hours once payroll is done, calling clients as needed with totals or advising payroll is ready for pick-up.
- Organizing all payroll materials to be mailed.

2010 – 2011 Inside Sales/Receptionist, High Speed Technologies

- Answering and filtering incoming calls
- Making Service related calls to potential customers
- Mailing and emailing literature of services
- Internet research, ACT, and QuickBooks knowledge

1997 – 2010 Customer Service Representative III, City of Manchester, Tax Office

- As per New Hampshire laws processing motor vehicles registrations and titles.
- Collection of Real Estate Tax
- Knowledge of liens
- Daily balancing of cash drawer

MICHAEL T. STOCKS

EDUCATION

Master of Science, Health Services Administration
Sage Graduate School, Troy, New York. May 1994.

Bachelor of Arts, English/Economics.
College of Wooster, Wooster, Ohio. June 1987.

SUMMARY OF QUALIFICATIONS

- Manufacturing professional with extensive pharmaceutical, medical device, composite and general manufacturing experience in small-to-medium size companies.
- Goal-oriented, results-driven, articulate and dynamic leader. Ethical, accountable, flexible, tolerant, persistent, adaptable and resourceful. Able to mentor, grow and motivate at the individual level and inspire teams to align, engage, sustain and work toward achieving a shared vision.
- Extensive practical experience in the implementation of business process reengineering (BPR), process improvement, continuous improvement, lean manufacturing initiatives and six sigma projects across multiple manufacturing industry verticals.
- Robust background in quality management, project/program development, planning and management and new product development.
- Comfortable executing in highly-regulated manufacturing environments (FDA 21 CFR 820, 210, 211, ISO 9001, ISO 13485, MHRA/PICs)

WORK EXPERIENCE

Director of Operations

Seldon Technologies Inc., Windsor, VT. February 2015 – September 2015 (layoff)

Responsible for the oversight and leadership of all major operations and initiatives at the facility. Provision and communication of strategic leadership, planning, vision and direction to ensure that corporate goals and objectives are met. Ongoing evaluation and improvement of business processes and operations, coordination and allocation of effort and resources in accordance with business needs. Development and implementation of efficient and effective team structures, communication plans and internal systems and methods of control and reporting. Effective definition and communication of roles and responsibilities and the implementation of individual and organizational accountability. Working with leadership team to develop strategic plans to meet future business needs while acting as agent for ongoing organizational change. Maximization of the utilization of company resources in an efficient and cost-effective manner, measurement of progress against plan and the implementation corrective strategies as deemed necessary.

Quality Assurance Manager, Label Control, Raw Materials Control

Mylan Technologies Inc., St. Albans, VT. March 2008 – February 2015

Oversight, coordination and control pharmaceutical raw materials, commercial pharmaceutical labeling, sampling and associated quality operations. Additional duties include identification, evaluation and redesign of critical cross-functional business processes using reengineering, continuous process improvement, lean manufacturing and kaizen principles, coupled with the appropriate application of suitable tools and technologies for process improvement. Alignment of business process improvement efforts with divisional and corporate goals and objectives. Application of risk management methodologies to redesigned and improved processes to control and mitigate risk. Act as team lead and internal process improvement resource for business process and continuous process improvement teams across several internal vertical functions.

Quality Manager

Triosyn Corp/Safelife Corp., Williston, VT. April 2006 – November 2007

Responsible for the ground-up design, development and implementation of a web-based ISO: 13485/21 CFR 820 compliant medical device quality manufacturing system across three facilities (Vermont, Quebec, Malaysia). Implementation of quality system controls and external program management for offshore device suppliers in Taiwan and India. Oversight and general management of web-based quality manufacturing system and Vermont-based quality control activities. General quality improvement, business process improvement and strategic planning for Triosyn Corp/Safelife Corp.

Quality Systems Manager & Medical Device Program Manager

General Composites Inc, Westport, NY. October 2002- April 2006

Design, development, implementation and ongoing support of web-based ISO9001: 2000 Quality Manufacturing System (QMS) designed to maintain a stabilized state-of-control across two medical device manufacturing facilities. Development and maintenance of all standard operating procedures, part manufacturing guides, quality manufacturing plans, materials specifications, manufacturing control plans, work instructions and all other quality system related documents. Provision of quality assurance assistance and support to the Operations and Engineering departments for compliance, validation and facility changes. Investigation and resolution of all aberrant production manufacturing outcomes and quality system problems. Complete oversight, documentation, investigation and resolution of customer complaints. Responsible for managing final QC inspection of all medical devices. Responsible for the day-to-day management and operation of three Class II medical device manufacturing programs. General duties include production forecasting, program design & development, change request management, production planning and scheduling, raw materials management and part quoting. First point of contact and customer liaison for all program-related issues. Implementation and maintenance of program manufacturing procedures, program performance reporting and initiation of manufacturing process improvements. Additional duties include research, development and prototyping of new composite medical devices.

Program Administrator

Department of Health Burlington, VT. April 2001 - October 2002

Administrative, fiscal, supervisory, project and program planning work involving the operations of the Health Surveillance Division of the Department of Health. Duties included budgetary, program and contract administration for seven programs. Grant initiation, development, coordination and administration across the Department. Development of Divisional procedures and the implementation of Divisional business process repository. General process improvements and *ad-hoc* consulting across the Division as required. Member of the Grants Review Committee, IT Resources Committee and Senior Managers Group.

Senior Workflow Consultant

Meta Software Corporation, Cambridge, MA. March 2000 – December 2000

Exclusive use of Meta Software's proprietary process modeling and simulation tools to design, develop, test and implement reengineered business processes for select customers. Ongoing development of process modeling and simulation curriculum, knowledge transfer plans and reengineering education approaches. Direct process modeling and simulation knowledge transfer and education for Meta customers nationally and internationally. Ad-hoc reengineering project team member and project manager for various Meta-based full-package reengineering engagements. Individual and team coaching in the areas of process modeling, simulation, reengineering, change management and project management.

Business Systems Integration Consultant

Bentley College, Waltham, MA. February 1998 – March 2000

Responsible for the institution-wide implementation of Business Process Reengineering (BPR) throughout Bentley college. Reengineered areas include Graduate Admissions, Undergraduate Admissions, Help Desk, IT Division, Financial Assistance, Human Resources, Purchasing, International Programs, Study Abroad and Corporate & Foundation Relations. Development of BPR Steering Committee, Team Leaders, Process Leaders and Process Teams. Education of general staff and faculty in traditional and advanced BPR techniques. Coaching and guidance of senior-level staff and BPR Teams in process orientation, mapping, design, technological application, inductive thinking and non-linear design. Development and maintenance of standing "BPR at Bentley" web page. General internal consulting in personal and professional development on an *ad-hoc* basis. Member of Y2K team, Senior Management Team and IT Development Request Process team.

Engagement Manager/Senior Project Manager

ImageMatrix Corporation, Denver, CO. May 1997 – February 1998

Responsible for implementation oversight of the ImageMatrix suite of imaging workflow products in HMOs and other healthcare related businesses across the country. Coordination of all phases of project management, from initial sales orientation through post-implementation evaluation. Ongoing development and integration of existing ImageMatrix products based upon market demand, client needs and anticipated developments in the imaging and managed care market. Strategic planning, resource development, contract negotiations and internal realignment and reengineering efforts.

Business Process & Systems Design Reengineer & Imaging Project Leader

University of Vermont, SIS Division, Burlington, VT. January 1996 – May 1997

Reengineering of the complete Graduate and Undergraduate admissions processes for the largest university in the state of Vermont. Instructing various departments in change management, ergonomics, lateral/linear thinking, process re-design and integration, outcome evaluation, appropriate technological application and reengineering. Reengineering of numerous university-related departments. Design, development and implementation of a fully integrated, paperless, image-based storage, retrieval and workflow system using SCT's Banner Imaging for Student. Basic systems support for SCT's Banner Student and Banner Imaging products. General business and human systems consulting as required.

Senior Systems Analyst/Senior Advanced Technologies Analyst

Advanced Technologies Group, Empire BCBS, Albany, NY. August 1990 - May 1995

Implementation of numerous cutting-edge business technologies throughout the corporation, most notably the OmniDesk digital imaging system developed by Sigma Imaging. Responsible for reengineering numerous systems-based areas using process-oriented design tools and theories. Internal methods consultant and advanced technology liaison for the corporation and its internal customers. Design and development of various logistical, methodological and evaluative models and approaches involving the implementation of advanced technologies, MIS systems and health care-related initiatives throughout Empire. Responsible for the management of five major imaging implementations involving the digital imaging and optical storage of insurance claims and other paper documents at Empire Blue Cross/Blue Shield. Oversight and systems administration of over \$3.2 million of imaging and computer equipment.

Senior Budget Analyst/Budget Specialist

Financial Planning & Control, BCBS, Albany, NY. June 1987-August 1990.

Responsible for assisting corporate management in the development, preparation, installation and maintenance of their annual operating budgets. Provided detailed, independent analysis of budget variance data, including analytical support and consulting for four divisions of the corporation with a combined budget responsibility of \$175 million. Design, development and execution of specialized projects for both personal computer and mainframe involving localized and corporate-wide financial impact assessment. Detailed vendor/account research and the development and writing of various budget procedural manuals for corporate dissemination.

PUBLICATIONS

"Relationship Between Undergraduate Science Preparation and Preclinical Performance in Medical School" (co-author), Academic Medicine, March 1995.

"Proposal for a Standardized Electronic Medical Student Record" Academic Medicine, June 1995.

RECENT COURSEWORK/CERTIFICATIONS

FDA Labeling Requirements, June 2008

Controlled Substances Authorization (CSA), March 2008– *present*

CE Mark 1,2,3 Program, CITRA, October, 2007.

ISO 13485:2003 Internal Quality Systems Auditor, BSI Americas, September 2007.

Quality System Manager (QSM) training, ASQ certified, January 2005.

Quality System Auditor: ISO9001:2000 ICRS, January 2006.

REFERENCES

Available upon request.



Cameron J. White

4/2012-Current **Good News Garage** **Manchester, N.H.**
Assistant Vehicle Processor

At Good News Garage, I help process vehicle donations and walk donors through the process of donating their cars and signing titles over. In addition I also help evaluate cars that can potentially be program cars for our contracts. I am also responsible for handling customer complaints and comeback repairs.

Additionally I am also a member of the Ascentria Care Alliance Safety Committee.

Program Manager **Bob Buckley** **603-669-6937**

11/2010-4/2012 **Gunstock Mountain Resort** **Gilford, N.H.**
Lift Attendant

Assisted customers with loading and unloading from chairlift, as well as what measures should be taken should an emergency situation arise. I was also trained to start and stop the chairlift from all locations, as well as performing routine service stops. We would also set up proper controls for lift line management.

Supervisor **Colleen Landry** **603-293-4341**

4/2011-8/2011 **Starving Artists Movers** **Concord, N.H.**
Mover/Packer

I worked for Starving Artists Movers in the non-winter months from Gunstock Mountain Resort, I was responsible for working with a small crew of movers and we would help customers move furniture, boxes and office equipment. We did both residential and commercial moves; in addition to moving I was also a packer and we would pack entire homes and businesses and then help them relocate.

Supervisor **Chris Babbitt** **603-228-5665**

2/2008-6/2010 **Miller Auto Group, Autoserv Family of Dealerships**
Seacoast Mazda
Sales Consultant

Assisted customers with purchase and leasing options for new and used vehicles. I was also responsible for demonstrating vehicle functions, features and benefits, as well as ensuring customer satisfaction before during and after the sale.

Supervisor **Dennis Damiano** **603-448-7002**
Supervisor **Rajat Bhattacharya** **603-536-5400**
Supervisor **John Dunkle** **603-842-0652**

9/2007-2/2008 **Chimney Restoration Group** **Loudon, N.H.**
Mason/Chimney Technician

Cleaning of toxic materials from chimneys, removing fire damaged clay tiles to suit stainless steel liner systems, repairing and rebuilding exterior and interior of chimneys.

Owner

Timothy Therrien

4/2007-8/2007

LL&S Inc.

Salem, N.H.

Laborer

Cleaning and general maintenance of grinding mill and other duties as requested. Also while at this job I gained experience on a small Caterpillar/Bobcat style skid-steer.

On-Site Foreman

Eddie Mechado

12/2006-4/2007

McLane Northeast

Hopkinton, N.H.

Truck Loader

Checking quality control of product before it was loaded into the trailer and also ensuring the stops were loaded in the correct order for driver and customer satisfaction.

Human Resource Director

Jenn Telesco

6/2003-12/2006

Sanel Auto Parts

Concord, N.H.

Parts Puller/Delivery Driver

Delivery of auto body, car and heavy truck parts to repair shops in the greater Concord area. Great knowledge of auto body, car and heavy truck parts. Also responsible for pulling in-store orders and maintaining 100% customer satisfaction.

Supervisor

Gary Elliot

1999-2003

Riverside Veterinary Hospital Boscawen, N.H.

Kennel Attendant

During my 4 years of high school I worked part time at Riverside. My job entailed cleaning all hospital, grooming and daycare kennels, as well as walking and exercising clients animals. I was also responsible for making sure the daycare dogs were grouped properly together according to temperament.

Dr. Brad Taylor

Dr. Jen Sula and Dr. Matt Mason

On a side note, Dr. Sula and Dr. Mason were former partners of Riverside Veterinary Hospital, but have since opened their own practice; Blackwater Veterinary Clinic and are also my current veterinarians.*

Education

High School Diploma

1999-2003

Merrimack Valley High School

Penacook, N.H.

I graduated from Merrimack Valley High School in 2003 and during my last year two years I participated in an automotive technology program at the Concord Regional Technology center. During my first year I rebuilt a small-block Chevrolet V-8 engine. During the second year we diagnostic analysis and repair work on customer, student and staff vehicles. This program greatly broadened my knowledge of vehicles and further fueled my passion for them.

CONTRACTOR NAME
Good News Garage – LSS Inc.

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Amber Raby	Admin Asst. / Client Coordinator	\$24,960.00	63%	\$15,823.00
Robert Buckley	Director Of Operations	\$49,997.00	68%	\$34,367.00
Nicholas Lantagne	Vehicle Processor	\$31,200.00	70%	\$22,045.00
Olga Roy	Admins Asst. / Client Coordinator	\$29,120.00	64%	\$18,836.00
Mike Stocks	Asst. Director Of Operations	\$72,000.00	17%	\$12,718.00
Cameron White	Vehicle Processor	\$27,040.00	63%	\$15,823.00



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF HUMAN SERVICES
 DIVISION OF CLIENT SERVICES

Nicholas A. Toumpas
 Commissioner

Mary Ann Cooney
 Associate Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9404 1-800-852-3345 Ext. 9404
 FAX: 603-271-4232 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 3, 2015

G&C Approved

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

Date 5-6-15
 Item #: 10

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Family Assistance, to exercise a renewal option to an existing agreement with Good News Garage LSS, Inc., a subsidiary of Ascentria Care Alliance, (Vendor # 174439), 14E. Worcester Street, Suite 300, Worcester, MA 01604, to provide affordable car ownership opportunities to low income individuals by increasing the price limitation by \$1,000,000 from \$794,700 to \$1,794,700 and by extending the contract completion date from June 30, 2015 to June 30, 2017, effective July 1, 2015 or date of Governor and Executive Council approval, whichever is later through June 30, 2017. Governor and Executive Council approved the original agreement on May 1, 2013 (item #37A). 42% Federal Funds and 58% General Funds.

Funds are anticipated to be available in the following account in State Fiscal Year 2016 and State Fiscal Year 2017, upon the availability and continued appropriation of funds in the future operating budget with the ability to adjust encumbrances between State Fiscal Years through the Budget Office, without further approval of Governor and Executive Council, if needed and justified.

05-95-45-451010-61270000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: TRANSITIONAL ASSISTANCE, CLIENT SERVICES, EMPLOYMENT

SFY	Class	Title	Acitivity Code	Budget
2014	102-500734	Contracts for Program Services		\$397,350
2015	102-500734	Contracts for Program Services		\$397,350
2016	102-500734	Contracts for Program Services		\$500,000
2017	102-500734	Contracts for Program Services		\$500,000
			Total:	\$1,794,700

EXPLANATION

The purpose of this amendment is to renew contract services that provide affordable car ownership opportunities to low income individuals who receive Temporary Assistance to Needy Families. Reliable transportation is necessary for individuals, many of which live in areas

without public transportation or have no means to purchase a vehicle to successfully seek, obtain and maintain employment as they transition from welfare to work. Good News Garage LSS, Inc. promotes the donation of vehicles through marketing efforts. These donated vehicles are repaired and made available to current Temporary Assistance to Needy Families participants who are not able to support a vehicle loan.

The original contract and Governor and Council letter contain a provision to extend this award for two (2), two (2) year periods. Good News Garage LSS, Inc. has provided transportation options for the Division of Family Assistance since January 2006. Exercising this renewal option will provide 200 reliable vehicles to Temporary Assistance to Needy Families participants who are actively participating in the New Hampshire Employment Program.

Should Governor and Executive Council determine not to approve this request, approximately 200 eligible individuals would not have reliable transportation necessary to retain unsubsidized employment may need to reapply for assistance through the Temporary Assistance to Needy Families which negatively impacts the residents of New Hampshire.

Area served: statewide

Source of funds: 42% federal and 58% general.

In the event that the federal funds become no longer available, general funds will not be requested to support disability determination work.

Respectfully submitted



Terry Smith
Director

Approved by:



Nicholas A. Toumpas
Commissioner



State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Good News Garage-LSS, Inc.

This 1st Amendment to the Good News Garage-LSS, Inc. contract (hereinafter referred to as "Amendment #1") dated this, 27th day of February 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Good News Garage-LSS, Inc., (a subsidiary of Ascentria Care Alliance) hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 14E Worcester Street, Suite 300, Worcester, MA 01604.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on 5/1/2013 (item #37A), 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 of the Agreement, and Exhibit C-1 Paragraph 1, the State may renew the contract for four (4) additional years by written agreement of the parties and approval of the Governor and Executive Council; and;

WHEREAS, the parties agree to extend the Contract for two (2) additional years and raise the price limitation; and

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:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
\$1,794,700
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
(603) 271-9558
5. Exhibit A, Scope of Services, DATE, to read:
Upon Governor and Executive Council Approval
6. Exhibit A, Scope of Services, CONTRACT PERIOD, to read:
July 1, 2013 to June 30, 2017
7. Exhibit A, Scope of Services, Section II., Program Referral Guidelines, Paragraph A. Subparagraph 1. to read:
 1. The contractor will receive thirty (30) referrals a month for individuals needing a donated vehicle, from which two hundred (200) will be chosen for delivery of one of two hundred (200) vehicles during the contract period; and

3-25-15
DHR



8. Exhibit A, Scope of Services, Section III., Direct Service Requirements, Paragraph B, Subparagraph 2 to read:
 2. The Contractor is required to deliver a total of two hundred (200) vehicles to this program;
 - a. The Contractor will provide delivery of one hundred (100) vehicles during each year of the contract period (year 1 equals July 1, 2015 through June 30, 2016 and year 2 equals July 1, 2016 through June 30, 2017).
9. Exhibit A, Scope of Services, Section III., Direct Service Requirements, Paragraph B, Subparagraph 4 to read:
 4. Families receiving a vehicle under this contract will receive a 90-day, 3,000 mile warranty in writing at the time of delivery, with an extension to 6 months on the drivetrain providing the clients do a wellness check and oil change with the Contractor within 15 business days of the expiration of the 90 day warranty provided no neglect has occurred on the part of the client.
10. Exhibit B, Methods and Conditions Precedent to Payment, Contract Period, to read:

July 1, 2013 through June 30, 2017.
11. Exhibit B Methods and Conditions Precedent to Payment, Section I., Funding of Contract, Paragraph A. to read:
 - A. This contract is funded with federal funds made available under the Catalog of Federal Domestic Assistance, CFDA #93.558, Federal Agency Health and Human Services Program Title Temporary Assistance for Needy Families in an amount not to exceed the amount in Form P-37, General Provisions, Item 1.8, Price Limitations.
12. Exhibit B Methods and Conditions Precedent to Payment, Section I. Funding of Contract Paragraph B. to read:
 - B. Subject to the contractor's compliance with the terms and conditions of this Contract, and for services provided to eligible individuals, the Division of Family Assistance shall reimburse the Contractor in an amount not to exceed the amount in Form P-37, General Provisions, Item 1.8, Price Limitation.
13. Exhibit B Methods and Conditions Precedent to Payment, Section I. Funding of Contract Paragraph C. to read:
 - C. The Contractor will provide one hundred (100) donated vehicles to eligible families during the period of July 1, 2015 through June 30, 2016, and an additional one hundred (100) vehicles to eligible families during the period of July 1, 2016 through June 30, 2017, for a total of two hundred vehicles to eligible families for the total length of this contract.
14. Exhibit B, Methods and Conditions Precedent to Payment, Section I., Funding of Contract, Paragraph D to read:
 - D. Upon receipt of monthly invoices, the Division of Family Assistance shall reimburse the Contractor at a rate of \$5,000.00 per vehicle delivered, when:
15. Add Exhibit B, Methods and Conditions Precedent to Payment, Section I., Funding of Contract, Paragraph K, as follows:

Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.

3-25-15
DWR



16. Add Exhibit B-1, Budget
17. Delete Standard Exhibit C, Special Provisions, and replace with Exhibit C, Special Provisions.
18. Add Paragraph 2 to Standard Exhibit C-1, Additional Special Provisions to read:
 2. Subparagraph 14.1.1 of the General Provisions of this contract, is deleted and the following subparagraph is added:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence; and
19. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

From 7/1/2013 to 6/30/2017
20. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

July 1, 2013 through June 30, 2017
21. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

3-25-15
DWR



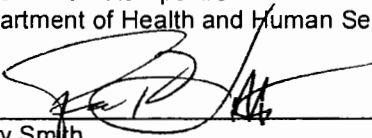
New Hampshire Department of Health and Human Services
Good News Garage-LSS, Inc.

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

4/7/15
Date


Terry Smith
Director

Good News Garage-LSS, Inc.
(a subsidiary of Ascentria Care Alliance)

3-25-15
Date

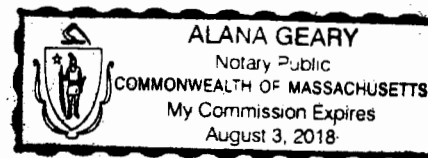
Dave Ranish
NAME: Dave Ranish
TITLE: Executive VP, COO

Acknowledgement:

State of Massachusetts County of Worcester on 3/25/15, before the undersigned officer, personally appeared the person identified 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.

Signature of Notary Public or Justice of the Peace

Alana Geary
Name and Title of Notary or Justice of the Peace



3-25-15
DHR



New Hampshire Department of Health and Human Services
Good News Garage-LSS, Inc.

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

OFFICE OF THE ATTORNEY GENERAL

4/20/15
Date

[Signature]
Name: Megan A. Yelle
Title: Attorney

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:

3-25-15
D.M.B.



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;

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.



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

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.



**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

Contractor Initials

DWR

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

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.

Contractor Name:

3-25-15
Date

Dana Ranish
Name: Dana Ranish
Title: Executive VP, COO

Exhibit G

Contractor Initials

DR

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

EXHIBIT B-2: Budget Proposal SY 14

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

Bidder/Program Name: Good News Garage-LSS, Inc

Budget Request for: 13-DFA-BWW-TO-04
(Name of RFP)

Budget Period: 7/1/15 - 6/30/16

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$119,612.00		\$ 119,612.00	Wages/6 staff members
2. Employee Benefits	\$ 26,912.00	\$ -	\$ 26,912.00	FICA/Dental/Health/LTD/Workers Comp.
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 3,000.00	\$ -	\$ 3,000.00	Equip Maint/Repair
Rental		\$ -	\$ -	Network Maint.
Repair and Maintenance	\$ 287,500.00		\$ 287,500.00	Garage/Vehicle Expense/DMV
Purchase/Depreciation	\$ 3,466.00	\$ -	\$ 3,466.00	Equipment Lease/Depreciation
5. Supplies:	\$ 2,770.00	\$ -	\$ 2,770.00	Car Care Guide
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 6,480.00		\$ 6,480.00	
7. Occupancy	\$ 37,754.00	\$ -	\$ 37,754.00	Rent/Utilities/Build. Maint.
8. Current Expenses	\$ 2,500.00	\$ -	\$ 2,500.00	Program Supplies
Telephone	\$ 4,000.00	\$ -	\$ 4,000.00	Land Line/Cell/Internet
Postage	\$ 4,045.00	\$ -	\$ 4,045.00	Client/Survey/Notification
Subscriptions	\$ 900.00	\$ -	\$ 900.00	Dues/Subs./Membership
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ 3,158.00	\$ -	\$ 3,158.00	Liability Insurance
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 83,450.00		\$ 83,450.00	Printing & copying/advertising
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ 105,109.00	\$ 105,109.00	Total G/A Allocation, central office support
Revenue	\$ -	\$ -	\$ -	Fiancial/HR/Advancement
100 delivered units @ \$5000.00			\$ 500,000.00	program units
288 auction units @ \$662.00		\$ -	\$ 190,656.00	donated units not fit for program
TOTAL	\$ 585,547.00	\$ 105,109.00	\$ 690,656.00	

Indirect As A Percent of Direct

15%

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

Bidder/Program Name: Good News Garage-LSS, Inc

Budget Request for: 13-DFA-BWW-TO-04

(Name of RFP)

Budget Period: 7/1/16 - 6/30/17

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 119,612.00	\$ -	\$ 119,612.00	Wages/6 staff members
	\$ 26,912.00		\$ 26,912.00	FICA/Dental/Health/LTD/Workers Comp.
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 3,000.00	\$ -	\$ 3,000.00	Equip Maint/Repair
Rental		\$ -		Network Maint.
Repair and Maintenance	\$ 287,500.00		\$287,500.00	Garage/Vehicle Expense/DMV
Purchase/Depreciation	\$ 3,466.00	\$ -	\$ 3,466.00	Equipment Lease/Depreciation
5. Supplies:	\$ 2,770.00	\$ -	\$ 2,770.00	Car Care Guide
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 6,480.00	\$ -	\$ 6,480.00	Staff/Meals Expense/ Conference
7. Occupancy	\$ 37,754.00		\$ 37,754.00	Rent/Utilities/Build. Maint.
8. Current Expenses	\$ 2,500.00	\$ -	\$ 2,500.00	Program Supplies
Telephone	\$ 4,000.00	\$ -	\$ 4,000.00	Land Line/Cell/Internet
Postage	\$ 4,045.00	\$ -	\$ 4,045.00	Client/Survey/Notification
Subscriptions	\$ 900.00	\$ -	\$ 900.00	Dues/Subs./Membership
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ 3,158.00	\$ -	\$ 3,158.00	Liability Insurance
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 83,450.00	\$ -	\$ 83,450.00	Printing & copying/advertising
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ 105,109.00	\$ 105,109.00	Total G/A Allocation, central office support Financial/HR/Advancement
Revenue	\$ -	\$ -	\$ -	
100 delivered units @ \$5000.00		\$ -	\$ 500,000.00	program units
288 auction units @ \$662.00	\$ -	\$ -	\$ 190,656.00	donated units not fit for program
TOTAL	\$ 585,547.00	\$ 105,109.00	\$ 690,656.00	

Indirect As A Percent of Direct

15%



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF FAMILY ASSISTANCE

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9330 1-800-852-3345 Ext. 9330
FAX: 603-271-4637 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

Terry R. Smith
Director

April 3, 2013

G&C Approved

Date 5/1/13
Item # 37A

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Family Assistance to enter into a contract with Good News Garage – LSS, Inc, 14 E. Worcester Street, Ste.300, Worcester, Massachusetts, 01604 (Vendor #174439) in an amount not to exceed \$794,700.00, for the purpose of providing affordable car ownership opportunities to low income individuals, effective July 1, 2013, or date of Governor and Council approval, which ever is later, through June 30, 2015. Funds are anticipated to be available in State Fiscal Years 2014 and 2015 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from the Governor and Executive Council.

05-95-45-450010-61270000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SVSC, HHS: TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, EMPLOYMENT SUPPORT

State Fiscal Year	Class/Object	Class Title	Current Modified Budget
2014	102-500734	Contracts for Program Services	\$397,350.00
2015	102-500734	Contracts for Program Services	\$397,350.00
Total			\$794,700.00

EXPLANATION

This Requested action is to provide reliable vehicle ownership opportunities through Good News Garage – LSS, Inc. for recipients of Temporary Assistance to Needy Families. Reliable transportation is a necessity for individuals to successfully seek, obtain and maintain employment as they transition from welfare to work. For many individuals making the transition from welfare to work, public transportation is not available and purchasing a car is beyond their means. Good News Garage – LSS, Inc. promotes, through advertising and marketing efforts, the donation of vehicles to the program by companies and individuals. These donated vehicles are repaired to a state of road-worthiness and made available for donation to current Temporary Assistance to Needy Families participants who are not able to support a vehicle loan.

Good News Garage – LSS, Inc. has provided transportation options for the Division of Family Assistance since January 2006. Through this contract Good News Garage – LSS, Inc. will provide a total of 180 reliable vehicles to Temporary Assistance to Need Families cash assistance recipients who are actively participating in the New Hampshire Employment Program. Additionally, as authorized through RSA 167:86 and He-W 699:05(k), the Division of Family Assistance provides further support to the recipient by assisting with the cost of vehicle registration and insurance, and through mileage reimbursement for actual miles traveled to engage in work or work related activities.

Should Governor and Council not approve this award there is an increased likelihood that, for those recipients that have closed TANF cash, they may need to reapply for assistance, due to a lack of reliable transportation and failure to retain gainful, unsubsidized employment.

Good News Garage – LSS, Inc. was selected for this contract through a competitive bid process. On September 19, 2012 the Division of Family Assistance issued a Request For Proposals #13-DFA-BWW-TO-04 to solicit proposals for transportation options. This Request for Proposal was available on the Department of Health and Human Services Website from September 19, 2012 through December 12, 2012. A bidders conference was not held. One (1) vendor, Good News Garage – LSS, Inc., submitted a proposal on December 11, 2012.

An experienced evaluation team consisting of three (3) Department of Health and Human Services employees with knowledge of the program requirements; knowledge of business and financial management; and an understanding of the State Revised Statutes Annotated, Administrative Rules and the Division of Family Assistance policy governing the operation of the New Hampshire Employment Program. The attached bid summary identifies the evaluators and their scoring of the proposal. Good News Garage – LSS, Inc. scored 921.6 points out of 1000 points.

The Request for Proposal contains a provision to extend this award for two, two-year periods. Extensions are contingent upon satisfactory service, sufficient funding and the approval of the Governor and Executive Council.

Performance measures will be reviewed quarterly and will be based on the following benchmarks:

- 80% of the participants who receive a vehicle through this program report they have improved ability to retain employment and achieve self-sufficiency because they received a vehicle that meets their family's transportation needs.
- 80% of the participants who receive educational services through this program on proper vehicle maintenance and early recognition of vehicle repair needs, report they feel better prepared to achieve and maintain self sufficiency because they have an improved understanding of vehicle ownership and maintenance responsibilities.
- 80% of the participants who receive a vehicle through this program report their vehicle operated well and without repairs throughout the program's warranty period.

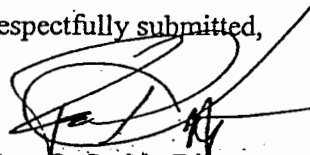
Area served: Statewide.

Source of Funds: 42% Federal Funds, 58% General Funds.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
April 3, 2013
Page 3 of 3

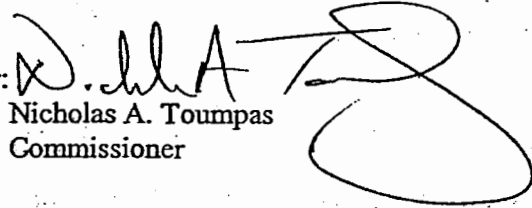
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Terry R. Smith, Director
Division of Family Assistance

Approved by:



Nicholas A. Toumpas
Commissioner

Bid Summary RFP # 13-DFA-BWW-TO-04

In accordance with NH RSA 21-I:22-a and NH RSA 21-I:22-b, Requests for Proposals Section 3, Evaluation of the Proposals, detailing the following phases for evaluation to be considered for this proposal.

Evaluation Phase	Weight/Maximum Points	Good News Garage-LSS, Inc.
I – Evaluation of Minimum Requirement	Pass/Fail	Pass
II – Corp. Organization and Project Staff	20% 200 points	176.6
III – Scope of Work	50% 500 points	476.6
IV – Cost Proposal	30% 300 points	268
Total Score	100% 1,000 points	921.6

Evaluation Team:

1. Kathy Ingle, Office of Business Operations, Administrator III.
2. Gene Patnode, Division of Family Assistance, Business & Industry Coordinator.
3. Janine Lesser, Division of Family Assistance, Program Operations Unit, TANF/Child Care Program Specialist IV.

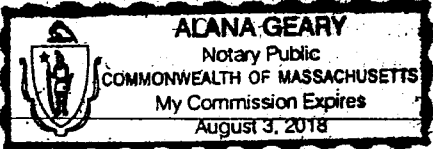
Subject: Good News Garage-Lss, Inc.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Human Services Division of Family Assistance		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Good News Garage - LSS, Inc		1.4 Contractor Address 14 E. Worcester Street, Suite 300 Worcester, MA 01604	
1.5 Contractor Phone Number 774-243-3932	1.6 Account Number 102-500731	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$794,700.00
1.9 Contracting Officer for State Agency Mary F. Miller		1.10 State Agency Telephone Number 603-271-9330	
1.11 Contractor Signature <i>J. Bourne</i>		1.12 Name and Title of Contractor Signatory <i>Angela Bovill, Pres/CEO</i>	
1.13 Acknowledgement: State of <u>MA</u> , County of <u>Worcester</u> On <u>4/12</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <i>Alana Geary</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Alana Geary, Notary Public</i>			
1.14 State Agency Signature <i>Terry R. Smith</i>		1.15 Name and Title of State Agency Signatory Terry R. Smith, Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Jeanne P. Herick, Attorney</i> On: <i>17 April 2013</i>			
1.18 Approval by the Governor and Executive Council 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, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

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

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

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 consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

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

14. INSURANCE.


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

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

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

Contractor Initials: 
Date: 4/3/13

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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.

Contractor Initials: AB
Date: 4/3/13

Certificate of Vote

I, Alana Geary, Clerk of the Good News Garage - LSS, Inc., do hereby certify that:

- (1) I am the duly elected and acting Clerk of Good News Garage - LSS, Inc., a Vermont corporation (the "Corporation");
- (2) I maintain and have custody of and am familiar with the Seal and minute books of the Corporation;
- (3) I am duly authorized to issue certificates;
- (4) The following are true, accurate and complete copies of the resolutions adopted by the Board of Directors of the Corporation at a meeting of the said Board of Directors held via mail vote on or about the 21st of March, 2013 which meeting was duly held in accordance with Vermont law and the by-laws of the Corporation:

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting by and through the Department of Health and Human Services, providing for the performance by the Corporation of certain services, and that the President (and Vice President) (and the Treasurer) (or any of them acting singly) be and hereby (is) (are) authorized and directed for and behalf of this Corporation to enter into the said contract with the State and to take any and all such actions and to execute, seal, acknowledge and deliver for an on behalf of this Corporation any and all documents, agreements and other instruments (and any amendments, revisions or modifications thereto) as (she) (he) (any of them) may deem necessary, desirable or appropriate to accomplish the same;

RESOLVED: That the signature of any officer of this Corporation affixed to any instrument or document described in or contemplated by these resolutions shall be conclusive evidence of the authority of said officer to bind this Corporation thereby.

The foregoing resolutions have not been revoked, annulled or amended in any manner whatsoever, and remain in full force and effect as of the date hereof; and the following person(s) (has) (have) been duly elected and now occupy the office(s) indicated below.

<u>Angela Bovill</u>	President
<u>Lisa Cohen</u>	Executive Vice President
<u>Nick Russo</u>	Treasurer
<u>Alana Geary</u>	Clerk

IN WITNESS WHEREOF, I have hereunto set my hand as the Clerk of the Corporation and have affixed its corporate seal this 3rd day of April, 2013

Alana Geary
(Signature)

(Seal)

STATE OF Massachusetts

COUNTY OF Worcester

On this the 3rd day of April 2013, before me, Alana Seary, the
(Notary)

undersigned officer, personally appeared clerk, who acknowledge

her/himself to be the clerk, of Good News Garage
(Title) (Name of Corporation)

a corporation, and that she/he, as such clerk being authorized to
(Title)

do so, executed the foregoing instrument for the purposes therein contained, by signing the name

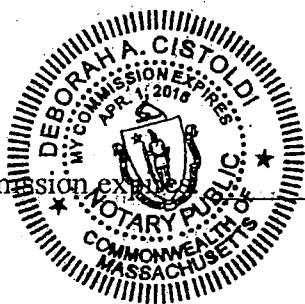
of the corporation by her/himself as clerk.
(Title)

IN WITNESS WHEREOF I have set my hand and official seal.

Deborah Cistoldi

Notary Public/Justice of the Peace

My Commission expires _____



II. Program Referral Guidelines

- A. Individuals to be served by the Transportation Options Program will be low-income adults and teenage parents who are eligible for TANF, which includes Temporary Assistance for Needy Families (TANF), Families With Older Children (FOD), and Interim Disabled Parent (IDP) programs, prior TANF recipients that previously participated in the NHEP within 60 days of having closed TANF Cash and who have a demonstrated need for services to remove transportation barriers to work participation or to maintaining employment.
1. The contractor will receive thirty (30) referrals per month for individuals needing a donated vehicle, from which one hundred and eighty 180 will be chosen for delivery of one of 180 vehicles during the contract period; and
 2. NHEP Employment Counselor Specialists (ECS) or the DFA State Office staff will refer eligible NHEP participants to the Transportation Options Program.
- B. The DFA staff will verify that NHEP participants referred to the Transportation Options Program meet the following requirements:
1. Has a valid New Hampshire driver's license;
 2. Is currently open for TANF cash assistance;
 3. Is actively participating in an approved NHEP activity;
 4. Is meeting minimum NHEP participation requirements;
 5. Is not currently in noncompliance or sanction status; and
 6. Has demonstrated continued compliance with program and hourly requirements and is in current compliance with program requirements at the time of potential receipt of car.

III. Direct Service Requirements:

- A. All services will be provided without cost to referred participants except for:
1. Vehicle ownership costs such as registration, title transfer, and insurance; and
 2. Repairs to participant-owned vehicles.
- B. The following minimum requirements must be met for the services offered under restoration of donated vehicles for delivery at no cost to TANF recipients participating in the NHEP through the DFA:
1. The Contractor will actively market and promote the donation of vehicles to this program;
 2. The Contractor is required to deliver a total of one hundred eighty (180) vehicles during the contract period;
 - a. The Contractor will provide delivery of ninety vehicles during each year of the contract period (Year 1 equals July 1, 2013 through June 30, 2014, and Year 2 equals July 1, 2014 through June 30, 2015).
 3. The Contractor will ensure that all vehicles delivered to participants meet or exceed the New Hampshire motor vehicle inspection requirements and will provide the mandatory inspection document as evidence thereto;

NH Department of Health and Human Services

STANDARD EXHIBIT A

SCOPE OF SERVICES

DATE: March 20, 2013

CONTRACT PERIOD: July 1, 2013 through June 30, 2015 or the date of Governor & Council approval, whichever is later.

CONTRACTOR:

NAME: Good News Garage-LSS, Inc.

ADDRESS: 14 E. Worcester St., Suite 300
Worcester, MA 01604

TELEPHONE: 774-243-3932

PRESIDENT: Angela Bovill

I. General Terms and Conditions:

- A. The New Hampshire Employment Program Transportation Options Program will:
1. Provide restoration of donated vehicles for delivery at no cost to Temporary Assistance to Needy Families (TANF) recipients participating in the New Hampshire Employment Program (NHEP) and/or prior TANF recipients that previously participated in the NHEP within 60 days of having closed TANF Cash through the Division of Family Assistance (DFA); and
 2. Provide education to the New Hampshire Employment Program participants on proper vehicle maintenance and repair to preserve the life of the vehicle.
- B. The contractor will provide services on a statewide basis to New Hampshire Employment Program participants who must achieve mandatory work participation requirements. For the New Hampshire Employment Program participants, transportation is a significant barrier to achieving work participation requirements.
- C. This contract contains a provision to extend this award for two, two-year periods. Extensions are contingent upon satisfactory service, sufficient funding and the approval of the Governor and Executive Council.

4. The Contractor will warranty in writing for 30 days or 1,500 miles, whichever comes last, the road worthiness of vehicles delivered to participants;
 5. The Contractor will work jointly with the DFA to update and adapt the existing client application process and related forms to best serve the needs of eligible families as well as the DFA and the Contractor; and
 6. The Contractor will develop a method for tracking the referral of participants and manage a vehicle waiting list that will be submitted monthly to the Welfare to Work (WTW) Bureau Chief.
 7. The Contractor will seek prior approval from the WTW Bureau Chief prior to accepting a referral on a TANF client that has previously received a donated vehicle within twenty-four (24) months of the last vehicle awarded.
- C. The following minimum requirements must be met for the services offered under education on proper vehicle maintenance and repair to preserve the life of the vehicle to NHEP participants:
1. The Contractor is required to provide vehicle specific information to referred participants on the type and frequency of maintenance to be performed on the donated vehicle to preserve the life of the vehicle; and
 2. The Contractor will provide, to any referred participants, general information on early recognition of vehicle problems, including consequences of continued use of the vehicle without addressing the suspected problem, and normal vehicle maintenance and repair to preserve the life of the vehicle.
- D. The Contractor and the DFA will jointly develop a client application process and related forms and manage the wait list.
- E. The Contractor will develop program information such as brochures, business cards and a brief description of available services for distribution at NHEP orientations and combined service location sites.
- F. The Contractor will participate in meetings with local NHEP staff and the DFA State Office staff to plan, inform or improve services under the contract, and participate in NHEP orientations or other contracted program service initiations to inform TANF recipients of the services available under the contract.

IV. Contract Staff:

- A. All staff, including any contracted service provider, is required to agree to and sign the Statement of Confidentiality (see Attachment A of this contract).
- B. The contractor must provide a staff assigned to this program that shall meet the following requirements:
 1. A program director who shall have the following duties:
 - a. Provide contract development, negotiations and service monitoring;
 - b. Provide initial and on-going training and supervision of contract personnel on NHEP requirements, procedures and program evaluation;

- c. Support and coordinate the participant referral process and delivery of services statewide;
 - d. Perform any necessary motor vehicle records investigations to verify the validity of participants' driver's license and to ascertain that there are no known vehicles available to referred participants; and
 - e. Submit performance and service reports as identified this contract.
2. A sufficient number of direct service staff that will perform the requirements identified in the contract.
 3. The contractor will identify the number of staff required, the duties to be assigned to the identified staff, and identify by notation any contracted staff to be utilized in delivery of the program services.
 4. Staff will have a demonstrated ability to effectively work with people with no or limited-English proficiency; understand the concepts of cultural competency; and promote effective cultural integration as part of this service.

V. Evaluation of Program Effectiveness

- A. The contractor, in conjunction with the DFA, must develop an evaluation plan to measure the following outcomes of the program that includes but is not limited to:
 1. 100% of the participants who received a vehicle, through this program, reported they have improved ability to retain employment and achieve self sufficiency because they received a vehicle that meets their family's transportation needs;
 2. 100% of the participants who received educational services, through this program, on proper vehicle maintenance and early recognition of vehicle repair needs, reported they feel better prepared to achieve and maintain self sufficiency because they have an improved understanding of vehicle ownership and maintenance responsibilities; and
 3. 100% of the participants who received a vehicle, through this program, reported their vehicle operated well and without repairs throughout the program's required warranty period.
- B. The Contractor must demonstrate achievement of the above outcomes on at least an annual basis and no more frequently than a quarterly basis. In the event an outcome target is not reached, the Contractor shall provide the DFA with a detailed plan for corrective action within thirty (30) days. Corrective action plans shall be subject to the DFA approval. Failure to obtain an approved corrective action plan, or to reach outcome targets after an approved corrective action plan has been implemented, may be considered unsatisfactory contractor performance. The DFA reserves the right to terminate the contract, or any portion thereof, with sixty (60) days advance written notice, due to unsatisfactory contractor performance.

VI. Reporting Requirements

- A. The contractor is required to provide the following reports monthly with year-to-date totals:
 1. The number of referrals received and source of referral.
 - a. Source of referral is defined as the NHEP Counselor Specialist and the DFA State Office staff.

2. The number of restored vehicles delivered to participants reported by source of referral.
 3. The average costs of repairs for donated vehicles provided to TANF clients. The contractor must provide a monthly, detailed report that provides the current tracking status of participant referrals for donated vehicles. The information to be reported is:
 - a. Name of the referred participant;
 - b. RID #;
 - c. Date of referral for restored vehicle;
 - d. Name of the referring NHEP ECS or DFA State Office staff; and
 - e. Current status of vehicle delivery.
- B. The contractor must provide a monthly report of vehicles delivered to referred participants that includes:
1. Name, address and or RID of the individual to whom a vehicle is delivered;
 2. Date of vehicle delivery;
 3. Name of the referring NHEP Employment Counselor Specialist or the DFA State Office staff; and
 4. The make, model, year of manufacture, odometer reading and vehicle identification number of vehicle delivered.
- C. A report of the outcomes for recipients of these cars.
- D. The contractor must provide a quarterly report of actual revenue and expense realized in the operation of the program.
- E. The DFA reserves the right to adjust reporting requirements, upon mutual agreement with the contractor, if such adjustments improve the documentation of program services and outcomes.

ATTACHMENT A

Division of Family Assistance
Statement of Confidentiality

Every client has the right to privacy and confidentiality of his or her record. Information contained in an individual's case record is designated confidential under state and federal law.

All staff and employees of the Department of Health and Human Services (DHHS), including agencies under contract with DHHS, are under an equal obligation to treat as confidential any information they may acquire, by any means, about an applicant, a recipient or former recipient.

The fact that an individual is a current or past recipient of assistance from any Departmental program is considered confidential information. Information about a client may be shared among staff of DHHS (or contract agency) only as is necessary for the administration of the program(s) from which the individual is receiving services; this may include programs administered by other divisions such as DCYF or DCSS.

No information is to be shared outside of DHHS (or the contract agency) with anyone except with the informed written authorization of the client or the person authorized to give consent on the client's behalf. Clients must be advised of the information that will be shared and the time period this sharing will take place.

Contract agencies and DHHS shall share information with one another that is related to the service(s) provided and administration of the program as described in the contract without an additional release.

Without a specific release, discussions cannot include mention of any client names or facts that would identify an individual. Information cannot be given over the phone unless it is given directly to the client or an individual whom the client has designated, in writing, to act in their behalf. This prohibition applies to police officers, legislators, lawyers and others who assert a need to know confidential information. All third parties must provide written authorization of the client to discuss or receive confidential information.

Breaches of confidentiality will be regarded as a serious offense and grounds for disciplinary action.

I, Angela Borrell have read and understand this statement and agree to abide by it.
(print name)

[Signature]
Signature

4/3/13
Date

BWG - Lutheran Social Services, Inc
Organization

EXHIBIT B METHODS AND CONDITIONS PRECEDENT TO PAYMENT

Contractor: Good News Garage-LSS, Inc.

Contract Period: July 1, 2013 through June 30, 2015 or date of Governor & Council approval, whichever is later.

I. Funding of Contract

- A. This contract is funded with federal funds made available under the Catalog of Federal Domestic Assistance, CFDA #93.558, Federal Agency Health and Human Services Program Title Temporary Assistance for Needy Families in the amount of \$794,700.00.
- B. Subject to the contractor's compliance with the terms and conditions of this Contract, and for services provided to eligible individuals, the Division of Family Assistance shall reimburse Good News Garage up to a maximum total payment of \$794,700.00
- C. The Contractor will provide ninety (90) donated vehicles to eligible families during the period of July 1, 2013 through June 30, 2014, and an additional ninety (90) vehicles to eligible families during the period of July 1, 2014 through June 30, 2015, for a total of 180 vehicles to eligible families for the total length of this contract.
- D. Upon receipt of monthly invoices, the Division of Family Assistance shall reimburse the Contractor at a rate of \$4,415.00 per vehicle delivered, when:
 - 1. Invoices submitted for reimbursement are within thirty (30) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to DFA no later than sixty (60) days after the completion date of this Contract. Failure to submit the final invoice by that date may result in non-payment.
 - 2. Payment will be made by DFA subsequent to approval of the submitted invoice and if sufficient funds are available in the budget line item submitted by the contractor to cover the costs and expenses incurred in the performances of the services.
 - 3. Payments may be withheld pending receipt of required reports as defined in Exhibit A, Scope of Service.
- E. The contractor may amend the contract budget through line item increases, decreases or the creation of new line items provided these amendments do not exceed the contract price. Such amendments shall only be made upon written request to and written approval by the Division of Family Assistance.
- F. Invoices shall be submitted to the Division of Family Assistance within thirty (30) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the Division of Family Assistance no later than sixty (60) days after the completion date of this contract.

Contractor Initials: AB

Date: 4/3/13

G. Invoices shall be sent to:

Financial Administrator
Department of Health & Human Services
Division of Family Assistance
129 Pleasant Street
Concord, NH 03301

- H. There shall be no financial costs incurred by DFA for any services or related resources that are otherwise available from Good News - Garage - LSS, Inc. on a non-reimbursable basis.
- I. There will be no additional cost billed to the eligible family receiving the vehicle for the vehicle preparation or repairs needed to make the vehicle road-worthy.
- J. The only cost to the family receiving the vehicle will be vehicle ownership costs such as registration, title transfer, and insurance.

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

Bidder/Program Name: Good News Garage-LSS, Inc

Budget Request for: 13-DFA-BWW-TO-04

(Name of RFP)

Budget Period: 7/1/13 to 6/30/14 (SFY 14)

Line/Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 150,194.00	\$ -	\$ 150,194.00	Wages/6 Staff members
2. Employee Benefits	\$ 30,038.00	\$ -	\$ 30,038.00	FICA/Dental/Health/LTD
3. Consultants	\$ -	\$ -	\$ -	Workers Comp.
4. Equipment:	\$ 3,000.00	\$ -	\$ 3,000.00	Equip Maint/Repair/Network Maint.
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ 220,000.00	\$ -	\$ 220,000.00	Garage/Vehicle Expense/DMV
Purchase/Depreciation	\$ 3,466.00	\$ -	\$ 3,466.00	Equipment Lease/Depreciation
5. Supplies:	\$ 2,500.00	\$ -	\$ 2,500.00	Car Care Guide
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office (copying)	\$ -	\$ -	\$ -	
6. Travel	\$ 5,866.00	\$ -	\$ 5,866.00	Staff/Expense/Conference
7. Occupancy	\$ 24,750.00	\$ -	\$ 24,750.00	Rent/Utilities/Build. Maint.
8. Current Expenses	\$ 2,250.00	\$ -	\$ 2,250.00	Program Supplies
Telephone	\$ 4,000.00	\$ -	\$ 4,000.00	Land Line/Cell/Internet
Postage	\$ 3,641.00	\$ -	\$ 3,641.00	Client/Survey/Notification
Subscriptions	\$ 900.00	\$ -	\$ 900.00	Dues/Subs./Membership
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ 1,200.00	\$ -	\$ 1,200.00	Liability Insurance
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 64,530.00	\$ -	\$ 64,530.00	Printing & Copying/Advertising
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ 87,124.00	\$ 87,124.00	Total G/A Allocation, Central Office Support Financial/HR/Advancement
Revenue	\$ -	\$ -	\$ -	
90 Delivered Units@ \$4,415.00	\$ -	\$ -	\$ 397,350.00	Program Units
288 Auction Units @ \$715.00	\$ -	\$ -	\$ 206,106.00	Donated units not fit for program
TOTAL	\$ 516,335.00	\$ 87,124.00	\$ 603,459.00	

Indirect As A Percent of Direct

14%

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

Bidder/Program Name: Good News Garage-LSS, Inc

Budget Request for: 13-DFA-BWW-TO-04

(Name of RFP)

Budget Period: 7/1/14 to 6/30/15 (SFY 2015)

Line Item	Direct		Total	Allocation Method for Indirect/Fixed Cost
	Incremental	Fixed		
1. Total Salary/Wages	\$ 150,194.00	\$ -	\$ 150,194.00	Wages/6 staff members
2. Employee Benefits	\$ 30,038.00	\$ -	\$ 30,038.00	FICA/Dental/Health/LTD
3. Consultants	\$ -	\$ -	\$ -	Workers comp.
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ 220,000.00	\$ -	\$ 220,000.00	Garage/Vehicle Expense/DMV
Purchase/Depreciation	\$ 3,466.00	\$ -	\$ 3,466.00	Equipment Lease/Depreciation
5. Supplies:	\$ 2,500.00	\$ -	\$ 2,500.00	Car Care Guide
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office (copying)	\$ -	\$ -	\$ -	
6. Travel	\$ 5,866.00	\$ -	\$ 5,866.00	Staff Travel/Expense/Conference
7. Occupancy	\$ 24,750.00	\$ -	\$ 24,750.00	Rent/Utilities/Buld.Maint.
8. Current Expenses	\$ 2,250.00	\$ -	\$ 2,250.00	Program Supplies
Telephone	\$ 4,000.00	\$ -	\$ 4,000.00	Land Line/Cell/Internet
Postage	\$ 3,641.00	\$ -	\$ 3,641.00	Clinet/Survey/Notification
Subscriptions	\$ 900.00	\$ -	\$ 900.00	Dues/Subs/Membership
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ 1,200.00	\$ -	\$ 1,200.00	Liability Insurance
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 64,530.00	\$ -	\$ 64,530.00	Printing/Copying/Advertising
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ 87,124.00	\$ 87,124.00	Total G/A Allocation, Central Office Support/Fiancial/HR/ Advancement
Revenue				
90 Delivered units @ \$4,415.00	\$ -	\$ -	\$ 397,350.00	Program Units
288 Auction units @ \$715.65	\$ -	\$ -	\$ 206,106.00	Donated units not fit for program
TOTAL	\$ 516,335.00	\$ 87,124.00	\$ 603,459.00	

Indirect As A Percent of Direct

14%

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

1. 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:

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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 Contractor's 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:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. **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:

9.1 **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.

9.2 **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.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor 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.

10.1 **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.

10.2 **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.

11. **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.

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.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 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.

12.2 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.

13. 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.

14. 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:

14.1 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.

15. 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.

16. 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.

17. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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

- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – 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.

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.

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-I

ADDITIONAL SPECIAL PROVISIONS

1. The Department reserves the right to renew this contract for up to four additional years subject to continued availability of funds, satisfactory performance of services, and approval of contract renewal by the Governor and Executive Council.

Contractor Initials:

AB

Date:

4/3/13

NH Department of Health and Human Services

STANDARD EXHIBIT D

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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
 - (1) Abide by the terms of the statement; and
 - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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 has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 - (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
 - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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.

From: 7/1/2013 To: 6/30/2015

(Contractor Name) (Period Covered by this Certification)

Angela Bovill, President/CEO

(Name & Title of Authorized Contractor Representative)

[Signature] *4/3/13*

(Contractor Representative Signature) (Date)

Contractor Initials: *[Signature]*
 Date: *4/3/13*

NH Department of Health and Human Services

STANDARD EXHIBIT E

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

Contract Period: July 1, 2013 through June 30, 2015

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.

[Signature]
(Contractor Representative Signature)

Anaela Bovill, President/CEO
(Authorized Contractor Representative Name & Title)

BWG - Lutheran Social Services
(Contractor Name)

4/3/13
(Date)

Contractor Initials: [Signature]
Date: 4/3/13

NH Department of Health and Human Services

STANDARD EXHIBIT F

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.

Contractor Initials: AB

Date: 4/3/13

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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) 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;
 - (c) 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
 - (d) 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.
- (2) 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).

Contractor Initials: AB
Date: 4/3/13

LOWER TIER COVERED TRANSACTIONS

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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.

<i>J. Bovill</i> (Contractor Representative Signature)	<i>Angela Bovill, President + CEO</i> (Authorized Contractor Representative Name & Title)
<i>GNC - Lutheran Social Services</i> (Contractor Name)	<i>4/3/13</i> (Date)

Contractor Initials: *AB*
 Date: *4/3/13*

NH Department of Health and Human Services
STANDARD EXHIBIT G
CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Angela Bovill
(Contractor Representative Signature)

Angela Bovill, President/CEO
(Authorized Contractor Representative Name & Title)

GNG - Lutheran Social Svcs
(Contractor Name)

4/3/13
(Date)