



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

VENDOR NAME	REGION SERVED	SFY 2018	SFY 2019	TOTAL
City of Nashua	Nashua	403,322	394,322	797,644
County of Cheshire	Cheshire	290,387	290,387	580,774
Goodwin Community Health	Strafford	393,815	393,815	787,630
Granite United Way	Capital	394,453	394,453	788,906
Granite United Way	Carroll	385,649	385,649	771,298
Granite United Way	South Central	372,807	384,432	757,239
Lamprey Health Care	Seacoast	376,583	377,151	753,734
Lakes Region Partnership for Public Hlth	Winnepesaukee	388,512	388,512	777,024
Manchester Health Dept.	Manchester	583,872	583,872	1,167,744
Mary Hitchcock Mem Hsp	Sullivan	379,040	376,499	755,539
Mary Hitchcock Mem Hsp	Upper Valley	383,388	377,629	761,017
Mid-State Health Center	Central	385,391	385,391	770,782
North Country Health Consortium	North Country	473,269	473,269	946,538
		\$5,210,488	\$5,205,381	\$10,415,869

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

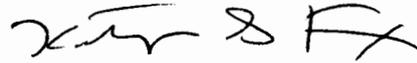
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

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

Respectfully submitted,

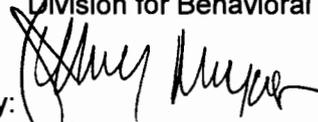


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

100% Federal Funds

CFDA #93.758

FAIN #B010T009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
			Sub-Total	317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
			Sub-Total	317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
			Sub-Total	317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
			Sub-Total	317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
			Sub-Total	317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
			Sub-Total	317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
			Sub-Total	317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
			Sub-Total	317,298
			SUB TOTAL	4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2**

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
			Sub-Total	31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
			Sub-Total	40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
			Sub-Total	204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
			Sub-Total	212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
			Sub-Total	220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds**

CFDA #93.268

FAIN #H23IP000757

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

Bidder Name (CORE)

1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

Regional Public Health Network

Services

RFP Name

RFP-2018-DPHS-01-REGION

RFP Number

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

Reviewer Names

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**
RFP Name _____

RFP-2018-DPHS-01-REGION
RFP Number _____

Bidder Name (PHEP)

1. **City of Nashua** _____
2. **Manchester Health Dept** _____
3. **0** _____
4. **0** _____
5. **0** _____
6. **0** _____

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

Reviewer Names

1. **Neil Twitchell, Administrator I**
(TECH)
2. **Rob O'Hannon, Program Specialist III, (TECH)**
3. **Jill Burke, Chief of Prev & Ed Svcs**
(TECH)
4. **Valerie Morgan, Administrator II**
(TECH)
5. **Jennifer Schirmer, Administrator I**
(TECH)
6. **Shelley Swanson, Administrator III,**
(COST)
7. **Laurie Heath, Administrator II**
(COST)
8. **Philip Nadeau, Administrator III**
(COST)

Regional Public Health Network Services Performance Measures

Public Health Advisory Council

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

Public Health Emergency Preparedness

- Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

Substance Misuse Prevention

- As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH): reductions in prevalence rates
 - a)30-day alcohol use
 - b)30-day marijuana use
 - c)30-day illegal drug use
 - d)Illicit drug use other than marijuana
 - e)30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g)Binge Drinking
 - h)Youth smoking prevalence rate, currently smoke cigarettes
 - i) Increase in perception of risk:
 - j) Perception of risk from alcohol use
 - k)Perception of risk from marijuana use
 - l) Perception of risk from illegal drug use
 - m) Perception of risk from Nonmedical use of prescription drugs without a prescription
 - n)Perception of risk from binge drinking
 - o)Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day
 - p)Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

Regional Public Health Network Services Performance Measures

Young Adult Leadership

- Successful execution of a sub-contract with NAMI-NH.
- At least 2 CONNECT trainings held by June 30, 2019.
- Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

Continuum of Care

- Annual update of regional substance use services assets and gaps assessment.
- Annual update of regional CoC development plan.
- Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- Report on the number of resource guides and other service access-related information items distributed throughout the region.

Young Adults Strategies

- Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - a) Participants will report a decrease in past 30 day alcohol use
 - b) Participants will report a decrease in past 30 day non-medical prescription drug use
 - c) Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - d) Participants will report a decrease in negative consequences from substance misuse
 - e) Participants will report an increase in coping mechanisms to stress
 - f) Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - g) Participants will report an increase in the perception of risk of substance misuse
 - h) Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

School Based Clinics

- Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
- Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
- Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

Disaster Behavioral Health Response Team Liaison

- Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

Subject: Regional Public Health Network Services RFP-2018-DPHS-01-REGION-01

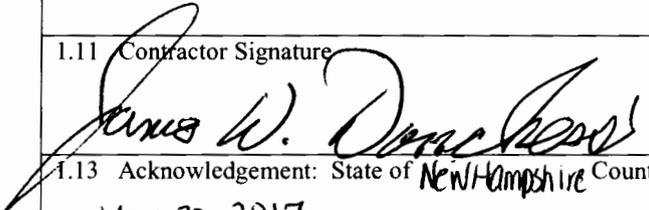
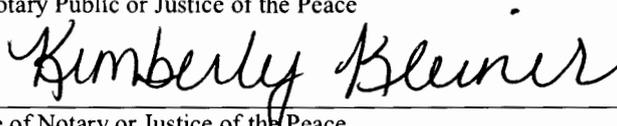
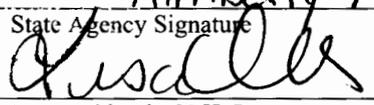
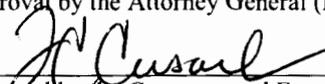
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name City of Nashua		1.4 Contractor Address 18 Mulberry Street Nashua, NH 03060	
1.5 Contractor Phone Number 603-589-4507	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$797,644
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory James W. Danchess, Mayor	
1.13 Acknowledgement: State of <u>New Hampshire</u> County of <u>Hillsborough</u> On <u>May 30, 2017</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  [Seal] KIMBERLY KLEINER, Notary Public State of New Hampshire My Commission Expires June 15, 2021			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Kimberly Kleiner, Chief of Staff</u>			
1.14 State Agency Signature  Date: <u>5/31/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By:  On: <u>6-2-17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

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

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

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Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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

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Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.

[Handwritten Signature]
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Exhibit A

- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.


Date 5/22/17



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.2.9. Develop and implement plans and protocols in the Greater Manchester and Greater Nashua Public Health Regions for rapid and appropriate public health actions, such as identifying cases of infectious diseases, managing disease outbreaks, and assist in maintaining isolation, quarantine, or public health orders pursuant to applicable statutes and regulations.

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Exhibit A

- 3.1.2.9.1. Increase interoperability and functionality by ensuring that properly functioning public health information systems are available. Such systems must be capable of supporting syndromic surveillance, integrated surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities.
- 3.1.2.9.2. Ensure the safety and health of public health department staff who respond to an incident, including a large-scale incident that may require significant personnel from outside the health department through the following activities.
 - 3.1.2.9.2.1. Support fit testing and maintain respiratory protection programs for both public health and health care sector workforce.
 - 3.1.2.9.2.2. Promote coordinated training and maintenance of competencies among public health first responders, health care providers (including EMS), and others as appropriate, on the use of PPE and environmental decontamination. Training should follow Occupational Safety and Health Administration (OSHA) guidelines and state regulations.
 - 3.1.2.9.2.3. Ensure infectious disease response planning to identify and manage potentially infected interstate and international travelers and acquisition and deployment of immunizations and prophylactic medication as appropriate.
 - 3.1.2.9.2.4. Establish key indicators, critical information requirements, and essential elements of information that will assist with the timing of notifications, alerting, and coordinating responses to emerging or re-emerging infectious disease outbreaks of significant public importance, including novel or high-consequence pathogens.
 - 3.1.2.9.2.5. Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes. Ensure the capacity to surge these systems and processes in response to incidents of public health significance.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.
- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpdx.pdf>.

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- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document. (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.
 - 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
 - 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
 - 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
 - 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
 - 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

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3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.
- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively



Exhibit A

lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.

4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

[Handwritten Signature]
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5.1.2. Public Health Advisory Council

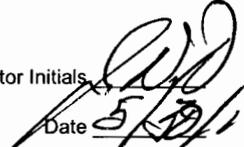
- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
 - 5.1.4.1.5. Submit annual report
 - 5.1.4.1.6. Provide additional reports or data as required by the Department.
 - 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.


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5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU .Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.


Date 5/31/17



- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

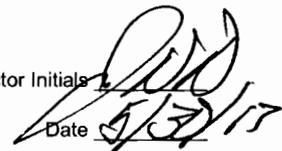
- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use


Date 5/3/17



- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

[Handwritten Signature]
Date 5/17/17



Exhibit B

Method and Conditions Precedent to Payment

1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

1.1. This contract is funded with funds from the:

1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037

1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds

1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds

1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796

1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

2) Payment for said services shall be made monthly as follows:

2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.

2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.

2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

[Handwritten Signature]
Date 5/30/17



Exhibit B

2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.


Date 5/20/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

**Regional Public Health Network Services -
Budget Request for: PHAC**

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 14,169.00	\$ 1,429.00	\$ 15,598.00	
2. Employee Benefits	\$ 6,958.00	\$ -	\$ 6,958.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel		\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,600.00	\$ -	\$ 1,600.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 844.00	\$ -	\$ 844.00	
12. Subcontracts/Agreements	\$ 2,500.00	\$ -	\$ 2,500.00	
13. Other (specific details mandatory):	\$ 2,000.00	\$ -	\$ 2,000.00	
Regional Education/Events/Exercises \$1000	\$ -	\$ -	\$ -	
Printing \$1000	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 28,571.00	\$ 1,429.00	\$ 30,000.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: 

Date: 5/30/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 128,397.00	\$ 9,524.00	\$137,921.00	
2. Employee Benefits	\$ 43,662.00	\$ -	\$ 43,662.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 5,490.00	\$ -	\$ 5,490.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,500.00	\$ -	\$ 2,500.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 3,000.00	\$ -	\$ 3,000.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 1,600.00	\$ -	\$ 1,600.00	
Regional Education/Events/Exercises \$600		\$ -	\$ -	
Printing \$500		\$ -	\$ -	
Memberships \$500		\$ -	\$ -	
TOTAL	\$ 185,149.00	\$ 9,524.00	\$194,673.00	

Indirect As A Percent of Direct

5.1%

Contractor Initials: _____

Date: _____


 Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 132,195.00	\$ 9,524.00	\$141,719.00	
2. Employee Benefits	\$ 46,692.00	\$ -	\$ 46,692.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 362.00	\$ -	\$ 362.00	
6. Travel	\$ 2,000.00	\$ -	\$ 2,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,500.00	\$ -	\$ 2,500.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 900.00	\$ -	\$ 900.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 500.00	\$ -	\$ 500.00	
Regional Education/Events/Exercises	\$ -	\$ -	\$ -	
Printing	\$ -	\$ -	\$ -	
Memberships \$500	\$ -	\$ -	\$ -	
TOTAL	\$ 185,149.00	\$ 9,524.00	\$194,673.00	

Indirect As A Percent of Direct

5.1%

Contractor Initials: 

Date: 5/20/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 42,839.00	\$ 3,564.00	\$ 46,403.00	
2. Employee Benefits	\$ 22,980.00	\$ -	\$ 22,980.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 700.00	\$ -	\$ 700.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 4,000.00	\$ -	\$ 4,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 700.00	\$ -	\$ 700.00	
11. Staff Education and Training	\$ 1,250.00	\$ -	\$ 1,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 1,136.00	\$ -	\$ 1,136.00	
Regional Education/Events/Exercises \$136	\$ -	\$ -	\$ -	
Printing \$800	\$ -	\$ -	\$ -	
Memberships \$200	\$ -	\$ -	\$ -	
TOTAL	\$ 74,105.00	\$ 3,564.00	\$ 77,669.00	

Indirect As A Percent of Direct

\$ -

4.8%

Contractor Initials: _____

Date: _____

[Handwritten Signature]
 Date: 5/30/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Budget Request for: Regional Public Health Network Services - SMP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 44,106.00	\$ 3,600.00	\$ 47,706.00	
2. Employee Benefits	\$ 21,706.00		\$ 21,706.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 4,000.00	\$ -	\$ 4,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 1,250.00	\$ -	\$ 1,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 1,000.00	\$ -	\$ 1,000.00	
Regional Education/Events/Exercises	\$ -	\$ -	\$ -	
Printing \$800	\$ -	\$ -	\$ -	
Memberships \$200	\$ -	\$ -	\$ -	
TOTAL	\$ 72,562.00	\$ 3,600.00	\$ 76,162.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: 

Date: 5/30/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,305.00	\$ 3,854.00	\$ 50,159.00	
2. Employee Benefits	\$ 19,080.00	\$ -	\$ 19,080.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 700.00	\$ -	\$ 700.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 541.00	\$ -	\$ 541.00	
6. Travel	\$ 4,000.00	\$ -	\$ 4,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	
11. Staff Education and Training	\$ 2,300.00	\$ -	\$ 2,300.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 3,200.00	\$ -	\$ 3,200.00	
Regional Education/Events/Exercises \$2000	\$ -	\$ -	\$ -	
Printing \$1000	\$ -	\$ -	\$ -	
Memberships \$200	\$ -	\$ -	\$ -	
TOTAL	\$ 77,126.00	\$ 3,854.00	\$ 80,980.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: 

Date: 5/30/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,987.00	\$ 3,950.00	\$ 51,937.00	
2. Employee Benefits	\$ 19,400.00	\$ -	\$ 19,400.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 4,000.00	\$ -	\$ 4,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	
11. Staff Education and Training	\$ 1,250.00	\$ -	\$ 1,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 4,400.00	\$ -	\$ 4,400.00	
Regional Education/Events/Exercises \$3200	\$ -	\$ -	\$ -	
Printing \$1000	\$ -	\$ -	\$ -	
Memberships \$200	\$ -	\$ -	\$ -	
TOTAL	\$ 78,537.00	\$ 3,950.00	\$ 82,487.00	

Indirect As A Percent of Direct

\$ -

5.0%

Contractor Initials: *[Signature]*

Date: 5/30/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: YAL

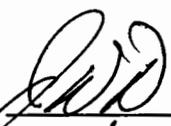
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,955.00	\$ 950.00	\$ 6,905.00	
2. Employee Benefits	\$ 2,988.00	\$ -	\$ 2,988.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 107.00	\$ -	\$ 107.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 10,000.00	\$ -	\$ 10,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,050.00	\$ 950.00	\$ 20,000.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: 

Date: 5/30/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 6,153.00	\$ 950.00	\$ 7,103.00	
2. Employee Benefits	\$ 2,897.00	\$ -	\$ 2,897.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 10,000.00	\$ -	\$ 10,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,050.00	\$ 950.00	\$ 20,000.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: 

Date: 5/30/17



SPECIAL PROVISIONS

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

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

[Handwritten Signature]
Date 5/30/17



- 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.

[Handwritten Signature]
Date 5/20/17



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 (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) 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

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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

[Handwritten Signature]
Date 5/20/17



- 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.

AWD
5/30/15



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

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

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

- 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
- 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

[Handwritten Signature]
5/30/17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

[Handwritten Signature]
Date 5/20/17



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

5/30/17
Date

Contractor Name:

James W. Duchesne
Name:
Title:

Contractor Initials JD
Date 5/30/17



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

5/30/17
Date

Contractor Name:
Geney W. Daniels
Name:
Title:

Contractor Initials GD
Date 5/30/17



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

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

INSTRUCTIONS FOR CERTIFICATION

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

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Date 5/20/17



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

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

PRIMARY COVERED TRANSACTIONS

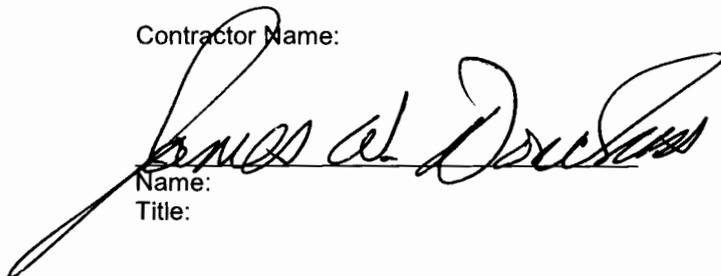
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 -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

LOWER TIER COVERED TRANSACTIONS

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

5/30/17
Date

Contractor Name:


Name:
Title:

Contractor Initials

Date


Date 5/30/17



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

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

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

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

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

Exhibit G

Contractor Initials

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


5/30/17



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.

Date 5/30/17

Contractor Name:
[Signature]
Name:
Title:

Contractor Initials [Signature]
Date 5/30/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

5/20/17
Date

Contractor Name:

Name:
Title:

[Handwritten Signature]

Contractor Initials

[Handwritten Initials]
Date 5/20/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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

[Handwritten Signature]
Date 5/20/17



Exhibit I

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

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

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

[Handwritten Signature]
Date *5/20/17*



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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

[Handwritten Signature]
Date 5/30/17



Exhibit I

- pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.
- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
 - g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
 - h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
 - i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
 - j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
 - k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
 - l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

[Handwritten Signature]
5/20/17



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

[Handwritten Signature]
Date 5/30/17



Exhibit I

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

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

Department of Health and Human Services

The State

Signature of Authorized Representative

Lisa Morris, MSSW

Name of Authorized Representative

Director

Title of Authorized Representative

Date

5/31/17

Name of the Contractor

CITY OF NASHUA

Signature of Authorized Representative

JAMES W. DONCHES

Name of Authorized Representative

MAYOR

Title of Authorized Representative

5/30/2017

Date

JWD
Date 5/30/17



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

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

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

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

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

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

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

5/30/17
Date

Contractor Name:

[Signature]
Name:
Title:

Contractor Initials: [Signature]
Date: 5/30/17



FORM A

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

1. The DUNS number for your entity is: 958298218
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X NO _____ YES

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

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

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

_____ NO _____ YES

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

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

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

Name: _____	Amount: _____

[Handwritten Signature]
Date 5/30/17



City of Nashua

Office of the City Clerk

Patricia Piecuch
City Clerk

229 Main Street
P.O. Box 2019
Nashua, NH 03061-2019

(603) 589-3010
Fax (603) 589-3029
E-Mail: cityclerkdept@NashuaNH.gov

CERTIFICATE OF VOTE

I, Patricia D. Piecuch, City Clerk of the City of Nashua, County of Hillsborough, State of New Hampshire, do hereby certify that:

1. I am the duly appointed City Clerk for the City of Nashua, NH;
2. I maintain and have custody of and am familiar with the seal and minute books of the municipality;
3. I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificate;
4. The attached is a true and complete copy of Resolution 17-101, "RELATIVE TO THE ACCEPTANCE AND APPROPRIATION OF \$808,298 FROM THE STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES INTO PUBLIC HEALTH AND COMMUNITY SERVICES GRANT ACTIVITY "FY2018 AND FY2019 PUBLIC HEALTH NETWORK SERVICES"
5. That said Resolution was approved following a motion duly made at a meeting of the Board of Aldermen of the City of Nashua, NH, held on May 23 2017, which was duly called and at which a quorum was present;
6. The foregoing Resolution R-17-101 is in full force and effect, unamended, as of the date hereof; and
7. The following persons lawfully occupy the office(s) indicated below:
James W. Donchess, Mayor
Steven Bolton, Corporation Counsel
John Griffin, Chief Financial Officer,
David Fredette, Tax Collector/Treasurer
Patricia D. Piecuch, City Clerk

IN WITNESS WHEREOF, I have hereunto set my hand as the City Clerk of the Municipality this 30th day of May, 2017.


Patricia D. Piecuch, City Clerk

STATE OF NEW HAMPSHIRE
COUNTY OF HILLSBOROUGH

On May 30, 2017, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me, to be the City Clerk of the Municipality identified in the foregoing certificate, and acknowledge that he executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal.


Notary Public/Justice of the Peace

JUDITH A. BOILEAU
State of New Hampshire
Notary Public / Justice of the Peace
My Commission Expires August 3, 2021



RESOLUTION

RELATIVE TO THE ACCEPTANCE AND APPROPRIATION OF \$808,298 FROM THE STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES INTO PUBLIC HEALTH AND COMMUNITY SERVICES GRANT ACTIVITY "FY2018 AND FY2019 PUBLIC HEALTH NETWORK SERVICES"

CITY OF NASHUA

In the Year Two Thousand and Seventeen

RESOLVED by the Board of Aldermen of the City of Nashua that the City of Nashua and the Division of Public Health and Community Services are authorized to accept and appropriate \$808,298 from the State of New Hampshire Department of Health and Human Services into Public Health and Community Services Grant Activity "FY2018 and FY2019 Public Health Network Services" for the purpose of continuing the implementation of regional public health network services. This funding shall be in effect from July 1, 2017 through June 30, 2019.



THE CITY OF NASHUA

*Division of Public Health and Community Services
Community Services*

"The Gate City"

City of Nashua Board of Aldermen 2016 – 2017 Term

ALDERMEN-AT-LARGE	
BRIAN S. McCARTHY, PRESIDENT	
LORI WILSHIRE, VICE PRESIDENT	
MARK S. COOKSON	
DAVID W. DEANE	
DANIEL T. MORIARTY	
MICHAEL B. O'BRIEN, SR.	
WARD ALDERMEN	
WARD 1 SEAN M. MCGUINNESS	
WARD 2 RICHARD A. DOWD	
WARD 3 DAVID SCHONEMAN	
WARD 4 THOMAS LOPEZ	
WARD 5 DON LEBRUN	
WARD 6 BENJAMIN M. CLEMONS	
WARD 7 JUNE M. CARON	
WARD 8 MARY ANN MELIZZI-GOLJA	
WARD 9 KEN SIEGEL	

BOBBIE DENISE BAGLEY
18 Mulberry Street
Nashua, NH 03060
(603) 589-4546
Email: BagleyB@NashuaNH.gov

SPECIALTY AREAS OF FOCUS

- ❖ Leadership in Public Health
- ❖ Improving Public & Community Health Practice
- ❖ Advocating for Health Equity & Policy Setting
- ❖ Reducing Socio-Cultural Barriers to Health
- ❖ Enhancing Population-Based Health Promotion and Disease Prevention
- ❖ Diversifying the Public Health Work Force
- ❖ Building a Competent Public Health Workforce
- ❖ Assuring Cultural Effectiveness

PROFESSIONAL SUMMARY

Public Health: Over nineteen years of experience in the field of public health services. Executive strengths include: strong leadership skills, effective verbal and written communications, critical thinking, evidence-based decision making, community mobilization, creative visionary and a keen ability to motivate others. Easily cultivates collaborative partnerships with service providers. Experience in developing and implementing programs to promote, protect and preserve health and safety through assessment, policy and delivery of services. Fifteen years of proven skills in multi-disciplinary program management, cultural competency, conflict resolution and team building. Success demonstrated in grant writing, budgeting, and fiscal governance of programs and services.

Academia: Ten years of experience in the academic setting. Expertise demonstrated in curriculum development, course evaluation, scholarship, community service and academic leadership. Instruction provided in both the on-ground classroom and online settings. Lead faculty and advisor of the public health and nursing program. Provides course instruction and course development as well as provides supervision of public health faculty. Work experience with community agencies to provide exceptional service learning experiences, experiential learning activities in public health and opportunities to engage in political action to transform hearts and minds.

WORK HISTORY

- ❖ 2016 – Present: Director, City of Nashua, NH Division of Public Health and Community Services. Provide supervision and fiscal oversight over city health department staff and programming. Directs and manages resources to accomplish objectives for all programs. Provide both policy and operational direction and leadership to the Mayor, Board of Alderman and the Board of Health on public health issues. Serve as liaison to community partners, local and state officials. Serve on community boards and local and state committees to advance public health initiatives, policy and workforce development.

- ❖ 2014 – 2016: Director of BS and MPH Public Health Programs, Rivier University, Division of Nursing and Health Professions. Develop program curriculum, program requirements, and courses. Responsible for faculty selection, mentoring, training, supervision and evaluation of faculty. Serve as student advisor and mentor. Provide course instruction in the online and face to face learning environments for undergraduate and graduate students. Participate in other administrative duties and community services.

Faculty Advisor to Rivier University Student Public Health Association and Co-Advisor to Rivier University Student Nurses Association. Serves on several university committees: Faculty Development, Workload and Compensation Committee, Nursing Admissions Committee and the University Diversity Council. Course Instruction includes: Introduction to Public Health, Environmental Health, Program Planning and Evaluation, Global Health, Health Policy and Politics, Public Health Seminar, Health Promotion, Marketing and Communication, Public Health Internship/Capstone and Public Health Genomics Informatics. Course Development: Introduction to Public Health, Environmental Health, Program Planning and Evaluation, Global Health, Health Policy and Politics, Health Promotion, Marketing and Communication, and Behavioral Health and Marketing. Joint Course Development: Public Health Genomics and Informatics.

❖ 2011- Present: Instructor of Nursing, Rivier University, Division of Nursing. Provide instruction in online and face to face learning environments. Participant on several university committees including: faculty development, admissions, research, curricula development and the president's diversity committee. Faculty Advisor to the Rivier University Student Nurses Association. Course Instruction: Community/Public Health Nursing, Policy, Politics in the Nursing Profession, Family Health Nursing in a Multicultural Society and Nursing Capstone and Public Health Courses.

❖ 2012-2014: Programs Director, NH Minority Health Coalition. Provided consultation, management and oversight of subcontractors and consultants on programs focused on community transformation, chronic disease self-management, HIV/HCV testing and home visiting.

❖ 2007 – 2011: Adjunct Instructor of Nursing, Rivier College, Division of Nursing. Courses include: Family Health Nursing in a Multicultural Society and Policy, Politics in the Nursing profession. Currently teaching online courses.

❖ 2006 - 2011: Chief Public Health Nurse and Manager of the City of Nashua Community Health Department, provided oversight to community health department staff, clinic and programs. Drove strategic collaboration with Department of Health & Human Services, healthcare professionals and community service agencies, to develop and implement programs to promote, protect and preserve the health of the community through assessment, policy development and assurance of services. Provide fiscal governance of community health department budget of over \$708,000.00. Managed a team of Public Health Nurses, outreach workers, a licensed Alcohol and Drug counselor and an Administrative Assistant.

❖ 2004 – Present: Public Health Consultant, BDB Health Promotions. As the Principal, maintained contracts for several Sections in the Department of Health and Human Services. Including: HIV/STD Section and Alcohol, Drug and Tobacco program and Office of Minority Health. Responsible for development and revisions to the NH HIV Community Planning Group Comprehensive plan for HIV Care and Prevention Services in the State of NH, helped set statewide strategic health direction by Conducting a Racial and Ethnic Minorities Needs Assessment for HIV Care and Prevention Services and delivered results to key state agencies. Procure grants to provide Cultural Competency

training and technical assistance to DHHS Alcohol, Tobacco and Other Drugs, Strategic Prevention Framework Program. Provide consultation to state and local agencies to create awareness of health equity and disparities in minority populations.

❖ 2000 – 2004: Program Manager for the New Hampshire Minority Health Coalition, procured grants, developed and managed several programs and collaborated with community-based organizations, health care professionals, state and local government officials, health departments and the Department of Health and Human Services to insure equitable access of health care services for diverse, ethnic and racial communities. Provided oversight to a diverse staff of bilingual/bicultural home visitors and outreach workers. Provided fiscal oversight to prevention program budget of approximately \$300,000.00.

❖ 1997 – 2000: Public Health Nurse for the City of Nashua responsible for coordinating several prevention programs as program coordinator. Responsibilities encompassed a variety of activities, which included collaborating with Department of Health & Human Services, healthcare professionals and community service agencies, to develop and implement programs to protect and promote the health of the community through assessment, policy development and assurance of services. Coordinated the following programs over work history: Tuberculosis, HIV Prevention, Maternal and Child Health and Lead Poisoning Prevention Program.

Management experience included providing leadership support to Department Manager and acting as Interim Department Manager for three months. Other experience included providing leadership support to STD Coordinator and supervising outreach team.

SIGNIFICANT ACCOMPLISHMENTS

- ❖ Collaborated with essential staff of the City of Nashua Division of Public Health and Community Services to successfully achieved National Public Health Accreditation status
- ❖ Development of the Rivier University Public Health BS and MPH Public Health Programs
- ❖ Writer and Collaborator on Health Administration and Services Resource Nursing Workforce Diversity Grant awarded to Rivier University.
- ❖ Instrumental in acquiring an award from Harvard Pilgrim's Cultural Insight Program to conduct a cultural assessment of Rivier University
- ❖ Awarded Nursing Diversity Mini-Grant for Rivier Nursing Pipeline Project for high school students
- ❖ Awarded Faculty Development Teaching Squares Grant
- ❖ Awarded Socio-Cultural Barriers Grant
- ❖ Developed the Gate City Health and Wellness Immigrant Integration Initiative
- ❖ Mobilized community service agencies to collaborate on a refugee and immigrant health and wellness integration initiative project
- ❖ Presented at local and regional conferences on refugee and immigrant integration initiative Provided Technical Assistance on Merged Comprehensive HIV Prevention and Care Planning to Kentucky, Arizona, Connecticut and Vermont.
- ❖ Presented at local, regional and national conferences on HIV Comprehensive Planning, Racial and Ethnic Minority Needs Assessment and Cultural Competency.
- ❖ Participated on planning committee for first Minority Health Conference for Women

- ❖ As Board Chair for the New Hampshire Minority Health Coalition, led Board of Directors and Management team through search process to hire new executive director for the organization.
- ❖ Participates with state and local agencies on health related strategic planning processes.

PROFESSIONAL AND COMMUNITY AFFILIATIONS

- ❖ NH Public Health Association, 2014-present
 - ❖ Board Member
- ❖ Investing in Communities Initiatives, 2014-present
 - ❖ Steering Committee
- ❖ Rivier University Committees
 - ❖ Faculty Development, Workload & Compensation Committee, 2014 - present
 - ❖ Presidents Diversity Council, 2014-present
 - ❖ Co-Chair, Faculty Development Committee, 2011 - 2014
 - ❖ Division of Nursing Curriculum Review Committee, 2013 – present
 - ❖ Division of Nursing Admission Committee, 2012 - present
 - ❖ Division of Nursing Co-Chair, Wellness Connection, 2012 - present
 - ❖ Division of Nursing Co-Chair, Research Ad-Hoc Committee, 2012 - present
- ❖ NH Nurses Association, 2012-present
 - ❖ President, 2016 -2018
 - ❖ President Elect, 2014 – 2016
 - ❖ Commission of Government Affairs Chair, 2013-2014
- Association of Public Health Nurses (Formerly ASTDN), 2012 – 2015
 - ❖ Director-at-Large
 - ❖ Chair, Education and Professional Development Committee, 2012 -2014
- ❖ Sustaining Voices for Minority Health Advocacy, 2011- 2013
 - ❖ Steering Committee member, 2011-2013
- ❖ NH Health and Equity Partnership, 2010 - present
 - ❖ Steering Committee member, 2010 - present
- ❖ Advisory Board Rivier School of Nursing 2010-2011
- ❖ Advisory Board of Nashua Community College Nursing Program, 2010-2011
- ❖ Office of Minority Health State Plan Advisory Member, 2009-2010
- ❖ Public Health Services Improvement Council Member, 2008-2010
- ❖ Disproportionate Minority Contact Member, 2008-2010
- ❖ Co-Chair of the Gate City Health & Wellness Immigrant Integration Initiative, 2008
- ❖ Association of State And Territorial Directors of Nursing, 2006-2012
 - ❖ Director-at-Large
 - ❖ Chair of Membership Committee, 2011-2012
- ❖ MA Public Health Association, 2006 - 2011
- ❖ Advisory Board of Nashua Area Health Agency, 2008-2010
- ❖ Stay'NHealthy Community Connection, 2007-2009
- ❖ Child Welfare Committee, 2007-2009
- ❖ Advisory Board of Nashua Community Technical College, 2007-2011
- ❖ American Nurses Association, 2007-present
- ❖ New Hampshire Minority Health Coalition Board of Directors, November 2005-2010
 - ❖ Board Chair: April 2006-2008
 - ❖ Vice Chair: April 2005- 2006

- ❖ NH Public Health Association Member, April 2005-2010
- ❖ Youth Services Advisory Board, 2003-2004
- ❖ UHN Cooperative Extension Council Member, 2003-2004
- ❖ NH HIV Community Planning Group, 2001-2010
 - ❖ Community Prevention Co-Chair, 2008-2010
 - ❖ Advisory, 2007-2008
 - ❖ Membership, Charter and Mission Chair: 2002-2006
 - ❖ Serve on Prevention and Care Committees: 2003 – 2006
- ❖ Child Health Services Board of Directors, 2001 - 2005

CERTIFICATIONS/SPECIAL RECOGNITIONS

- ❖ Induction to the Rivier Athletic Hall of Fame, 2015
- ❖ Sigma Theta Tau International Epsilon Nursing Honor Society, 2014
- ❖ Unsung Hero's Award, 2014
- ❖ Influential and Prominent Women, April 2014
- ❖ Presidents' Good Steward Award, April 2013
- ❖ New Futures Group Advocacy in Action Award, October 2012
- ❖ Certification in Public Health, The National Board of Public Health Examiners (NBPHE), August 2008
- ❖ Charter Class of Certified in Public Health, December 2008
- ❖ Northeast Regional Public Health Leadership Institute Scholars Program, Graduate July 2008

EDUCATION

- ❖ DrPH, Leadership Program University of Illinois at Chicago Graduate College School of Public Health 2015 DrPH Cohort
- ❖ Master of Science, Nursing
Nursing Education Track
Rivier University, December 2013
- ❖ Master of Public Health - Social and Behavioral Health, Disease and Health Promotion Concentration
Boston University School of Public Health, May 2002
- ❖ Bachelor of Science, Nursing Rivier-St Joseph School of Nursing, May 1997 Summa Cum Laude
- ❖ Associate of Science, Nursing Rivier-St. Joseph School of Nursing, May 1996
- ❖ Bachelor of Science, Biology (Minor: Chemistry) Montclair University, January 1986

JANET L. GRAZIANO, CPA

229 Main Street
Nashua, NH 03060
(603) 589-4542

SUMMARY Financial professional with strong accounting and auditing skills. Experience in managing staff in a project environment and developing enhancements to internal controls, operational efficiency and profitability. Strong problem-solving, organizational, supervisory and communication skills.

EXPERIENCE

2010 – Present

CITY OF NASHUA, Nashua, NH

Senior Finance Manager

- Responsible for overseeing all financial transactions for General Government to ensure compliance with city policies, ordinances, and GASB
- Oversee and prepare all financial reports for federal, state, and private grants and ensure that spending is in accordance with grant criteria
- Prepare annual budget for Aldermanic approval
- Develop policies and procedures to ensure proper internal controls and efficiencies
- Consult with Division Directors on best practices regarding contracts and other procurement issues
- Train and assist staff in following City policies and procedures
- Team lead on implementation of ERP Lawson Procurement Module
- Developed training materials and manuals, and trained all City users in new procurement process
- Assist CFO with special projects

2005 – 2009

DANIEL WEBSTER COLLEGE, Nashua, NH

Senior Accountant

- Maintain general ledger through preparation of draft financial statements and reconcile all accounts on a monthly basis. Reduced number of old reconciling items from greater than three months to current, ensuring items clear on a timely basis.
- Maintain and prepare all Endowment Fund accounting and calculations.
- Compile institution's operating budget detail and assist department heads with budget preparation. Prepare and distribute all reports to department heads and act as point person for resolving issues.
- Created efficiencies in accounting processes by automating items that were previously prepared manually
- Spearheaded changes in gift processing collaborating with Development office to create further efficiencies.
- Worked with outside software vendor (SCAN) to create efficiencies in processing data thereby reducing month-end accounting process by three to five days
- Participated in analysis and implementation of installing new copiers on campus. Ensured that all new copiers would have scanning and printing capabilities creating efficiencies college-wide.
- Prepare all audit schedules and work with external auditors

1999 - 2006

LEGAL ADVICE AND REFERRAL CENTER, Concord, NH

(Grantee of Legal Services Corporation, a private, non-profit corporation established by the U.S. Congress)

Controller

Oversee bookkeeper's activities, ensure that financial records are maintained in accordance with governmental regulations, prepare monthly financial statements, and provide assistance with annual audit. Worked directly with Executive Director preparing annual budget and all grant reporting.

1998 – 1999

SUPERIOR COFFEE AND FOODS, Bow, NH *(a subsidiary of Sara Lee Corporation)*

Financial Consultant

- Assisted the Vice President of Route Operations and Finance Director in various projects, such as budgeting, forecasting, customer profitability analysis, route efficiency analysis, and other projects on an ongoing basis.

Janet L. Graziano, CPA

1996 - 1998

Financial Planning & Analysis Manager, Eastern Division

- Managed Customer Service and Credit and Collection Departments (2 direct and 7 indirect reports).
- Analyzed financial results and provided top management with information on the Eastern division's financial performance (in total and for four different business segments).
- Implemented and administered Company policies and procedures for finance, credit and customer service.
- Established additional procedures for internal controls over credit and collection procedures.
- Prepared and managed budgeting and forecasting processes for entire division (\$100 million in sales).
- Analyzed customer profitability, and due to errors found saved the company approximately \$150,000 in my first year.
- Responsible for profitability of in-house company store and reduced year-end inventory shrink from \$30,000 to \$100.
- Liaison with Internal Audit department to communicate any audit points found and ensure recommendations were followed.
- Monitored accounts payable, equipment, accounts receivable, and notes receivable.

1993 - 1996

BANC ONE NEW HAMPSHIRE ASSET MANAGEMENT CORPORATION,

Manchester, NH *(a subsidiary of Banc One Corporation)*

Audit Supervisor

- Responsible for conducting the higher risk and more complex financial and operational audits for this \$1.7 billion asset servicing company.
- Extensive experience developing audit strategy, directing and training staff, and communicating audit results and recommendations both orally and in written reports to senior management and committees.
- Demonstrated ability in accurately identifying audit risks, assessing internal controls and providing creative solutions while performing within strict budget guidelines.
- Conducted ongoing analysis and evaluation of financial performance and assisted management by leading or participating in special projects or studies.
- Coordinated training for the Audit department including identifying cost-effective programs for individual staff development.
- Consistently achieved above-average ratings on all performance reviews.
- Skilled in identifying and developing individual employee strengths and utilizing them in a team environment.
- Assisted in the recruitment and review of new hires within the department.
- Recognized as BONHAM's Employee of the Month for completing a major regulatory project within strict time and budget constraints and with complete client satisfaction.

EDUCATION

NORTHEASTERN UNIVERSITY, School of Business, Boston, MA
B.S., Business Administration, *cum laude*
Concentrations in both Accounting and Finance

VOLUNTEER EXPERIENCE

- Obtained Merrimack School Board Approval for Merrimack High School Swim Team, created Merrimack High School Swim Booster Club, prepared all filings for non-profit 501(c)(3) status and worked with IRS to obtain approval
- Treasurer, Merrimack High School Swim Booster Club – 2 years
- Treasurer, Merrimack Boy Scout Troop 15 – 4 years
- Secretary, Merrimack Youth Baseball – 3 years

Patricia E. Crooker
18 Mulberry Street
Nashua, NH 03060
CrookerP@NashuaNH.gov
Phone: (603) 589-4507

Objective

To function in a leadership role in the development and implementation of public health initiatives within the Greater Nashua community.

Education

- University of NH - Durham, NH - May 1997: BA in Psychology with specializations in Criminal Justice and Early Childhood Development.
- University of NH - Manchester, NH - May 2008: Masters of Public Health

Certification

- Certified Healthcare Emergency Professional 2011 - Present

Work History

Public Health Network Services/SNS Coordinator

City of Nashua, Division of Public Health and Community Services - Nashua, NH

May 2008 - Present

- Manage the development and implementation of regional public health initiatives to facilitate improvements in the delivery of the 10 Essential Public Health Services, including increasing the capability of the region to respond to large scale public health emergencies and continuing implementation of the Strategic Prevention Framework (SPF) and substance misuse prevention and related health promotion as appropriate to the region
- Manage all Division programs and subcontracts funded (entirely or partially) under the Regional Public Health Network Services program, including program oversight, staff supervision, grant administration, workplan development/execution and budget management
- Act as primary public health resource for the 13 municipalities in the Greater Nashua Public Health Region
- Develop, maintain and co-chair the Greater Nashua Regional Public Health Advisory Council (PHAC) and its Executive Committee; act as the primary contact person for the work generated by the Greater PHAC and its subcommittees
- Participate in community health assessments and community health improvement planning processes
- Oversee the development and maintenance of the Regional PH Emergency Response Annex
- Oversee the development and maintenance of standard operating procedures for PHNS programs and activities
- Participate in annual State and Federal reviews and audits
- Engage with community organizations to foster connections that improve the capacity and capability of public health, medical and behavioral health services in the region before, during and after an incident
- Develop and provide Public Health and Emergency Preparedness related training to organizations and communities
- Develop, maintain and execute the three-year Training and Exercise Plan for Regional Public Health Emergency Preparedness
- Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP)
- Assist with coordinating activities and policies with the State Department of Health and Human Services, Homeland Security and Emergency Management, and other State and Federal agencies

Senior Visitation Monitor**Greater Nashua Supervised Visitation Center – Greater Nashua Mental Health Center
Nashua, NH**

May 2008 – December 2014

Responsibilities include: maintaining program files; administrative/ programmatic compliance with national standards and program funding sources; state, federal, civic, and corporate grant writing/reporting/billing;; direct service coordination/provision; providing individual and community education on domestic violence, child abuse and supervised visitation.

Program Coordinator**Greater Nashua Supervised Visitation Center – Greater Nashua Mental Health Center
Nashua, NH**

May 2005 – May 2008

Provide comprehensive program coordination of Supervised Visitation Center.

Responsibilities include: maintaining program files; administrative/ programmatic compliance with national standards and program funding sources; state, federal, civic, and corporate grant writing/reporting/billing; supervision of program staff of 8; direct service coordination/provision; providing individual and community education on domestic violence, child abuse and supervised visitation; participate on various local and state committees/board; and, all other programmatic coordination of the program.

Senior Case Manager**Greater Manchester AIDS Project – Manchester, NH**

June 2000 – April 2005

Provide comprehensive empowerment based case management services to individuals living with HIV including: assistance in housing, social services, financial planning, crisis intervention, mental health, transportation, medical/dental health, entitlement program application advocacy and other support as needed; crisis intervention; maintaining client files with appropriate state and federally mandated information; compliance with directives of various grants and funding sources; extensive computer skills including all Microsoft Office programs and FrontPage; maintaining client database; aiding in grant writing/reporting. Fundraising; community education programs; participation on local and statewide community planning groups; working with area agencies and service providers to provide comprehensive care and community relations.

Direct Services/Volunteer Coordinator**BRIDGES, Inc. - Nashua, NH**

July 1997 – June 2000

Supervised a staff of two full-time crisis intervention advocates and 20+ volunteer advocates to provide crisis intervention services to victims/survivors of domestic and sexual violence via a 24-hour crisis line, in person contact, and court advocacy. Participated on multiple statewide planning committees with the NH Attorney General's Office and the NH Coalition Against Sexual and Domestic Violence. Conference planning in conjunction with the Governor's Committee on Volunteerism and the University of NH. Training and education programs both internally and externally. Extensive computer knowledge in Microsoft Office. Fundraising and community involvement. Some grant writing involved.

CHELSEA S. ST.GEORGE
18 Mulberry Street
Nashua, NH 03060
GuillC@NashuaNH.gov

EDUCATION

MCPHS UNIVERSITY

2014-2016

Master of Public Health

Thesis: Municipal Voluntary Organizations Active in Disaster (VOAD):
Building Local Disaster Resiliency Through Prepared Public-Private
Partnerships
National Honor Society Phi Kappa Phi

MCPHS UNIVERSITY

2010-2014

B.S. Pre-Medical and Health Studies
Minors in Biology and Public Health
Cum Laude

EXPERIENCE

Division of Public Health and Community Services, City of Nashua NH

Aug 2016

Public Health Emergency Preparedness Coordinator

Responsible for coordinating, integrating, and implementing Public Health Emergency Preparedness planning and response activities with a wide-range of partners within the Greater Nashua PH Region. Assess assets in existing emergency preparedness systems and identify gaps. Facilitate/Co-Facilitate PHEP workgroups, including the Healthcare Emergency Response Coalition, Media Advisory group, and Infection Prevention and Control Coalition. Planning and coordination of preparedness drills, training, and special events in the Greater Nashua Public Health Region in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).

Emergency Management, City of Nashua NH

Sept 2015-Jul 2016

Intern

Complete Emergency Operations Plans, Continuity of Operations Plans, and Standard Operating Procedures. Organize and assist with the Community Emergency Response Team basic trainings and exercises. Contribute to Local Emergency Preparedness Committees. Serve as liaison for regional emergency preparedness conferences and meetings. Develop public-private partnerships and engage non-traditional responders to become part of disaster planning.

CHELSEA S. ST.GEORGE
18 Mulberry Street
Nashua, NH 03060
GuillC@NashuaNH.gov

Mathematics Center, MCPHS University 2012-2014
Mathematics and Physics Tutor
Provide assistance to peers by teaching, aiding, and supporting study goals in biostatistics, epidemiology, calculus, and physics. Deliver basic instruction for use of data analysis software, including Excel and SPSS.

The Laurel Center- Bedford, NH 2012-2013
Licensed Nursing Assistant
Provide care and assistance with activities of daily living for residents with a range of health conditions. Responsible for documentation and report of accurate patient notes to nursing staff, maintenance of precautions and infectious disease prevention.

MEMBERSHIPS

National Honor Society Phi Kappa Phi- MCPHS University

CERTIFICATIONS AND TRAININGS

American Red Cross

Shelter Fundamentals

Shelter Management

Federal Emergency Management Agency

IS100b Intro to Incident Command System

IS200b- ICS for Single Resources and Initial Action Incidents

IS120a An Introduction to Exercises

IS130- Exercise Evaluation and Improvement Planning

IS700b National Incident Management System, An Introduction

IS800b- National Response Framework (NRF), An Introduction

IS244a Developing and Managing Volunteers

IS244b Developing and Handling Volunteers

IS300 Intermediate Incident Command System for Expanding Incidents

IS660 Introduction to Public-Private Partnerships

PER 334 Search and Rescue in Community Disasters

IS29-Public Information Officer Awareness

IS 400 Advanced ICS

L146 Homeland Security Exercise and Evaluation Program

G489 Management of Spontaneous Volunteers in Disaster

Miscellaneous

NH Integrated Emergency Volunteer Training 2016
Civilian Response to Active Shooter Events

CERT Basic Training 2015
Social Media and Virtual Operations (VOST)

Lisa Vasquez

Objectives

To work with community stakeholders to lower the incidence of substance misuse in Nashua.

Education

Borough of Manhattan Community College – New York, NY

May 2002 – A.A. Business Administration

Southern New Hampshire University – Manchester, NH

May 2011 – Bachelors of Arts in Psychology

- Psy Chi Honor Society
- Alpha Chi Honor Society
- Alpha Sigma Lambda Honor Society

Southern New Hampshire University – Manchester, NH

January 2015 – Masters of Science in Community Mental Health Counseling

Experience

City of Nashua Division of Public Health/ Community Services | 18 Mulberry St. Nashua, NH 03060

Substance Misuse Prevention Coordinator *December 2013 – Present*

- Responsible for leading the Greater Nashua Public Health Region in carrying out the implementation of the Greater Nashua regional Network Community-Based, Data Driven Response to Substance Misuse & Disorders, a Strategic Plan for Prevention.
- Serve as a resource and technical assistance provider for local substance misuse coalitions; work with federally funded Drug Free Community grant recipient coalitions; and collaborate with the NH Bureau of Drug and Alcohol Services and other funders to implement and promote substance misuse prevention initiatives in accordance with evidence based prevention models, including the Substance Abuse Prevention Framework; comply with program reporting requirements; facilitate meetings/trainings for regional and state level stakeholders; and other duties as assigned.

Greater Nashua Mental Health Center | 7 Prospect St. Nashua, NH 03060

Psychiatric Rehabilitation Specialist *August 2012 – December 2013*

- Provide case management to client's living with severe /persistent mental illness
- Devise and implement individualized service plans
- Provide functional support services in the community
- Implement Illness Management and Recovery model with clients

The Youth Council | 112 W. Pearl St. Nashua, NH 03060

Intern *Spring 2012 –Spring 2013*

- Facilitate *Active Parenting* classes
- Conduct intakes and check-ins for Youth Court Diversion Program
- Translate and Interpret for Spanish speaking clients as needed

Lisa Vasquez

• • •

Skills

- Trained Medical Interpreter (Spanish) - 2005
- Trained on Connect suicide prevention through NAMI NH - 2014
- Operational Management certificate obtained from New England Institute of Addiction Studies – 2014
- Certified Prevention Specialist - 2016

FOR HR ONLY:
 JOB CODE#: 150CSDAAST2
 EXEMPT: X
 NON-EXEMPT: _____

**CITY OF NASHUA
 JOB DESCRIPTION FORM**

POSITION TITLE: Program Assistant	REPORTS TO (title): PHNS Coordinator
DEPARTMENT: Community Services	DIVISION: Public Health and Community Services
DATE: February 15, 2017	REVIEWED BY (title): PHNS Coordinator

GENERAL SUMMARY:

The Program Assistant provides support to the Greater Nashua Public Health Network Services (PHNS) program, including Public Health Advisory Council, Substance Misuse, and Public Health Emergency Preparedness. The Program Assistant's primary duties include assisting the PHNS staff in the completion of grant deliverables.

ESSENTIAL JOB FUNCTIONS:

- Assists with compilation and submission of PHNS grant proposals and reports
- Performs administrative/clerical duties to support PHNS programs and initiatives
- Coordinates logistics for meetings, events, trainings and exercises
- Gather/receive, prepare and disseminate information to regional partners and the public
- Assists in the development and maintenance of PHNS plans, policies and guidance
- Contributes to the development of work plans and tracking tools for department staff
- Assists with development of the Greater Nashua Community Health Assessment
- Assists with development and implementation of the Greater Nashua Community Health Improvement Plan
- Participates in outreach activities and health promotion events
- Assists PHNS staff in processes related to purchasing
- Ongoing support, attendance and participation in Regional PHAC/DPHCS meetings and planning

WORKING RELATIONSHIPS:

- This position frequently maintains working relationships with the Division Director and all Divisional employees and the following divisions and departments outside of the Division of Public Health and Community Services:
- Financial Services, Risk Management, Office of Emergency Management, Nashua Police Department, Nashua Fire Rescue,
- This position maintains frequent contact with GNPH partners and the public

OTHER DUTIES AND RESPONSIBILITIES:

- Support Division's Public Health Emergency response activities during emergency response conditions, public health emergencies, and declared emergencies.
- Assists PHNS Coordinator with additional projects as requested
- Performs other related duties as required

SKILLS/EXPERIENCE/TRAINING REQUIRED:

- Bachelor's Degree in Public Health, Human Services, or similar field. An Associate's Degree and/or 2-3 years' experience in any of the above will also be considered
- Multi-line telephone system, facsimile machine, printers, photo copier, and misc. office equipment.
- Demonstrates excellent written and verbal communication skills.
- Possess computer literacy skills to perform the requirements of this position
- Bi-lingual skills a plus

SUPERVISORY RESPONSIBILITY:

- N/A

WORKING CONDITIONS/PHYSICAL DEMANDS:

This position requires light work effort. The individual should be able to exert up to 20 pounds of force occasionally, meet visual requirements necessary to perform this job, be able to climb (ascend and descend stairs, walk to accomplish tasks and perceive sound with or without corrections. This individual may be exposed to the following working conditions:

- Outside environment to pick up mail or deliver mail and assistance with programmatic activities
- Noise exposure in the outside environment
- Temperature changes related to indoor and outdoor exposures
- Significant work pace related to deadlines and priorities.

The above statements are intended to describe the general nature and level of work being performed by people assigned to do this job. The above is not intended to be an exhaustive list of all responsibilities and duties required.

Your signature below indicates that you have reviewed and approve the above position description.

Approved by:  _____

Title: Division Director _____

Approved by: _____

Title: Human Resources Director

Employee: _____

Title: _____

FOR HR ONLY: _____
 JOB CODE#: _____
 EXEMPT: X
 NON-EXEMPT: _____

**CITY OF NASHUA
 JOB DESCRIPTION FORM**

POSITION TITLE: Substance Misuse Continuum Facilitator	REPORTS TO (title): Public Health Network Services Coordinator
DEPARTMENT: Community Services	DIVISION: Public Health and Community Services
DATE: December 30, 2015	REVIEWED BY (title): Public Health Network Services Coordinator

GENERAL SUMMARY:

The Substance Misuse Continuum Facilitator (SMCF) collaborates with diverse community stakeholders to increase the Greater Nashua Public Health Region's capacity to provide Substance Use Disorder (SUD) services within the Continuum of Care (CoC), including prevention, intervention, treatment and recovery support services. This is accomplished through the implementation of a comprehensive community-wide approach to reducing substance misuse and abuse. The SMCF partners to establish and implement a plan, based on the assessment, to address the gaps and build the capacity to increase substance use disorder services across the continuum. Incumbent of this position will be cross-trained to ensure consistent and efficient Division operations. Performs other duties as assigned by the Public Health Network Services Coordinator.

ESSENTIAL JOB FUNCTIONS:

- Provide leadership for and facilitate the development of a robust SUD-CoC utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC)
- Assisting in the continuation, development and facilitation of the Beyond Influence Leadership Team
- engage partners in regional assets and gaps assessments, and Regional CoC plan development and implementation
- Use the Strategic Planning Model to assess the availability of SUD services within the public health region
- Work with regional partners to establish and implement a plan to address gaps in SUD services and build the capacity to increase SUD services across the continuum
- Coordinate efforts between key Prevention, Intervention, Treatment and Recovery stakeholders within the region
- Convene and recruit subject matter experts consisting of local healthcare providers and other professionals within the continuum of services to assist, coordinate efforts
- With the SMP Coordinator, develop a plan for communication and for respective roles and responsibilities of the Beyond Influence/Substance Misuse Leadership Team
- Work with the NH Bureau of Drug and Alcohol Services (BDAS) and its technical assistance partners to address education, training and technical assistance needs
- Coordinate training and education opportunities
- Gather/receive, prepare and disseminate information to regional partners and the public
- Represent the Greater Nashua Public Health Region and DPHCS at Regional and State meetings
- Ongoing attendance and participation in Regional PHAC/DPHCS meetings and planning
- Coordinate initiatives included in the regional three-year strategic prevention plan
- Participation with all trainings, technical assistance and evaluations as directed by BDAS
- Assists in the development and maintenance of standard operating procedures

OTHER DUTIES AND RESPONSIBILITIES:

- Support Division's Public Health Emergency response activities during emergency response conditions, public health emergencies, and declared emergencies.
- Assists PHNS Coordinator with projects as requested.
- Other duties as required.

SKILLS/EXPERIENCE/TRAINING REQUIRED:

- Master's Degree in Public Health, Social Work, Community Organizing or Systems Development or Bachelor's Degree in any of the above with 2-3 years' experience in public health systems development, social work, or community development/organizing will also be considered.
- Knowledge of substance misuse, substance abuse, treatment and recovery services.
- Knowledge of municipal/state governments and social services.
- Bi-lingual skills a plus.
- Must be highly proficient in use of Microsoft Professional Office Suite, including Microsoft Excel, Outlook, Windows and Publisher
- Multi-line telephone system, facsimile machine, printers, photo copier, and misc. office equipment.
- Demonstrates excellent written and verbal communication skills.

SUPERVISORY RESPONSIBILITY:

- N/A

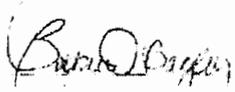
WORKING CONDITIONS/PHYSICAL DEMANDS:

- Normal office environment
- Regular use of keyboard and other office equipment requiring eye-hand coordination and finger dexterity
- Sufficient clarity of speech and hearing or other communication capabilities permitting employee to communicate effectively
- Sufficient vision or other powers of observation permitting employee to review a wide variety of written materials in electronic and hard-copy formats
- Ability to regularly lift and carry up to 20 pounds
- Ability to occasionally lift and carry over 20 pounds
- Ability to rarely lift and carry over 20 pounds up to 50 pounds

Your signature below indicates that you have reviewed and approve the above position description.

Approved by: 

Title: Public Health Network Services Coordinator
(Immediate Supervisor)

Approved by: 

Title: Division Director

Approved by: _____

Title: Human Resources Director

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: City of Nashua, Division of Public Health and Community Services

Name of Contract: 2018 PHNS - PHAC

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 95,223	0.00%	\$0
Janet Graziano	Finance Manager	\$ 84,559	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 65,305	13.00%	\$8,490
			0.00%	\$0
			0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$8,490

BUDGET PERIOD:		SFY 19		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 98,057	0.00%	\$0
Janet Graziano	Finance Manager	\$ 87,073	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 67,242	13.00%	\$8,741
			0.00%	\$0
			0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$8,741

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: City of Nashua, Division of Public Health and Community Services

Name of Contract: 2018 PHNS - PHEP

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 95,223	0.00%	\$0
Janet Graziano	Finance Manager	\$ 84,559	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 65,305	75.00%	\$48,979
Chelsea St. George	PHEP Coordinator	\$ 51,227	100.00%	\$51,227
			0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$100,206

BUDGET PERIOD:		SFY 19		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 98,057	0.00%	\$0
Janet Graziano	Finance Manager	\$ 87,073	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 67,242	75.00%	\$50,431
Chelsea St. George	PHEP Coordinator	\$ 52,741	100.00%	\$52,741
			0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$103,173

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: City of Nashua, Division of Public Health and Community Services

Name of Contract: 2018 PHNS - SMP

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 95,223	0.00%	\$0
Janet Graziano	Finance Manager	\$ 84,559	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 65,305	5.00%	\$3,265
Lisa Vasquez	SMP Coordinator	\$ 52,765	75.00%	\$39,574
		\$ -	0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$42,839

BUDGET PERIOD:		SFY 19		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 98,057	0.00%	\$0
Janet Graziano	Finance Manager	\$ 87,073	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 67,242	5.00%	\$3,362
Lisa Vasquez	SMP Coordinator	\$ 54,325	75.00%	\$40,743
		\$ -	0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$44,106

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: City of Nashua, Division of Public Health and Community Services

Name of Contract: 2018 PHNS - SM COC

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 95,223	0.00%	\$0
Janet Graziano	Finance Manager	\$ 84,559	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 65,305	5.00%	\$3,265
Vacant	SM COC Facilitator	\$ 40,037	97.50%	\$39,036
			0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$42,301

BUDGET PERIOD:		SFY 19		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 98,057	0.00%	\$0
Janet Graziano	Finance Manager	\$ 87,073	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 67,242	5.00%	\$3,362
Vacant	SM COC Facilitator	\$ 41,512	97.50%	\$40,474
			0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$43,836

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: City of Nashua, Division of Public Health and Community Services

Name of Contract: 2018 PHNS - YAL

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 95,223	0.00%	\$0
Janet Graziano	Finance Manager	\$ 84,559	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 65,305	2.50%	\$1,633
			0.00%	\$0
			0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$1,633

BUDGET PERIOD:		SFY 19		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Bobbie Bagley	Division Director	\$ 98,057	0.00%	\$0
Janet Graziano	Finance Manager	\$ 87,073	0.00%	\$0
Patty Crooker	PHNS Coordinator	\$ 67,242	2.50%	\$1,681
			0.00%	\$0
			0.00%	\$0
			0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$1,681

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-02

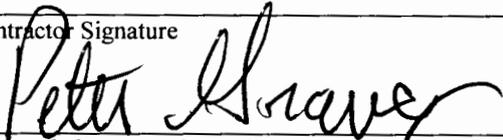
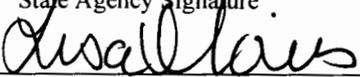
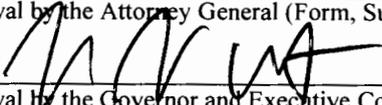
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name County of Cheshire		1.4 Contractor Address 12 Court Street Keene, NH 03431	
1.5 Contractor Phone Number 603-355-3023	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$580,774
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Peter Graves, Chair County Commissioners	
1.13 Acknowledgement: State of New Hampshire, County of Cheshire On May 17, 2017, 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 <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;">[Seal]</div> <div style="font-size: 2em; font-family: cursive;">Rodney A. Bouchard</div> <div style="margin-left: 20px; font-size: 0.8em;">COMMISSION EXPIRES: 1/28/2020</div> </div>			
1.13.2 Name and Title of Notary or Justice of the Peace Rodney Bouchard, JP			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By:  On: 6/5/17			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

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

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.

Handwritten initials in black ink, appearing to be "P.R." with a flourish underneath.



Exhibit A

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- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

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Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnipesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.

P.J.H.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.

A handwritten signature in black ink, appearing to be "P. J. H.", written over a horizontal line.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.



Exhibit A

- 4.5. PHAC activities shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

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Exhibit A

- 1) Number of individuals served or reached
- 2) Demographics
- 3) Strategies and activities per IOM by the six (6) activity types.
- 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5) Percentage evidence based strategies

5.1.4.1.5. Submit annual report

5.1.4.1.6. Provide additional reports or data as required by the Department.

5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.4.1.8. Meet with a team authorized by the Department once a year or as needed to conduct a site visit.

5.1.5. Continuum of Care

5.1.5.1. Submit updated regional assets and gaps assessments as indicated.

5.1.5.2. Submit updated regional CoC development plans as indicated.

5.1.5.3. Submit quarterly reports as indicated.

5.1.5.4. Submit year-end report as indicated.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.

6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU .Complete a technical assistance needs assessment.

6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.

6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledge, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)

6.1.3.3. Attend bimonthly meetings (6 per year).

6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.

6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.

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Exhibit A

- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the “No Wrong Door” approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

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7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

R.G.



Exhibit A

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
 - 7.1.5.2. Annual update of regional CoC development plan.
 - 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
 - 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
 - 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.
- 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

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Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 43,599.00	\$ 4,360.00	\$ 47,959.00	
2. Employee Benefits	\$ 14,824.00	\$ 1,482.00	\$ 16,306.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 8,960.00	\$ 896.00	\$ 9,856.00	
6. Travel	\$ 3,531.00	\$ 353.00	\$ 3,884.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,200.00	\$ 120.00	\$ 1,320.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,114.00	\$ 7,211.00	\$ 79,325.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: P.G.

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 44,471.00	\$ 4,447.00	\$ 48,918.00	
2. Employee Benefits	\$ 15,565.00	\$ 1,556.00	\$ 17,121.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 7,347.00	\$ 735.00	\$ 8,082.00	
6. Travel	\$ 3,531.00	\$ 353.00	\$ 3,884.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,200.00	\$ 120.00	\$ 1,320.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,114.00	\$ 7,211.00	\$ 79,325.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: *P.G.*

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 13,628.00	\$ 1,363.00	\$ 14,991.00	
2. Employee Benefits	\$ 4,634.00	\$ 463.00	\$ 5,097.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 174.00	\$ 17.00	\$ 191.00	
6. Travel	\$ 3,012.00	\$ 301.00	\$ 3,313.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 250.00	\$ 25.00	\$ 275.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 575.00	\$ 58.00	\$ 633.00	
12. Subcontracts/Agreements	\$ 5,000.00	\$ 500.00	\$ 5,500.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 27,273.00	\$ 2,727.00	\$ 30,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: RES.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 43,678.00	\$ 4,368.00	\$ 48,046.00	
2. Employee Benefits	\$ 14,851.00	\$ 1,485.00	\$ 16,336.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 869.00	\$ 87.00	\$ 956.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 942.00	\$ 94.00	\$ 1,036.00	
6. Travel	\$ 4,320.00	\$ 432.00	\$ 4,752.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,262.00	\$ 126.00	\$ 1,388.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,385.00	\$ 139.00	\$ 1,524.00	
12. Subcontracts/Agreements	\$ 7,000.00	\$ 700.00	\$ 7,700.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 74,307.00	\$ 7,431.00	\$ 81,738.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: _____

P.E.J.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,178.00	\$ 218.00	\$ 2,396.00	
2. Employee Benefits	\$ 741.00	\$ 74.00	\$ 815.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 500.00	\$ 50.00	\$ 550.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 858.00	\$ 86.00	\$ 944.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,665.00	\$ 166.00	\$ 1,831.00	
11. Staff Education and Training	\$ 240.00	\$ 24.00	\$ 264.00	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 18,182.00	\$ 1,818.00	\$ 20,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: _____



Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 40,092.00	\$ 4,009.00	\$ 44,101.00	
2. Employee Benefits	\$ 13,631.00	\$ 1,363.00	\$ 14,994.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 2,360.00	\$ 236.00	\$ 2,596.00	
6. Travel	\$ 5,159.00	\$ 516.00	\$ 5,675.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 7,871.00	\$ 787.00	\$ 8,658.00	
11. Staff Education and Training	\$ 3,000.00	\$ 300.00	\$ 3,300.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,113.00	\$ 7,211.00	\$ 79,324.00	

Indirect As A Percent of Direct

\$ - 10.0%

Contractor Initials: 

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 40,894.00	\$ 4,089.00	\$ 44,983.00	
2. Employee Benefits	\$ 14,313.00	\$ 1,431.00	\$ 15,744.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 2,360.00	\$ 236.00	\$ 2,596.00	
6. Travel	\$ 5,159.00	\$ 516.00	\$ 5,675.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 6,387.00	\$ 639.00	\$ 7,026.00	
11. Staff Education and Training	\$ 3,000.00	\$ 300.00	\$ 3,300.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,113.00	\$ 7,211.00	\$ 79,324.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: 

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,222.00	\$ 222.00	\$ 2,444.00	
2. Employee Benefits	\$ 778.00	\$ 77.00	\$ 855.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 500.00	\$ 50.00	\$ 550.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 837.00	\$ 84.00	\$ 921.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,665.00	\$ 167.00	\$ 1,832.00	
11. Staff Education and Training	\$ 180.00	\$ 18.00	\$ 198.00	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 18,182.00	\$ 1,818.00	\$ 20,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: _____

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 13,901.00	\$ 1,390.00	\$ 15,291.00	
2. Employee Benefits	\$ 4,865.00	\$ 486.00	\$ 5,351.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 170.00	\$ 17.00	\$ 187.00	
6. Travel	\$ 3,012.00	\$ 301.00	\$ 3,313.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 250.00	\$ 25.00	\$ 275.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 575.00	\$ 58.00	\$ 633.00	
12. Subcontracts/Agreements	\$ 4,500.00	\$ 450.00	\$ 4,950.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 27,273.00	\$ 2,727.00	\$ 30,000.00	

Indirect As A Percent of Direct

\$

-

10.0%

Contractor Initials: _____

P.G.

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: County of Cheshire

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 44,552.00	\$ 4,455.00	\$ 49,007.00	
2. Employee Benefits	\$ 15,593.00	\$ 1,559.00	\$ 17,152.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 680.00	\$ 68.00	\$ 748.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 515.00	\$ 52.00	\$ 567.00	
6. Travel	\$ 4,320.00	\$ 432.00	\$ 4,752.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,262.00	\$ 126.00	\$ 1,388.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,385.00	\$ 139.00	\$ 1,524.00	
12. Subcontracts/Agreements	\$ 6,000.00	\$ 600.00	\$ 6,600.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 74,307.00	\$ 7,431.00	\$ 81,738.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: 



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;



- 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.

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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 (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) 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

P. J.



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

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

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

- 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
- 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:
The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

Contractor Initials *R.H.*



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17

Date



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17

Date

Contractor Initials

Date 5/17/17



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17

Date



**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

P.G.

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: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17

Date

Exhibit G

Contractor Initials

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



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17

Date

Contractor Initial P.G.

Date 5/17/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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

PLH



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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

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Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

Handwritten signature in black ink, appearing to be 'R. G.' with a flourish.



Exhibit I

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

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

Department of Health and Human Services

County of Cheshire

The State

Name of the Contractor

Lisa Morris

Peter Graves

Signature of Authorized Representative

Signature of Authorized Representative

Lisa Morris, MSSW

Peter Graves

Name of Authorized Representative

Name of Authorized Representative

Director

Chair County Commissioners

Title of Authorized Representative

Title of Authorized Representative

5/23/17

5/17/17

Date

Date

Contractor Initials *PG*

Date 5/17/17



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

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

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

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

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

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

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

Contractor Name: County of Cheshire

Name: Peter Graves
Title: Chair County Commissioners

5/17/17
Date

Contractor Initials PG
Date 5/17/17



FORM A

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

1. The DUNS number for your entity is: 005128913
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X NO _____ YES

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

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

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

_____ NO _____ YES

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

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

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

Name: _____	Amount: _____

Contractor Initials P.H.

Date 5/17/17



County of Cheshire

12 Court Street, Keene, NH 03431

Website: www.co.cheshire.nh.us

CERTIFICATE OF AUTHORITY/VOTE

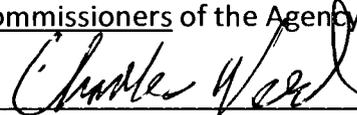
I, Charles Weed, Clerk of the Commissioners, do hereby certify that:

1. I am a duly elected Officer of the County of Cheshire.
2. The following is a true copy of the resolution duly adopted at a meeting of the Commissioners of the County of Cheshire duly held on May 17, 2017:

RESOLVED: That the Chair of the Commissioners is hereby authorized on behalf of this County to enter into the said contract with the State of New Hampshire Department of Health and Human Services and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 17th day of May, 2017.

4. Peter Graves is the duly elected Chair of the Commissioners of the Agency.

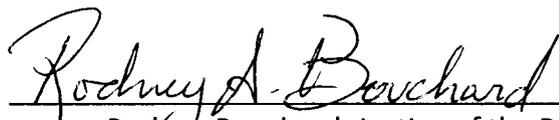


(Clerk of the Commissioners, Charles Weed)

STATE OF NEW HAMPSHIRE

County of Cheshire

The forgoing instrument was acknowledged before me this 17th day of May, 2017 by Charles Weed.



Rodney Bouchard, Justice of the Peace

Commission Expires: 1/28/2020

Area Code 603



CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex³) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex³ is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex³ is entitled to the categories of coverage set forth below. In addition, Primex³ may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex³, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex³ Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only, Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex³. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the coverage categories listed below.

<i>Participating Member:</i> Cheshire County 33 West Street Keene, NH 03431		<i>Member Number:</i> 601	<i>Company Affording Coverage:</i> NH Public Risk Management Exchange - Primex ³ Bow Brook Place 46 Donovan Street Concord, NH 03301-2624		
Type of Coverage		Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Limits - NH Statutory Limits May Apply, If Not:	
<input checked="" type="checkbox"/>	General Liability (Occurrence Form)	1/1/2017	1/1/2018	Each Occurrence	\$ 5,000,000
	Professional Liability (describe)			General Aggregate	\$ 5,000,000
	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence			Fire Damage (Any one fire)	
				Med Exp (Any one person)	
	Automobile Liability			Combined Single Limit (Each Accident)	
	Deductible Comp and Coll: \$1,000			Aggregate	
	<input type="checkbox"/> Any auto				
<input checked="" type="checkbox"/>	Workers' Compensation & Employers' Liability	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> Statutory	
				Each Accident	\$2,000,000
				Disease – Each Employee	\$2,000,000
				Disease – Policy Limit	
	Property (Special Risk includes Fire and Theft)			Blanket Limit, Replacement Cost (unless otherwise stated)	
Description: Proof of Primex Member coverage only.					

CERTIFICATE HOLDER:	Additional Covered Party	Loss Payee	Primex ³ – NH Public Risk Management Exchange
			By: <i>Tammy Denver</i>
NH Dept of Health & Human Services 129 Pleasant St Concord, NH 03301			Date: 3/23/2017 tdenver@nhprimex.org
			Please direct inquires to: Primex³ Claims/Coverage Services 603-225-2841 phone 603-228-3833 fax



County of Cheshire

12 Court Street, Keene, NH 03431

Website: www.co.cheshire.nh.us

Cheshire County Commissioners List 2017

Peter Graves

Chair of the Commissioners

12 Court Street, Keene, NH 03431

Work: 603-352-8215

pgraves@co.cheshire.nh.us

District 1 Representing Chesterfield, Hinsdale, Surry, Swanzey, Walpole, Westmoreland and Winchester

Joseph Cartwright

Vice Chair of the Commissioners

12 Court Street, Keene, NH 03431

Work: 603-352-8215

jcartwright@co.cheshire.nh.us

District 3 Representing Alstead, Dublin, Fitzwilliam, Harrisville, Jaffrey, Marlow, Nelson, Richmond, Rindge, Stoddard, Sullivan, Troy and Gilsum

Charles "Chuck" Weed

Clerk of the Commissioners

12 Court Street, Keene, NH 03431

Work: 603-352-8215

cweed@co.cheshire.nh.us

District 2 Representing Roxbury, Keene, and Marlborough

Area Code 603

♦ County Commissioners 352-8215/Fax 355-3026 ♦ Registry of Deeds 352-0403/Fax 352-7678 ♦ Finance Department 355-0154/Fax 355-3000 - 12 Court Street, Keene, NH 03431 ♦ County Sheriff 352-4238/Fax 355-3020 ♦ County Attorney 352-0056/Fax 355-3012 - 12 Court Street, Keene, NH 03431 ♦ Alternative Sentencing/Mental Health Court 355-0160/Fax 355-0159 - 265 Washington St. Keene N.H. ♦ Department of Corrections 825 Marlboro Street, Keene, 03431 - 903-1600/Fax 352-4044 ♦ Maplewood Nursing Home & Assisted Living 399-4912/Fax 399-7005 - TTY Access 1-800-735-2964 ♦ Facilities 399-7300/Fax 399-7357 ♦ Human Resources 399-7317/399-7378/Fax 399-4429 - 201 River Rd, Westmoreland, NH 03467 ♦ Grants Department 355-3023/Fax 355-3000 - 12 Court Street, Keene, NH 03431

Eileen M. Fernandes

580 Court St., Keene, NH 03431; (603) 354-5454; EFernandes@Cheshire-Med.com

SUMMARY OF QUALIFICATIONS:

Proven ability to coordinate and organize diverse groups with common goals; 25 years' experience supporting individuals with severe and persistent mental health concerns, developmental disabilities, and/or poverty issues; Excellent organizational skills; Dependable and reliable; Proven ability in crisis intervention; ability to function effectively under pressure; Self-initiating, self-motivating; Proven problem-solving skills

PROFESSIONAL EXPERIENCE:

Cheshire Medical Center, Keene, NH, GMPHN Director, May 2007 - Present

Provide leadership for the development and readiness of regional, county, and local public health emergency response capabilities and capacities; facilitate efforts among regional public health system partners to strengthen the capabilities of public health system within the region; and participate in local health assessments.

Operation Flood Recovery, Keene, NH, Project Director, 2005–2007

Responsible for service delivery to individuals affected by flooding that occurred in five counties during October 2005. Tasks include: assessing and identifying unmet needs; coordinating with state and federal programs, local agencies, and volunteer groups assisting in recovery efforts; supervision of VISTA volunteer; program administration including budget management and the development of a data management system.

Cheshire Housing Trust, Keene, NH, Housing Program Director, 2003-2005

Responsibilities include planning, development, and service delivery of the Homeownership Resource Center which includes group and individual support to first time home buyers; coordination and implementation of the Individual Development Account Program; work in collaboration with the Executive Director to secure grant opportunities, supervise Housing Specialist and Property Manager.

Southeastern Vermont Community Action, Family Services Director, 2001-2003

Monadnock Family Services, Keene, NH, 1993 - 2001

Coordinator of Residential & Special Mental Illness Management (1995-2001)

Case Manager (1994-1995)

Vocational Specialist (1993-1994)

Circles of Care, Incorporated, Melbourne, FL, 1986 - 1993

(Comprehensive community mental health center)

Case Management Coordinator (1989-1993)

Lead Case Manager (1987-1989)

Case Manager (1986-1987)

EDUCATION/TRAINING:

Marlboro College Graduate School, Brattleboro, VT.

Master of Science in Management- Health Care Administration, 2012

North Adams State College, North Adams, MA.

Bachelor of Arts in Sociology, 1982

Christopher M. Goshea

580 Court St., Keene, NH 03431; (603) 354-5454; cgoshea@cheshire-med.com

SUMMARY OF QUALIFICATIONS:

Proven ability to engage and gather community groups; Over 10 years of experience as a Firefighter/EMT; Excellent planning and evaluation skills; proven experience facilitating and training community groups.

PROFESSIONAL EXPERIENCE:

CMC/DHK, Emergency Preparedness Coordinator, March 2017 - Present

Provide leadership for RPHEP; facilitate cross-sector efforts to increase regional resilience; and organize and direct over one hundred volunteers; active on the Public Health Advisory Council and section lead for the Community Health Improvement Plan Emergency Preparedness chapter; representative on multiple regional planning and action groups; plan and execute multiple regional drills and exercises; facilitate and promote regional trainings.

Baystate Franklin Medical Center, EP Coordinator Sept. 2015 – Feb. 2017

Represent the hospital on various committees and boards within and along with various community partners; Coordinate education and training for front-line staff in various emergency preparedness activities; plan, prepare, and document emergency response plans; lead by organizing, tracking, and maintaining compliance and training Incident Command Structure (ICS); stock and maintain various personal protective equipment (PPE) items.

EDUCATION/TRAINING:

- EMT – Paramedic Program, Greenfield Community College, Greenfield, MA, 2011
- EMT – Intermediate Program, Greenfield Community College, Greenfield, MA, 2008
- EMT – Basic Program, Greenfield Community College, Greenfield, MA, 2006

CERTIFICATIONS:

- Firefighter I/Firefighter II
- HAZMAT First Responder Operational Level
- National Registry Paramedic (NREMT) #M5024703
- Massachusetts EMT-Paramedic #P872777
- American Heart Association CPR Instructor
- Small Animal handling and Pet First Aid (SMARTAID)
- Incident Command System 200, 300, and 400
- Certificate of Appreciation- MEMA Nuclear Preparedness Drill
- Emergency Responder Health Monitoring and Surveillance IS-930
- Active Shooter: What You Can Do IS-907
- National Response Framework IS-800.b
- Applying ICS to Healthcare Organizations ICS-200
- Public Information Officer Awareness IS-029
- Incident Command System for Structural Collapse
- Introduction to the Incident Command System ICS-100
- National Incident Management System (NIMS) IS-700

Hope Driscoll

580 Court St., Keene, NH 03431; (603) 354-5454; hdriscol@Cheshire-Med.com

SUMMARY OF QUALIFICATIONS:

Individual, with strong written and oral presentation skills, grants and project management experience and experience in arbitration and negotiation. Excellent analytic abilities and highly skilled in research of all kinds. Able to successfully manage multiple projects with an attention to detail and ability to analyze issues.

PROFESSIONAL EXPERIENCE:

Monadnock Voices for Prevention, Regional Substance Misuse Prevention Coordinator, 2015-Present

Act as subject matter expert in the area of substance misuse prevention for the Greater Monadnock Region. Facilitate collaboration and substance misuse prevention education efforts among coalitions, organizations and other entities throughout the Greater Monadnock Region.

Cornucopia Project, Peterborough, NH, Grants Consultant (Volunteer), 2013-Present

Research grant opportunities and requirements. Provide technical assistance on grant submissions.

Catholic Legal Immigration Network, Inc. (CLINIC), Silver Spring, MD

Field Support Coordinator, Capacity Building Section, 2008 – 2010

Provided training and technical support to immigration legal services programs seeking to begin or enhance legal services to the immigrant community. Directly responsible for advising over 25 programs in Michigan, Wisconsin, Minnesota and Texas.

Association Of Farmworker Opportunity Programs (AFOP), Washington, DC, Program Director, Pesticide Safety Education Program, 2003 – 2008

Directed multi-state program that taught pesticide safety to migrant and seasonal farmworkers. Program engaged a minimum of 35 AmeriCorps members and outreach staff operating in rural communities in over 15 states. Expanded program to additional community organizations.

EDUCATION:

- J.D-George Mason University, School of Law, Arlington, VA, Moot Court Board
- B.A- Physical/Cultural Anthropology, (Minor: Literature), University of Arizona, Tucson, AZ
- Smith College, Northampton, MA
- Virginia Court Certified Mediator class-work completed

LANGUAGES: Spanish, high proficiency (Foreign Service Institute (FSI) Level 3)

LICENSES: Admitted to the Pennsylvania Bar, 1994

CERTIFICATIONS: Certified Prevention Specialist, passed examination December 2016; awaiting receipt of certification

Natalie Neilson

580 Court St., Keene, NH 03431; (603) 354-5454; nneilson@Cheshire-Med.com

PROFESSIONAL EXPERIENCE:

New Hampshire Public Health Network

Continuum of Care Facilitator at Cheshire Medical Center July 2015 - Present

Develop a plan to create a comprehensive continuum of care for addressing mental health and substance misuse that includes prevention, intervention, treatment, and recovery services and supports in the Monadnock region; Recruit representatives from community mental health clinics and other behavioral health providers, hospitals, clinics and other health care providers to help further the integration of health care and behavioral health; Participate in the writing and submission of contract reports related to development.

Chris Cotton Consulting

Associate Life Coach, March 2014 – May 2015

Provided guidance for at-risk youth struggling with substance abuse, alcohol addiction, autism, eating disorders, and/ or anxiety and personality disorders; led therapeutic group sessions; conducted 4-5 individual client sessions per week.

Phoenix House Comprehensive Addiction Treatment Services

Counselor Aide, Mar 2013 – Oct 2013

Facilitated admissions and discharges; supervised clients, administered drug tests, and attended AA and NA meetings; led group sessions, provided client support, and facilitated meetings between family and client.

Inner Connections, Transitional Living Client Mentor, August 2008 – March 2013

Provided guidance for at-risk youth in a transitional living facility; managed client residence responsibilities, supervised clients, and enforced curfew and program rules; led therapeutic group sessions; conducted weekly sessions with individual clients.

EDUCATION/TRAINING:

- Bachelor of Arts in Psychology in May 2013 from Keene State College, 4.0 GPA
- Trained Recovery Coach in January 2016 from Connecticut Community of Addiction Recovery

Megan Butterfield

580 Court St., Keene, NH 03431; (603) 354-5454; mbutterfield@cheshire-med.com

SUMMARY OF QUALIFICATIONS:

Over 5 years' experience providing complex secretarial and administrative support services. Excellent problem solving and interpersonal skills. Proven ability to coordinate fiscal and budgetary tasks. Strong IT skills. Proven ability to maintain, gather, and analyze data.

PROFESSIONAL EXPERIENCE

Cheshire Medical Center/ Dartmouth-Hitchcock

Keene, NH

Program Assistant
January 2016- present

Responsibilities: Maintain, gather, and analyze data for financial records and department activities, compile minutes for various department and community meetings, plan and schedule meetings for department, maintain budget and invoicing for department grants, support staff projects and programs through research and creation of materials, edit and maintain website, assist and interact with community partners engaged in community health initiative.

Cheshire Medical Center/ Dartmouth-Hitchcock

Keene, NH

Float Receptionist
June 2011 – December 2015

Responsibilities: Covered reception desk in 20+ medical departments, answered phones, interacted with patients, scheduled appointments, served as liaison between patients and medical staff, completed data entry, organized new data for grant submission, completed preauthorization for medications, communicated with insurance companies.

EDUCATION/CERTIFICATIONS

Ithaca College
Bachelor of Science - Television-Radio
May 2015

Ithaca, NY

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: County of Cheshire

Name of Contract: Regional Public Health Network Services

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Eileen Fernandes	PHAC Coordinator	\$74,672	18.25%	\$13,628.00
Chris Goshea	PHEP Coordinator	\$38,480	100.00%	\$38,480.00
Hope Driscoll	SMP Coordinator	\$43,555	80.00%	\$34,844.00
Natalie Neilson	CoC Facilitator	\$41,371	100.00%	\$41,371.00
Megan Butterfield	Program Assistant	\$29,704	50.00%	\$14,852.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$143,175.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Eileen Fernandes	PHAC Coordinator	\$76,170	18.25%	\$13,901.00
Chris Goshea	PHEP Coordinator	\$39,250	100.00%	\$39,250.00
Hope Driscoll	SMP Coordinator	\$44,426	80.00%	\$35,541.00
Natalie Neilson	CoC Facilitator	\$42,198	100.00%	\$42,198.00
Megan Butterfield	Program Assistant	\$30,300	50.00%	\$15,150.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$146,040.00

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-03

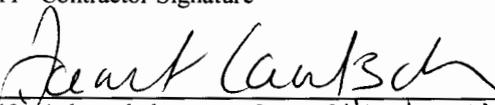
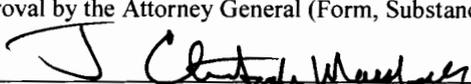
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Goodwin Community Health		1.4 Contractor Address 311 Route 108 Somersworth, NH 03878	
1.5 Contractor Phone Number 603-516-2562	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$787,630
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Janet Lausch, CEO	
1.13 Acknowledgement: State of <u>New Hampshire</u> County of <u>Strafford</u> On <u>May 4, 2017</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  [Seal]		<div style="border: 1px solid black; padding: 5px;"> ELIZABETH A. CLEMENCE Notary Public, State of New Hampshire My Commission Expires April 6, 2021 </div>	
1.13.2 Name and Title of Notary or Justice of the Peace Elizabeth A. Clemence, Notary Public			
1.14 State Agency Signature  Date: <u>5/23/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By:  On: <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

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

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials 
Date 5-9-17

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.



Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

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Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnipesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.

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Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.

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Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.



Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.



Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

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Exhibit A

5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

- 1) Number of individuals served or reached
- 2) Demographics
- 3) Strategies and activities per IOM by the six (6) activity types.
- 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5) Percentage evidence based strategies

5.1.4.1.5. Submit annual report

5.1.4.1.6. Provide additional reports or data as required by the Department.

5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

5.1.5.1. Submit updated regional assets and gaps assessments as indicated.

5.1.5.2. Submit updated regional CoC development plans as indicated.

5.1.5.3. Submit quarterly reports as indicated.

5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.

5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:

- a) Number of individuals served
- b) Demographics of individuals served
- c) Types of strategies or interventions implemented
- d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions

5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

5.1.7.1. Attend Summer Start up meeting with NHIP staff.

5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

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Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU .Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,

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Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.

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Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.

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7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

AL
5-17-17



Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

**Regional Public Health Network Services -
Budget Request for: PHEP**
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 4,371.12	\$ -	\$ 4,371.12	
2. Employee Benefits	\$ 961.64	\$ -	\$ 961.64	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 494.41	\$ -	\$ 494.41	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 78,338.83	\$ -	\$ 78,338.83	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 84,166.00	\$ -	\$ 84,166.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-9-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

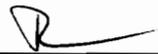
Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 4,371.12	\$ -	\$ 4,371.12	
2. Employee Benefits	\$ 961.64	\$ -	\$ 961.64	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 494.41	\$ -	\$ 494.41	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 78,338.83	\$ -	\$ 78,338.83	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 84,166.00	\$ -	\$ 84,166.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-9-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

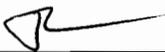
Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,818.82	\$ -	\$ 46,818.82	
2. Employee Benefits	\$ 10,300.14	\$ -	\$ 10,300.14	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 750.00	\$ -	\$ 750.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 750.00	\$ -	\$ 750.00	
6. Travel	\$ 1,620.00	\$ -	\$ 1,620.00	
7. Occupancy	\$ 2,000.00	\$ -	\$ 2,000.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,720.00	\$ -	\$ 1,720.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,421.04	\$ -	\$ 1,421.04	
11. Staff Education and Training	\$ 1,500.00	\$ -	\$ 1,500.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 67,380.00	\$ -	\$ 67,380.00	

Indirect As A Percent of Direct

\$ - 0.0%

Contractor Initials: 

Date: 5-9-10

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$47,551.10	\$-	\$ 47,551.10	
2. Employee Benefits	\$10,461.24	\$-	\$ 10,461.24	
3. Consultants		\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$756.62	\$-	\$ 756.62	
6. Travel	\$1,620.00	\$-	\$ 1,620.00	
7. Occupancy	\$2,250.00	\$-	\$ 2,250.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$1,720.00	\$-	\$ 1,720.00	
9. Software	\$500.00	\$-	\$ 500.00	
10. Marketing/Communications	\$1,521.04	\$-	\$ 1,521.04	
11. Staff Education and Training	\$1,000.00	\$-	\$ 1,000.00	
12. Subcontracts/Agreements	\$-	\$-	\$ -	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 67,380.00	\$ -	\$ 67,380.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-4-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$67,923.83	\$-	\$ 67,923.83	
2. Employee Benefits	\$14,943.24	\$-	\$ 14,943.24	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$500.00	\$-	\$ 500.00	
6. Travel	\$1,166.40	\$-	\$ 1,166.40	
7. Occupancy	\$2,000.00	\$-	\$ 2,000.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,200.00	\$-	\$ 3,200.00	
9. Software	\$250.00	\$-	\$ 250.00	
10. Marketing/Communications	\$685.53	\$-	\$ 685.53	
11. Staff Education and Training	\$600.00	\$-	\$ 600.00	
12. Subcontracts/Agreements	\$-	\$-	\$ -	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 91,269.00	\$ -	\$ 91,269.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-4-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -

Budget Request for: CoC

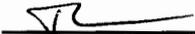
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$68,942.69	\$-	\$ 68,942.69	
2. Employee Benefits	\$15,167.39	\$-	\$ 15,167.39	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$192.52	\$-	\$ 192.52	
6. Travel	\$1,166.40	\$-	\$ 1,166.40	
7. Occupancy	\$2,000.00	\$-	\$ 2,000.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,200.00	\$-	\$ 3,200.00	
9. Software	\$100.00	\$-	\$ 100.00	
10. Marketing/Communications	\$300.00	\$-	\$ 300.00	
11. Staff Education and Training	\$200.00	\$-	\$ 200.00	
12. Subcontracts/Agreements	\$-	\$-	\$ -	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 91,269.00	\$ -	\$ 91,269.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-9-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$5,852.34	\$-	\$ 5,852.34	
2. Employee Benefits	\$1,287.51	\$-	\$ 1,287.51	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$450.00	\$-	\$ 450.00	
6. Travel	\$120.00	\$-	\$ 120.00	
7. Occupancy	\$-	\$-	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$160.15	\$-	\$ 160.15	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$130.00	\$-	\$ 130.00	
11. Staff Education and Training	\$-	\$-	\$ -	
12. Subcontracts/Agreements	\$12,000.00	\$-	\$ 12,000.00	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-4-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$5,281.12	\$-	\$ 5,281.12	
2. Employee Benefits	\$1,161.84	\$-	\$ 1,161.84	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$450.00	\$-	\$ 450.00	
6. Travel	\$120.00	\$-	\$ 120.00	
7. Occupancy	\$362.04	\$-	\$ 362.04	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$250.00	\$-	\$ 250.00	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$125.00	\$-	\$ 125.00	
11. Staff Education and Training	\$250.00	\$-	\$ 250.00	
12. Subcontracts/Agreements	\$12,000.00	\$-	\$ 12,000.00	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: _____

PC

Date: _____

5-4-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$69,680.00	\$ -	\$ 69,680.00	
2. Employee Benefits	\$7,967.70	\$ -	\$ 7,967.70	
3. Consultants	\$7,000.00	\$ -	\$ 7,000.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$750.00	\$ -	\$ 750.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$500.00	\$ -	\$ 500.00	
6. Travel	\$704.00	\$ -	\$ 704.00	
7. Occupancy	\$800.00	\$ -	\$ 800.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$400.00	\$ -	\$ 400.00	
9. Software	\$200.00	\$ -	\$ 200.00	
10. Marketing/Communications	\$1,598.30	\$ -	\$ 1,598.30	
11. Staff Education and Training	\$400.00	\$ -	\$ 400.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$90,000.00	\$0.00	\$ 90,000.00	

Indirect As A Percent of Direct

Contractor Initials: 

Date: 5-9-10

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$71,110.00	\$ -	\$ 71,110.00	
2. Employee Benefits	\$8,138.25	\$ -	\$ 8,138.25	
3. Consultants	\$6,000.00	\$ -	\$ 6,000.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$600.00	\$ -	\$ 600.00	
6. Travel	\$704.00	\$ -	\$ 704.00	
7. Occupancy	\$900.00	\$ -	\$ 900.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$400.00	\$ -	\$ 400.00	
9. Software	\$300.00	\$ -	\$ 300.00	
10. Marketing/Communications	\$1,597.75	\$ -	\$ 1,597.75	
11. Staff Education and Training	\$250.00	\$ -	\$ 250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 90,000.00	\$ -	\$ 90,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-4-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

**Regional Public Health Network Services -
Budget Request for: SBC**
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$7,306.10	\$ -	\$ 7,306.10	
2. Employee Benefits	\$950.57	\$ -	\$ 950.57	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,150.00	\$ -	\$ 1,150.00	
6. Travel	\$900.00	\$ -	\$ 900.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 693.33	\$ -	\$ 693.33	
Stericycle for sharps	\$0.00	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 11,000.00	\$ -	\$ 11,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: _____



Date: _____

5-9-12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

Regional Public Health Network Services -
Budget Request for: SBC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$7,415.69	\$ -	\$ 7,415.69	
2. Employee Benefits	\$950.57	\$ -	\$ 950.57	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,033.74	\$ -	\$ 1,033.74	
6. Travel	\$900.00	\$ -	\$ 900.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 700.00	\$ -	\$ 700.00	
Stericycle for sharps	\$0.00	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 11,000.00	\$ -	\$ 11,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5-4-17



SPECIAL PROVISIONS

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

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



- 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.

Handwritten signature or initials in black ink.

5-9-1)



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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

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

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

5-4-17



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

Contractor Name:

5-4-17
Date

Janet Latsch
Name:
Title: CEO, Janet Latsch



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name:

Date

5-4-17

Name:

Title:

Janet Laatsch
CEO, Janet Laatsch

5-4-17



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

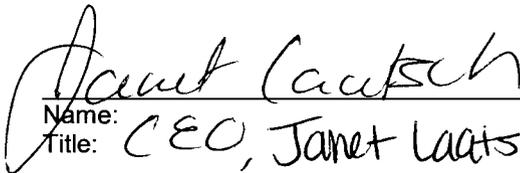
LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:

Date

5-4-17


Name: Janet Laatsch
Title: CEO, Janet Laatsch

Contractor Initials



Date

5-4-17



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

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

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

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

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

Exhibit G

Contractor Initials

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:

5-9-17
Date

Janet Laatsch
Name:
Title: CEO, Janet Laatsch

Exhibit G

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

Contractor Initials JL



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name:

5-4-17
Date

Janet Laatsch
Name:
Title: CEO, Janet Laatsch



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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



Exhibit I

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

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

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

JR

5-9-11



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Department of Health and Human Services

The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Goodwin Community Health
Name of the Contractor

Samuel Lautsch
Signature of Authorized Representative

Samuel Lautsch
Name of Authorized Representative

CEO
Title of Authorized Representative

5-4-17
Date



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

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

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

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

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

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

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

Contractor Name:

5-4-17
Date

Janet Laatsch
Name:
Title: CEO, Janet Laatsch



FORM A

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

1. The DUNS number for your entity is: 780054164
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

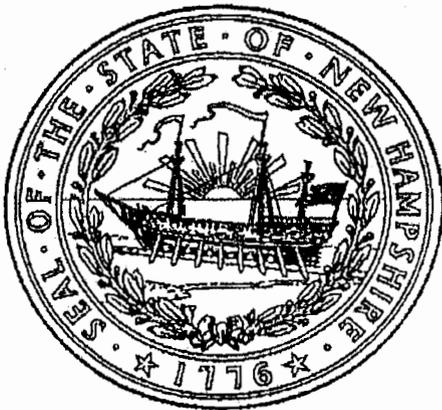
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GOODWIN COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 65587



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of April A.D. 2017.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, David B. Staples, of Goodwin Community Health, do hereby certify that:

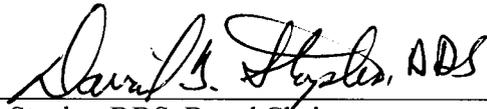
1. I am the duly elected Board Chair of Goodwin Community Health;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Goodwin Community Health, duly held on January 17, 2017;

Resolved: That this corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services for the provision of Public Health Services.

Resolved: That the Chief Executive Officer, Janet Laatsch, is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 4, 2017.

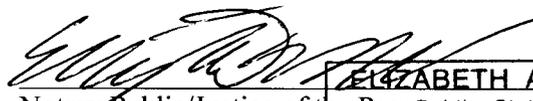
IN WITNESS WHEREOF, I have hereunto set my hand as the Board Chair of Goodwin Community Health this 4th day of May, 2017.



David B. Staples, DDS, Board Chair

STATE OF NH
COUNTY OF STRAFFORD

The foregoing instrument was acknowledged before me this 4th day of May, 2017 by David B. Staples, DDS.



ELIZABETH A. CLEMENCE
Notary Public/Justice of the Peace, State of New Hampshire
My Commission Expires April 6, 2021
My Commission Expires: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/5/2016

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).

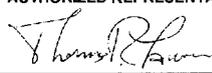
PRODUCER License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03102	CONTACT NAME: Lorraine Michals, CIC	
	PHONE (A/C, No, Ext): (603) 716-2362	FAX (A/C, No): (603) 622-2854
E-MAIL ADDRESS: lmichals@clarkinsurance.com		
INSURED Goodwin Community Health 311 Route 108 Somersworth, NH 03878	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Acadia	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		
NAIC # 31325		

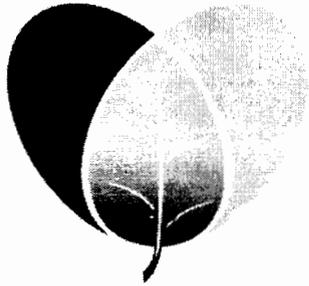
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	ADOL'SUBR INSD 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 type="checkbox"/> LOC <input type="checkbox"/> OTHER		ADV5212020-11	07/31/2016	07/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		ADV5212020-11	07/31/2016	07/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUA5214125-11	07/31/2016	07/31/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
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 <input checked="" type="checkbox"/> N/A		WCA5212021-11	07/31/2016	07/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services 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 
--	--



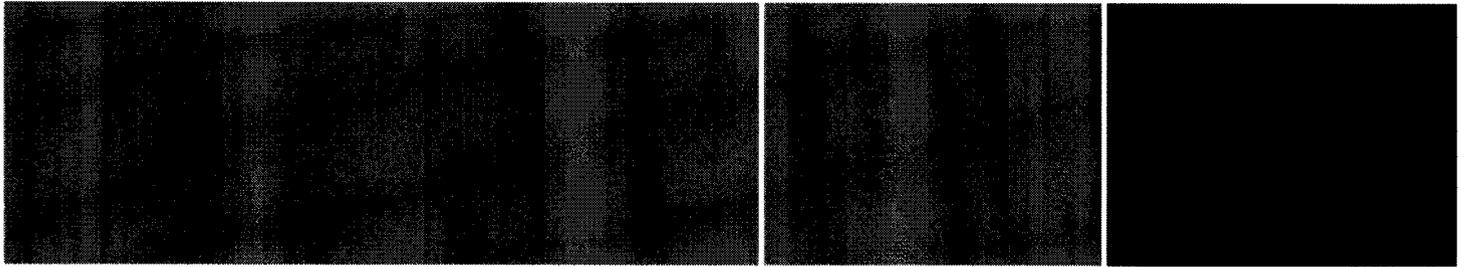
Goodwin

Community Health

Mission

To provide exceptional
health care that is
accessible to all people
in the community.

Board Approved on 6-11-2015



CONSOLIDATED FINANCIAL STATEMENTS

and

ADDITIONAL INFORMATION

June 30, 2016 and 2015

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Goodwin Community Health and Subsidiary

We have audited the accompanying consolidated financial statements of Goodwin Community Health and Subsidiary (the Organization), which comprise the consolidated balance sheets as of June 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. 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 auditor's 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 financial position of Goodwin Community Health and Subsidiary as of June 30, 2016 and 2015, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 13, 2016

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Balance Sheets

June 30, 2016 and 2015

ASSETS

	<u>2016</u>	<u>2015</u>
Continuing operations		
Current assets		
Cash and cash equivalents	\$ 2,603,347	\$ 1,632,421
Patient accounts receivable, less allowance for uncollectible accounts of \$128,995 in 2016 and \$79,554 in 2015	824,547	553,922
Grants receivable	615,693	472,843
Inventory	57,751	-
Other current assets	<u>27,459</u>	<u>23,594</u>
Total current assets	4,128,797	2,682,780
Investments	202,194	200,125
Investment in limited liability company	16,203	-
Property and equipment, net	<u>6,063,645</u>	<u>6,145,032</u>
Total assets, continuing operations	<u>10,410,839</u>	<u>9,027,937</u>
Discontinued operations		
Current assets		
Cash and cash equivalents	34,054	37,467
Patient accounts receivable, less allowance for uncollectible accounts of \$- in 2016 and \$1,824 in 2015	-	103,801
Other current assets	<u>-</u>	<u>1,878</u>
Total current assets	34,054	143,146
Property and equipment, net	-	2,651
Goodwill	<u>-</u>	<u>17,582</u>
Total assets, discontinued operations	<u>34,054</u>	<u>163,379</u>
Total assets	<u>\$10,444,893</u>	<u>\$ 9,191,316</u>

The accompanying notes are an integral part of these consolidated financial statements.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Balance Sheets (Concluded)

June 30, 2016 and 2015

LIABILITIES AND NET ASSETS (DEFICIT)

	<u>2016</u>	<u>2015</u>
Continuing operations		
Current liabilities		
Line of credit	\$ -	\$ 56,500
Accounts payable and accrued expenses	115,852	181,271
Accrued payroll and related expenses	483,582	358,224
Current maturities of long-term debt	<u>27,490</u>	<u>155,389</u>
Total current liabilities	626,924	751,384
Long-term debt, less current maturities	<u>501,789</u>	<u>701,676</u>
Total liabilities	1,128,713	1,453,060
Net assets		
Unrestricted	<u>9,282,126</u>	<u>7,574,877</u>
Total liabilities and net assets, continuing operations	<u>10,410,839</u>	<u>9,027,937</u>
Discontinued operations		
Current liabilities		
Accounts payable and accrued expenses	-	124,973
Accrued payroll and related expenses	-	75,256
Current maturities of long-term debt	<u>-</u>	<u>6,351</u>
Total current liabilities	-	206,580
Long-term debt, less current maturities	<u>-</u>	<u>6,605</u>
Total liabilities	-	213,185
Net assets (deficit)		
Unrestricted	<u>34,054</u>	<u>(49,806)</u>
Total liabilities and net assets (deficit), discontinued operations	<u>34,054</u>	<u>163,379</u>
Total liabilities	1,128,713	1,666,245
Total net assets	<u>9,316,180</u>	<u>7,525,071</u>
Total liabilities and net assets	<u>\$ 10,444,893</u>	<u>\$ 9,191,316</u>

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Continuing operations		
Operating revenue and support		
Patient service revenue	\$ 6,317,240	\$ 5,322,573
Provision for bad debts	<u>(312,321)</u>	<u>(256,074)</u>
Net patient service revenue	6,004,919	5,066,499
Grants, contracts, and contributions	3,737,779	3,219,481
Equity in earnings of limited liability company	16,203	-
Other operating revenue	<u>103,065</u>	<u>172,078</u>
Total operating revenue and support	<u>9,861,966</u>	<u>8,458,058</u>
Operating expenses		
Salaries and benefits	6,221,917	5,182,403
Other operating expenses	1,789,611	1,365,911
Depreciation	232,752	252,522
Interest expense	<u>33,276</u>	<u>45,167</u>
Total operating expenses	<u>8,277,556</u>	<u>6,846,003</u>
Excess of revenue over expenses	1,584,410	1,612,055
Grants for capital acquisition	<u>122,839</u>	<u>125,397</u>
Increase in unrestricted net assets, continuing operations	<u>1,707,249</u>	<u>1,737,452</u>

The accompanying notes are an integral part of these consolidated financial statements.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets (Concluded)

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Discontinued operations		
Operating revenue and support		
Patient service revenue	\$ 279,763	\$ 823,473
(Provision for) reduction in allowance for bad debts	<u>(19,466)</u>	<u>1,030</u>
Net patient service revenue	260,297	824,503
Grants, contracts, and contributions	1,522	1,207
Gain on disposal of discontinued operations	147,156	-
Other operating revenue	<u>572</u>	<u>91,358</u>
Total operating revenue and support	<u>409,547</u>	<u>917,068</u>
Operating expenses		
Salaries and benefits	257,382	732,415
Other operating expenses	65,523	139,200
Depreciation	2,651	1,221
Interest expense	<u>131</u>	<u>258</u>
Total operating expenses	<u>325,687</u>	<u>873,094</u>
Excess of revenue over expenses and increase in unrestricted net assets, discontinued operations	<u>83,860</u>	<u>43,974</u>
Increase in unrestricted net assets	1,791,109	1,781,426
Unrestricted net assets, beginning of year	<u>7,525,071</u>	<u>5,743,645</u>
Unrestricted net assets, end of year	<u>\$ 9,316,180</u>	<u>\$ 7,525,071</u>

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash flows from operating activities		
Change in net assets	\$ 1,791,109	\$ 1,781,426
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Unrestricted gain from discontinued operations	(83,860)	(43,974)
Provision for bad debts	312,321	256,074
Depreciation	232,752	252,522
Equity in earnings of limited liability company	(16,203)	-
Grants for capital acquisition	(122,839)	(125,397)
Debt forgiveness	(52,000)	(25,000)
Increase in		
Patient accounts receivable	(582,946)	(379,401)
Grants receivable	(142,850)	(310,233)
Other assets	(3,865)	(237)
Inventory	(57,751)	-
Increase (decrease) in		
Accounts payable and accrued expenses	(65,419)	818
Accrued salaries and related amounts	<u>125,358</u>	<u>52,002</u>
Net cash provided by operating activities from continuing operations	1,333,807	1,458,600
Net cash provided by operating activities from discontinued operations	<u>(155,195)</u>	<u>23,076</u>
Net cash provided by operating activities	<u>1,178,612</u>	<u>1,481,676</u>
Cash flows from investing activities		
Capital acquisitions	(151,365)	(125,396)
Purchase of investments	<u>(2,069)</u>	<u>(200,125)</u>
Net cash used by investing activities from continuing operations	(153,434)	(325,521)
Net cash provided by investing activities from discontinued operations	<u>164,738</u>	<u>-</u>
Net cash provided (used) by investing activities	<u>11,304</u>	<u>(325,521)</u>

The accompanying notes are an integral part of these consolidated financial statements.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY
Consolidated Statements of Cash Flows (Concluded)
Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash flows from financing activities		
Grants for capital acquisition	122,839	125,397
Payments on long-term debt	(327,786)	(148,229)
Payments on line of credit	<u>(4,500)</u>	<u>(112,000)</u>
Net cash used by financing activities from continuing operations	(209,447)	(134,832)
Net cash used by financing activities from discontinued operations	<u>(12,956)</u>	<u>(7,014)</u>
Net cash used by financing activities	<u>(222,403)</u>	<u>(141,846)</u>
Net increase in cash and cash equivalents	967,513	1,014,309
Cash and cash equivalents, beginning of year	<u>1,669,888</u>	<u>655,579</u>
Cash and cash equivalents, end of year	<u>\$ 2,637,401</u>	<u>\$ 1,669,888</u>
Supplemental disclosures of cash flow information		
Cash paid for interest	\$ 33,407	\$ 45,425
Noncash transaction - debt forgiveness	52,000	25,000

The accompanying notes are an integral part of these consolidated financial statements.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Organization

Goodwin Community Health (GCH) is a non-stock, not-for-profit corporation organized in New Hampshire. GCH is a Federally Qualified Health Center (FQHC) which provides prenatal care, social support, and public health services to low-income persons.

Subsidiary

Great Bay Mental Health Associates, Inc. (GBMHA), a wholly-owned, for-profit subsidiary, is engaged in providing mental health services in the Strafford County, New Hampshire community through its employees and independent contractors who are qualified and licensed to practice in the State of New Hampshire.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of GCH and its subsidiary, GBMHA (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Discontinued Operations

On December 31, 2015, the Organization sold GBMHA's name and phone numbers, furniture and equipment, and medical and business supplies to Wentworth-Douglass Physician Corporation, a New Hampshire not-for-profit corporation, for \$164,738. The Organization maintained GBMHA's cash and cash equivalents, insurance claims, federal tax identification number, tax refunds, accounts receivable, goodwill, and the business books and records.

The Organization's consolidated financial statements reflect GBMHA's assets, revenues, gain, losses and expenses and cash flows as discontinued operations as of and for the years ended June 30, 2016 and 2015.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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 consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Income Taxes

GCH is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, GCH is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. GBMHA is a non-exempt organization and files applicable Form 1120 (corporate return). No provision for income taxes was necessary for the years ended June 30, 2016 and 2015.

Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements. The Organization is subject to U.S. federal and state examinations by tax authorities for the years ended June 30, 2012 through June 30, 2016.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for uncollectible accounts during 2016 or 2015.

A reconciliation of the allowance for uncollectible accounts at June 30 is as follows:

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$ 81,378	\$ 88,420
Provision	331,787	255,044
Write-offs	<u>(284,170)</u>	<u>(262,086)</u>
Balance, end of year	<u>\$ 128,995</u>	<u>\$ 81,378</u>

The increase in the allowance is primarily due to an increase in the amount due from patients with commercial insurance as a result of increased deductibles and co-pays.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Inventory

Inventory consisting of pharmaceutical drugs is valued using the retail method and is measured at the lower of cost or market.

Investments

Investments consist of certificates of deposit with a maturity in excess of one year.

Investment in Limited Liability Company

The Organization is one of eight partners who have each made a capital contribution of \$500 to Primary Health Care Partners, LLC (PHCP) during 2015. The Organization's investment in PHCP is reported using the equity method and the investment amounted to \$16,203 at June 30, 2016.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that 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 temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The Organization operates a pharmacy and also contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contracted pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. Contracted expenses and drug costs incurred related to the program are included in other operating expenses. Expenses related to the operation of the Organization's pharmacy are categorized in the applicable operating expense classifications.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2016</u>	<u>2015</u>
Program services	\$ 7,042,192	\$ 6,377,552
Administrative and general	1,301,950	1,160,709
Fundraising	<u>259,101</u>	<u>180,836</u>
Total	<u>\$ 8,603,243</u>	<u>\$ 7,719,097</u>

Excess of Revenue Over Expenses

The consolidated statements of operations reflect the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Subsequent Events

For purposes of the preparation of these consolidated financial statements, management has considered transactions or events occurring through December 13, 2016, the date that the consolidated financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the consolidated financial statements.

2. Property and Equipment

Property and equipment consisted of the following:

	<u>2016</u>	<u>2015</u>
Land	\$ 718,427	\$ 718,427
Building and improvements	5,802,958	5,670,162
Furniture, fixtures, and equipment	<u>1,449,887</u>	<u>1,364,376</u>
Total cost	7,971,272	7,752,965
Less accumulated depreciation	<u>1,907,627</u>	<u>1,698,003</u>
Total cost, less accumulated depreciation	6,063,645	6,054,962
Construction in progress	<u>-</u>	<u>92,721</u>
Property and equipment, net	<u>\$ 6,063,645</u>	<u>\$ 6,147,683</u>

The Organization's facility was built and renovated with federal grant funding under the ARRA - Capital Improvement Program and ACA - Capital Development Program. In accordance with the grant agreements, a Notice of Federal Interest (NFI) was required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management, Health Resources and Services Administration (OFAM, HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

Upon obtaining the mortgage included in Note 4 below on the Organization's facility, the Organization received the required written permission from OFAM and HRSA where by HRSA subordinated its Federal Interest in the property to the bank.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

3. Line of Credit

The Organization has a \$200,000 line of credit with Frisbie Memorial Hospital. The line of credit is interest-free, unsecured, and due on demand. The outstanding balances on the line of credit at June 30, 2016 and 2015 were \$- and \$56,500, respectively.

4. Long-Term Debt

Long-term debt consists of the following:

	<u>2016</u>	<u>2015</u>
Variable-rate note payable to a local bank, payable in monthly installments of \$4,464, including interest at 4.75%, through December 2018, at which time the interest will be adjusted to the Federal Home Loan Bank of Boston Rate plus 2.5% and every five years thereafter through December 2029, collateralized by real estate which is subject to a Notice of Federal Interest (see Note 2).	\$ 529,279	\$ 556,504
Note payable to a not-for-profit corporation, payable in monthly installments of \$8,069, including interest at 5.25%, through September 2017, collateralized by real estate which is subject to a Notice of Federal Interest (see Note 2) and all other assets. The note was paid in full during 2016.	-	205,217
Note payable to a local bank, payable in monthly installments of \$1,860, including interest at 4.75%, through January 2019, collateralized by all assets. The note was paid in full during 2016.	-	73,251
Note payable to the New Hampshire Health and Education Facilities Authority, payable in monthly installments of \$1,709, including interest at 1.00%, through July 2016. The note is unsecured.	-	22,093
Variable-rate note payable to a local bank, payable in monthly installments of \$596, including interest at Prime plus 1.5% with a 4% floor, currently at 4.75%, through June 2017, collateralized by all assets of GBMHA and an unlimited corporate guaranty of GCH.	-	12,956
Total long-term debt	529,279	870,021
Less current maturities	<u>27,490</u>	<u>161,740</u>
Long-term debt, less current maturities	<u>\$ 501,789</u>	<u>\$ 708,281</u>

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

The Organization is required to meet certain administrative and financial covenants under various loan agreements included above. The Organization is in compliance with all loan covenants at June 30, 2016.

Maturities of long-term debt for the next five years are as follows:

2017	\$	27,490
2018		30,124
2019		31,587
2020		33,120
2021		34,728

5. Patient Service Revenue

Patient service revenue is as follows:

	<u>2016</u>	<u>2015</u>
Medicare	\$ 728,783	\$ 638,547
Medicaid	2,930,718	3,131,251
Third-party payers and private pay	<u>2,240,792</u>	<u>2,131,634</u>
Medical and dental patient service revenue	5,900,293	5,901,432
340B pharmacy revenue	<u>696,710</u>	<u>244,614</u>
Total patient service revenue	<u>\$ 6,597,003</u>	<u>\$ 6,146,046</u>

The Organization has agreements with the Centers for Medicare & Medicaid Services (Medicare) and New Hampshire Medicaid. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

Medicare

Effective July 1, 2015, the Organization began to be reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically adjusted rate determined by federal guidelines. Prior to July 1, 2015, the Organization was reimbursed at specified interim contractual rates during the year. Differences between the Medicare interim contractual rate and the cost of care as defined by the Principles of Reimbursement governing the program were determined and settled on a retrospective basis. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2015.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately \$485,000 and \$486,000 for the years ended June 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

6. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that covers substantially all employees. In 2011, the Organization temporarily suspended the employer match. During 2016, the match was reinstated and contributions amounted to \$22,668.

7. WIC Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). This program is funded by the U.S. Department of Agriculture (Code of Federal Domestic Assistance #10.565). The value of food vouchers distributed by the Organization was \$1,463,583 and \$1,570,536 for the years ended June 30, 2016 and 2015, respectively. These amounts are not included in the accompanying consolidated financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Consolidated Financial Statements

June 30, 2016 and 2015

8. Concentration of Risk

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. At June 30, 2016 and 2015, New Hampshire Medicaid represented 29% and 31%, respectively, and Medicare represented 18% and 9%, respectively, of gross accounts receivable. No other individual payer source exceeded 10% of the gross accounts receivable balance.

9. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.



**Board of Directors
Fiscal Year 2017**

Name	Title	Occupation	Consumer
David B. Staples, DDS	Chair	Dentist	x
Valerie Goodwin	Vice-Chair	Business	x
Mark Boulanger	Treasurer	CPA	
Jennifer Glidden	Secretary	DHHS Admin. Supervisor	x
Don Chick	Member	Photographer	x
Whitney Galeucia	Member		x
Lisa Hall	Member	Retired Accountant	
Allyson Hicks	Member	Hospital Finance Director	
Barbara Holstein	Member	Retired	
Abigail Sykas Karoutas	Member	Attorney	
Mathurin Malby, MD	Member	Physician	
Allison Neal	Member	Education Consultant	x
Suzanne Onufry	Member	Retired	x
Yulia Rothenberg	Member	Education Consultant	x
Marissa Scott	Member	Music Therapist	x
Jeffrey Segil, MD	Member	Physician-OB/GYN	

JANET MARIE LAATSCH

Professional Health Care Administrator with 26 years of leadership experience

PROFESSIONAL EXPERIENCE

Goodwin Community Health, Somersworth, NH -2011 to Present

Chief Executive Officer

2005-Present

- Instituted a Just Culture organization wide
- Created strategic partnerships and collaborative programs with other health care organizations
- Advanced the Health Center by receiving \$5.8M in grant funding for a new building
- Merged three locations and three cultures into one, reduced costs and improved access to care
- Secured over \$28M in grant funding since 2001
- Integrated substance misuse and primary care
- Initiated and integrated behavioral and primary care
- Successful recruitment and retention of providers
- Submitted and awarded NCQA Medical Home, Level III Certification twice
- Demonstrated improvements in patient outcomes and satisfaction and reduction in cost

CEO Great Bay Mental Health Associates

2012-2015

- Recruited seven new therapist/prescribers
- Recognized a surplus for the first time in 12 months

Finance Director

2003-2005

Fund Development

2001-2003

North Shore Medical Center (Partners Health Care)- 1991-1999 Salem, MA

Consultant for North Shore Community Health Center

1998-1999

- Hired for a year to improve cash flow and operations

Director of Nursing for outpatient services

1993-1998

- Co-Chair of the Nursing Quality Improvement Committee
- Increased revenue per visit in the emergency department
- Successfully prepared new clinics for licensure and accreditation
- Community Benefit liaison for the hospital through a merger
- Co-Chair of the Community Health Network for the North Shore Hospital
- Obtained several awards from Partners Health Care for Community Leadership

Manager of Intermediate Cardiac Care and Telemetry Unit

1991-1993

Registered Nurse- Various positions as a RN including ICU, ED, Boston Visiting Nurse Association

1981-1991

EDUCATION:

University of New Hampshire: M.B.A. Durham, N.H.	Concentration in Finance	Graduated 1991
Northern Michigan University: B.S.N. Marquette, M.I.	Minor in Biology	1981

VOLUNTEER ACTIVITIES:

Rochester NH Rotary Member and Past President
Board member Community Health Access Network
Vice-Chair for Bi-State Primary Care Association

LICENSES/CERTIFICATIONS:

N.H. Real Estate Broker
N.H. Nursing License
Green Belt Certification

INTERESTS/PERSONAL:

Running, hiking, reading, leadership development

MELISSA J. SILVEY

Interim Director of Public Health and Continuum of Care Coordinator

MANAGEMENT PROFILE

**PROGRAM MANAGEMENT / MARKETING / COMMUNICATIONS / PUBLIC RELATIONS
BUSINESS DEVELOPMENT / CUSTOMER RELATIONS / PARTNER RELATIONS**

Goal-focused, growth-minded leader qualified for corporate role through 15 years of accomplishment spanning organizational growth and change management, program development and implementation, team leadership, marketing, public relations, and alliance building.

Offering over a decade of documented leadership and management achievement growing and building small, local programs to national recognition, conceptualizing and leading highly effective innovations and solutions to problems, and spearheading improvements and changes that drive performance increases in all key metrics. Strong team leader known for dedication, energy, and ability to adjust flexibly and quickly to new challenges and situations. Qualifications include:

- Strategic Planning & Execution
- Marketing & Business Development
- Team Building & Leadership
- Program Vision & Direction
- Budget Planning & Administration
- Media & Press Relations
- Business Capacity Building
- Policy Development & Implementation
- Grant & Proposal Writing
- Customer Service Delivery
- Legislative Affairs & Public Relations
- Project Planning & Management

PROFESSIONAL EXPERIENCE

Interim Director of Public Health and Continuum of Care Coordinator, July 2013-Present
Regional Network Coordinator, October 2010-June 2013
Goodwin Community Health, Somersworth NH

Formation of a comprehensive Regional Network for 20 Cities and Towns in the greater Seacoast area that encompasses Assessment, Capacity, Planning, Implementation and Evaluation. Tasked with forming strategic alliances, advocacy, grant collaborations, policy development, fiscal management and oversight, proposal development, sustainability.

KEY CONTRIBUTIONS & ACCOMPLISHMENTS:

Network Development

- Workgroups developed and facilitated to identify regional priorities related to substance use consequence and consumption
- Provided stakeholders an opportunity to convene and develop prevention infrastructure within sector based settings
- Developed partnerships to address the changing financial and capacity landscape in non-profit funding within the State and region

Media and Strategic Outreach

- Formation of media strategies using a multitude of platforms including social, e-newsletters, newspaper and non-traditional sources to convey health and wellness messages
- Charged with providing strategic guidance and recommendations to multi-million dollar healthcare delivery system
- Creation and implementation of regional taskforce to address the public health epidemic of prescription drug access and diversion
- Branded ONE Voice for Southeastern NH's promotional materials, website and e-news

Assessment, Data Collection and Evaluation

- Planned and facilitated numerous focus groups, key informant interviews, moderated topical community discussions and regional summits to bolster strategic planning efforts for alcohol and other drug prevention initiatives
- Prioritized key findings of analysis to spearhead comprehensive 3 year plan for population level prevention

...Continued

PROFESSIONAL EXPERIENCE, CONTINUED

- Planning and oversight of administration of Youth Risk Behavior Survey implementation for over 4000 high school students within catchment area

CPC Coordinator, 2007-2010

United Way of the Greater Seacoast & United Way of Massachusetts Bay, Portsmouth, NH

Ongoing development of a comprehensive Strategic Prevention Framework for 20 Cities and Towns in the greater Seacoast area that encompasses Assessment, Capacity, Planning, Implementation and Evaluation. The project is steeped in cultural competency and sustainability. Nurtured board development and cultivated broad membership which led to a prevention infrastructure. Environmental strategies were identified to lead to a lasting impact and reduction on underage drinking and binge drinking within the Region.

KEY CONTRIBUTIONS & ACCOMPLISHMENTS:

Program Development

- Developed capacity within region to bolster prevention efforts toward consequence and consumption of underage drinking and binge drinking
- Provided stakeholders an opportunity to address prevention efforts and craft an infrastructure to deliver prevention services
- Brokered new networks that directly impacted the region to through the use of technical assistance, logistical support and capacity development.

Director, 2006-2007 ■ Deputy Director, 2005-2006 ■ Consultant, 2004-2005

Milton S. Eisenhower Foundation, Youth Development & Employment Relocation Programs, Washington, D.C.

Earned promotions from consultant into newly created position as Director of Youth Development & Employment Replication Programs. Took the lead in replicating Youth Safe Haven sites and Quantum Opportunities program throughout NH, then providing technical assistance to other Housing Authorities nationwide. Spearheaded research and development of national model for launch of an out-of-school youth program.

Provide technical assistance to four NH Housing Authorities. Form and cultivate community partnerships, identify grant/funding opportunities, and work on congressional appeals for funding. Represent Foundation, working with program sites around the nation to set measurable goals and improve performance; help attain non-profit status for sites without existing 501c3 status. Report directly to CEO and COO; advise senior management on nationwide trends in funding.

KEY CONTRIBUTIONS & ACCOMPLISHMENTS:

Program Development

- Developed national program for drop-out students; created out-of-school youth program for national replication based on extensive research/analysis.
- Launched new program in Nashua, NH, identifying and correcting program deficiencies, ultimately securing \$655,000 in funding for 4 additional NH sites. Lobbied for funding and helped expand sites into strategic locations nationwide.
- Unearthed funding sources for national intermediary organization that directly benefited 1,000+ children and families nationwide. Served as advocate for national funding through the federal government.

Marketing & Business Development

- Sold program concepts to community leaders and stakeholders, persuasively presenting benefits of replicating and implementing scientifically validated programs. Built coalitions and partnerships with local and national youth-service organizations.
- Established brand and recognition for NH sites through implementation of media campaign that provided public relations through local newspapers. Spotlighted by media for involvement of Eisenhower Foundation as program cornerstone.

Process & Performance Improvement

- Worked directly with site directors and stakeholders, bringing real-world perspective and years of experience to assist in designing and implementing program enhancements and

Strategic Partnerships

- changes to improve program goals and outcomes.
- Provided sites nationwide with expertise and guidance in techniques for effective online data collection and analysis.
- Teamed with local/state law enforcement and NH National Guard to develop drug prevention strategies and community-based policing in state's most critical-need neighborhoods. Developed and fostered key relationships with NH Congressional delegations to further site development efforts.

Director, 1998-2005 ▪ Coordinator, 1996-1998

Dover Housing Authority, Director-Family Services/Drug Prevention & Family Support Programs, Dover, NH

Promoted to direct Family Services program, reporting directly to Executive Director within 184-unit family housing development. Completely transformed program into a nationally recognized, award-winning program that expanded into 2 locations with significantly increased capacity, new strategic partnerships throughout the community, and strategic positioning to vie competitively for national, state, and local funding.

Built and supervised a 15-person FT and PT staff (expanded from 4 to 15 employees). Oversaw and coordinated public relations, budget management, business development/grant writing, program development, client communications, and problem resolution. Represented organization at relevant local community meetings and events, developed strategic partnerships and alliances with community agencies, and facilitated community participation in programs. Administered more than \$1.5 million in grants, reporting to 15 grant and funding sources annually.

KEY CONTRIBUTIONS & ACCOMPLISHMENTS:

Change Management & Program Improvement

- Led programs to achieve 2 national-scope NAHRO Awards in recognition of dramatic changes, expansions, and improvements. Strategically positioned organization to secure local, state, and national funding.
- Expanded organization to 2 sites in Dover and secured grant that allowed for 2-fold increase in size of community center that now features more than 6,000 sq.ft.

Program Growth & Expansion

- Generated 900%+ increase in program participation from 20 children in 1996 to 200+ in 2004; created 16+ programs that served broad range of needs among children, including 1st Quantum Opportunities Program within State of New Hampshire.
- Wrote and secured 15+ grants for federal, state, and local programs. Achieved turnaround from budget deficit to program with over \$500,000 annual funding.
- Created and managed program that decreased juvenile crime 55% in 1 year, with organization experiencing 1st-ever crime-free month in its 50-year history.

Partnerships & Alliances

- Optimized grant funding and expanded service offerings through establishment of partnerships with local agencies and organizations. Built strong relationships with Dover School Dept. and Dover Police Dept.

Marketing & Public Relations

- Modified community perception of public housing through strategic PR and marketing initiatives, designing and implementing all PR and marketing for programs.

EDUCATION

Bachelor of Social Work (B.S.W.), emphasis in Political Science – 1996
COLORADO STATE UNIVERSITY- Pueblo, CO

CERTIFICATIONS

Certified Prevention Specialist (C.P.S), – 2011
NH PREVENTION CERTIFICATION BOARD- Manchester, NH

JOHN BURNS

OBJECTIVE

Looking for a challenging change and move into recovery support services, project management, continuum of care, and management level roles within the field of behavioral health and addiction recovery.

COMMUNITY SERVICE EXPERIENCE:

NH IDN Region 6 Executive Governance

June 2016 – Present

Appointed as recovery support services representative to district 6 executive governance committee in Sept 2016. Have also actively served on community engagement committee and have been involved in facilitating community outreach efforts and focus groups on the DSRIP/IDN waiver program and integration of care efforts.

Safe Harbor Recovery Center

Sept 2015 – June 2016

Hire in paid role as director of peer recovery organization since June 2016. Have engaged as project manager through construction and build out of center as a volunteer prior to hiring. As director have been responsible for coordinating and management of all projects, scheduling and volunteer organization. Have managed start-up and facilitation of a peer advisory council and multiple volunteer committees. Responsible for fiscal budget management as well as integration of services into the community with community care teams, dsrip and idn projects, homeless coalitions and treatment providers.

Families Hoping and Coping

June 2014 – Present

Founder and President of non-profit peer based family support group serving families in Strafford County with three chapters meeting weekly. Founded this in June and have had additional chapters throughout seacoast and Strafford County NH to serve family members and loved ones of individuals struggling with substance use disorders.

OneVoice Strafford County Opioid Taskforce

January 2014 – Present

Member and stakeholder of county-wide taskforce made up of law enforcement, healthcare providers, treatment and recovery advocates and family members that was active in rolling out multiple summits, events and advocacy efforts to bring exposure to opioid epidemic and substance misuse in Strafford County.

Hope on Haven Hill

August 2015 – June 2016

Treasurer and Board Member for non-profit long term residential treatment program for pregnant women and their children in Rochester, NH struggling with substance use disorders.

SOS Recovery Centers

August 2014 – June 2016

Serve on the leadership team appointed to act as liasons to the community volunteers in the process of helping to design, implement and oversee the creation of three community recovery centers in Strafford County scheduled to start opening in June and July of 2016.

CERTIFICATIONS, RECOGNITION, AND MEMBERSHIP:

- Connecticut Community for Addiction Recovery Trained Recovery Coach and Recovery Coach Trainer
- NH CSRW credential pending
- CCAR Trained Recovery Coach
- NAMI certified facilitator
- AHA CPR and First Aid Certified
- Connect Suicide Prevention trained
- Completed Trauma Informed Care training
- 2015 New Futures Advocacy in Action Award: Statewide public advocacy award presented by New Futures in Concord, NH for advocacy on legislative policies related to opioid epidemic and substance misuse disorders.
- Pursuing NH Certified Recovery Coach Support Worker (CSRW) credential; 90% complete
- Current member of NH Providers Association and NH Alcohol & Drug Abuse Counselors Association

EXPERIENCE

Associate Director Strategic Partnerships for Public Health Goodwin Community Health

Nov 2016-Present

- Serve as Director of SOS Recovery Community Organization overseeing day to day operations and strategic direction of 3 recovery community centers.
- Supervise and Manage two staff members in Public Health Network as well as four staff of SOS along with interns and a large core of volunteers
- Assist in the oversight of substance misuse prevention programs, CHIP, School based flu programs, Coordinated School Health, Public Health Advisory Council and farmers market programs in Strafford County.
- Fiscal management of the SOS RCO operational budget
- Oversee and coordinate programming and volunteer efforts at SOS RCO.

Director, Safe Harbor Recovery Center Granite Pathways & Fedcap Rehabilitation Services

June 2016 – Nov 2016
Portsmouth, NH

- Fiscal management of the operational budget
- Oversee and coordinate a calendar of events for recovery support services and peer support groups
- Project management of Community Access to Recovery with local hospitals, police departments and recovery center.
- Responsible for grant reporting and ensuring quality data collection efforts are maintained by support workers
- Coordinate with peer leaders, volunteers, and community leaders to facilitate effective community outreach, education, and awareness raising
- Facilitate stakeholder collaborations to ensure enrollment targets for various projects and adequate reach populations of focus
- Supervision of trained peer leaders and volunteers
- Assisting and informing the broader Granite Pathways and Fedcap NE Region scopes of work by attending quarterly meetings, providing quarterly reports and serving as an access point for NH Service Framework

Northeast Regional Sales Manager, United Site Services United Site Services

Sept 2014 – Feb 2016
Westborough, MA

- Successfully direct a team of eleven account managers throughout the Northeast, USA.
- Oversight and management of P&L and sales budget of \$37 million.
- Successfully implemented and oversaw six acquisitions totaling over \$6 million in revenue.
- Achieved organic growth of 11% in 2015 in construction market growing less than 2% annually.
- Achieved and exceeded Budget targets in 3 of 5 quarters.

Northeast Regional Sales Manager State Chemical Solutions

April 2009 – Sept 2014
Cleveland, OH

- Successfully direct a team of seven sales managers and sixty sales representatives throughout the Northeast, USA.
- Chosen by Executive V.P. to help implement 2011 initiative to transition from commission based sales organization to a salary sales and service based organization.
- Successfully implemented growth strategy and initiatives to show sales improvement in first two years.
- Improved sales declines in region for previous five years from over eight percent multiple year gross losses to achieving consistent growth trend and achieving sales growth targets above company targets.

- Successfully took over and have made a number of successful managerial transitions within the region and poised it for continued growth in 2013.
- Regional Sales Manager of the Quarter - second quarter, 2012.

District Sales Manager
State Chemical Solutions

Nov 2006 - April 2009
 Cleveland, OH

- Successfully built and managed a team of ten sales representatives throughout New England.
- Consistently recognized as top performer and awarded district sales manager of month twice.
- Successfully achieved and exceeded growth, sales, and earnings targets in 2008.
- Successfully took over and merged two shrinking districts within twelve months of being hired and showed immediate growth as well as territory expansion from nine to ten territories.
- Appointed as a leading district manager to District Sales Manager Council to work with upper management in achieving company strategic goals and strategies and act as liaison to other district managers.
- Recruited, hired and trained two recipients of company's distinguished Rookie of the Month sales award as well as one recipient of the Rookie of the Year award.

Operations Manager
F.W. Webb Company

Jan 2001 - Nov 2006
 Dover, NH

- Managed operations for large branch location and two satellite locations in wholesale plumbing and heating industry.
- Successfully exceeded profitability goals five consecutive years with gross sales of over \$21 million annually and recognized as top performer each year.
- Managed over fifty sales and warehouse employees and over \$5 million in inventory and improved inventory cost controls by improving inventory turnover and sales fulfillment rates.
- Successfully led and implemented ISO 9001 certifications and developed a full safety program.
- Led preparation, oversight and implementation with general manager of both P&L and capital budgets each year and nearly doubled net profit goals each year.
- Directed all aspects of hiring, training and branch personnel issues.

Outside Sales
F.W. Webb Company

Sept 1995 - Jan 2001
 Dover, NH

- Managed and grew gross sales from 1 million dollars annually to over 3 million while maintaining gross margins exceeding company targets and expectations.
- Achieved and exceeded sales growth every year and recognized annually as a top performer.
- Appointed to Industrial PVF Steering Committee to assist in corporate strategies for Industrial PVF sales, distribution, and inventory management policy.

EDUCATION

Masters of Business Administration, Southern NH University

May 2001

- **GPA: 3.88 and President's List**

Manchester, NH

Bachelor of Science, Business Administration, Southern NH University

May 1999

- **GPA: 3.82 and President's List**

Manchester, NH

Associates Degree, Paralegal Studies, McIntosh College

May 1995

- **GPA: 3.93 and President's List, High Honors**

Dover, NH

Corinna Moskal

An effective communicator and professional in a high-stress and fast paced environment, with good punctuality for work deadlines and time management. Well-developed skills in scheduling and personnel management.

Education:

- B.S., PUBLIC HEALTH December, 2016
- Colby Sawyer College, New London, NH
 - 3.34 GPA in major courses
 - Biology Minor
- GOUCHER COLLEGE, BALTIMORE, MD August, 2013- December, 2013
- Began bachelor's degree course work
- LICENSED NURSING ASSISTANT Effective date: February, 2015
- Obtained NH LNA certificate (054315-24) through the American Red Cross

Work Experience:

- Public Health Network Coordinator December 2016- Present
- Strafford County Public Health Network, Somersworth, NH
 - Coordinators a variety of projects such as Coordinated School Health, Somersworth Farmers Market, and School Based Flu Clinics
 - Works alongside Director of Public Health
- HEALTH NAVIGATOR INTERN May 2016- July 2016
- ImagineCare[®] at Dartmouth Hitchcock Medical Center, Lebanon, NH
 - Worked alongside other health navigators
 - Assisted staff with customer relations and research
- LNA/ LICENSED TELEMETRY TECHNICIAN May 2015- present
- Dartmouth Hitchcock Memorial Hospital, Lebanon, NH
 - Recording vitals, input and output, helped with recovery, IV removal, catheter removal, hygiene and linens, and various tasks nurses needed help with
 - Review ectopy and daily measurements of on and off site patients as a Telemetry Technician
- FRONT DESK CLERK February 2014-April, 2015
- Sunapee Lake Lodge and Mountain Edge Resort and Spa
 - Participated in customer assistance through scheduling and cleaning activities

Additional Skills and Experience:

- CPR/First Aid certified
- Psychological First Aid certified
- Participated in Hands to Honduras 2011 and 2012 as an active member of trip planning and project scheduling
- Volunteered at the Dartmouth Flu Clinic in 2014

Alissa D. Cannon

OBJECTIVE

Develop and sustain cross sector community and regional partnerships that promote and sustain public health approaches to preventing the negative consequences of substance misuse among youth.

EDUCATION

Granite State College (In Progress) <i>Psychology, BS</i>	2017 (expected)
Tangipahoa Parish Sheriff's Office <i>Reserve Training Academy – Class President, Academic Award</i>	2012
Granite State College <i>Behavioral Science (AS)</i>	2008

SKILLS

- **Conduct coalition building activities in support of strategic plan implementation**
- **Collect and Analyze needs assessment data**
- **Plan and facilitate task force, committee, and youth meetings**
- **Employ comprehensive and community-based data for prevention**
- **Development and delivery of substance use and misuse content and prevention strategies**
- **Grant research, development and writing**
- **Management and compliance with SAMHSA, NHTSA, and other federal grant programs**
- **Field experience with at-risk teen populations, persons with disabilities and Special Education**

EMPLOYMENT

Present

Substance Misuse Prevention Coordinator – ONE Voice for Strafford County

Serving Strafford County as the Coordinator for Substance Misuse Prevention - organizing local partners: building relationships and sector capacity; assessing needs in the community to plan substance misuse prevention programs and activities for youth and at-risk populations; convening the Prevention Leadership Workgroup – a working collaboration of prevention specialists; developing strategic plans and annual work plans in order to reduce the use of alcohol, marijuana and other drugs among teens and young adults.

2016

Coalition Coordinator – Somersworth Prevention Coalition

Held the position of Coordinator for a community coalition, collaborating with local partners to organize and plan substance misuse prevention activities that align with requirements of the Drug Free Communities Support Program; Utilizing the strategic prevention framework process to analyze community needs, develop action plans and implement programs, and cultivate partnerships geared towards the reduction of drug and alcohol use among teens and community education of substance misuse issues.

2014 - 2015

Marketing Assistant – Options, Inc.

Worked in a local non-profit organization serving men and women with developmental disabilities in a clerical position with daily use of Microsoft Office products and broad internet knowledge; Coordinating with department managers to construct effective marketing tools that benefit their departments, including the development of social media strategies; Supervising two resale store employees as the Manager for the store; Creating monthly newsletters for employees, as well as Constant Contact e-mails for general interest population; Developing policies and procedures and maintaining records for the agency's volunteer base; Assisting with the development and coordination of agency activities that include small events and large fundraising events.

2011-2013

Community Outreach Coordinator – TRACC Coalition, Tangipahoa Parish Government

Began as an Administrative Assistant to the Prevention Director for the TRACC Coalition of Tangipahoa Parish Government, answering phones, fielding questions regarding substance use and abuse prevention, compiling data for youth substance misuse and alcohol related highway crashes.

Promoted to Community Outreach Coordinator, working closely with local law enforcement agencies and conducting monthly meetings with designated law enforcement coalition partners; organizing and overseeing the youth prevention program alongside various community agency partners; planning and executing various training seminars in relation to youth and substance use/abuse, as well as law enforcement and substance use/abuse trainings; Scheduling and planning all monthly TRACC Coalition meetings, as well as communicating with partners; Using data to develop strategies to implement alcohol abuse and underage drinking prevention tools within the community.

2009-2011

Editor/Staff Writer – Amite Tangi Digest

Began as an Assistant Editor for the local community newspaper, covering local government and municipality meetings and writing stories; photographing sports events; visiting local schools and developing relationships with educators, town leaders as well as with local fire and police agencies; working alongside various community members; handling layout and print of weekly newspaper editions; Maintaining newspaper's website and Facebook accounts; Experience using various computer programs such as Adobe Photoshop and InDesign.

2006-2009

Paraprofessional II – Epping High School

Working with students with varying educational and emotional disabilities; Collaborating with teachers, administrators and special educators to increase students' accessibility to the curriculum, while implementing positive reinforcement for the behavioral management of assigned students within the classroom; Using prevention skills and encouraged overall wellness for the students and their behaviors; Creating schedules for paraprofessionals during exams to assure assistance was fully utilized to the benefit of the students.

References

Bridget Bailey, Prevention Director
Tangipahoa Parish Government
Amite, Louisiana
985-320-1642

Jodie Rohner, Executive Director
Crime Stoppers of Tangipahoa
Hammond, Louisiana
985-634-0590

Dawson Primes, Director
Tangipahoa Parish Office of Homeland Security and Emergency Preparedness
Amite, Louisiana
985-974-7977

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Goodwin Community Health

Name of Contract: Regional Public Health Network 2018-DPHS-01-REGION

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Janet Laatsch	CEO	\$ 155,291.00	0%	\$0.00
Melissa Silvey	Continuum of Care Facilitator & Interim Dir. Of Public Health	\$81,959	83.38%	\$68,337.00
John Burns	CoC/PHAC	\$61,742	20.00%	\$12,348.41
Corinna Moskal	PHN Coordinator/PHAC	\$52,811	37.75%	\$19,936.15
Alissa Cannon	SMP Coordinator	\$43,569	82.50%	\$35,944.62
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$136,566.19

BUDGET PERIOD:		SFY 19		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Janet Laatsch	CEO	\$ 155,291.00	0%	\$0.00
Melissa Silvey	Continuum of Care Facilitator & Interim Dir. Of Public Health	\$81,959	83.38%	\$68,337.00
John Burns	CoC/PHAC	\$61,742	20.00%	\$12,348.41
Corinna Moskal	PHN Coordinator/PHAC	\$52,811	37.75%	\$19,936.15
Alissa Cannon	SMP Coordinator	\$43,569	82.50%	\$35,944.62
				\$136,566.19

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-04

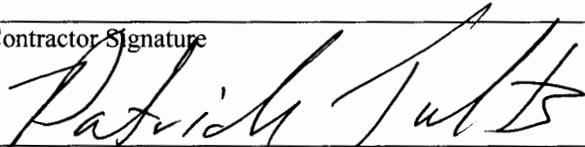
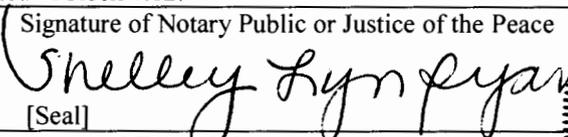
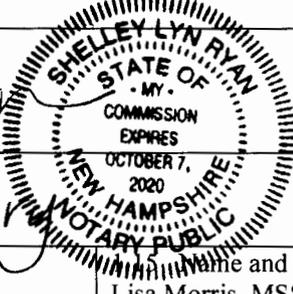
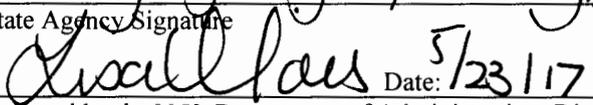
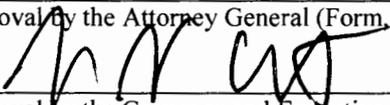
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite United Way (Capital Region)		1.4 Contractor Address 46 S. Main Street Concord, NH 03301	
1.5 Contractor Phone Number 603-224-2595 ext 228	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$788,906
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Patrick Tufts President & CEO	
1.13 Acknowledgement: State of <u>New Hampshire</u> , County of <u>Merrimack</u> On <u>May 10, 2017</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  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace Shelley Lyn Ryan, Notary			
1.14 State Agency Signature  Date: <u>5/23/17</u>		Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By:  On: <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 (“Effective Date”).

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 (“Equal Employment Opportunity”), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor’s books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials PT
Date 5/10/17

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.



Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.

- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
 - 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
(<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
 - 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>).
 - 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
 - 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
 - 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
 - 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
 - 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.



Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
 - 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
 - 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.
- 3.1.7. Young Adult Substance Misuse Prevention Strategies**
- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
 - 3.1.7.2. Funding shall not be used for the purposes of capacity building.
 - 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.
- 3.1.8. School-Based Clinics**
- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
 - 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
 - 3.1.8.3. Enroll students for vaccination with written parental consent.



Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
- 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
- 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
- 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures



Exhibit A

5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

- 1) Number of individuals served or reached
- 2) Demographics
- 3) Strategies and activities per IOM by the six (6) activity types.
- 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5) Percentage evidence based strategies

5.1.4.1.5. Submit annual report

5.1.4.1.6. Provide additional reports or data as required by the Department.

5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

5.1.5.1. Submit updated regional assets and gaps assessments as indicated.

5.1.5.2. Submit updated regional CoC development plans as indicated.

5.1.5.3. Submit quarterly reports as indicated.

5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.

5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:

- a) Number of individuals served
- b) Demographics of individuals served
- c) Types of strategies or interventions implemented
- d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions

5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

5.1.7.1. Attend Summer Start up meeting with NHIP staff.

5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

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Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,

JS

5-10-17



Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.

6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance

6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.

6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.

6.1.6. School-Based Clinics

6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).

7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.

7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.

7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.

7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.



Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
- a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.



Exhibit A

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

Handwritten initials in black ink, appearing to be 'JS' or similar, written over a horizontal line.

5-10-17



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services
(Capital Region)

Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 21,146.00	\$ 1,057.30	\$ 22,203.30
2. Employee Benefits	\$ 5,883.00	\$ 294.15	\$ 6,177.15
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 252.00	\$ 13.00	\$ 265.00
6. Travel	\$ 655.00	\$ 32.80	\$ 687.80
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 385.00	\$ 19.25	\$ 404.25
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250.00	\$ 12.50	\$ 262.50
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 28,571.00	\$ 1,429.00	\$ 30,000.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: *PS*

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 21,146.00	\$ 1,057.30	\$ 22,203.30
2. Employee Benefits	\$ 5,883.00	\$ 294.15	\$ 6,177.15
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 252.00	\$ 13.00	\$ 265.00
6. Travel	\$ 655.00	\$ 32.80	\$ 687.80
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 385.00	\$ 19.25	\$ 404.25
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250.00	\$ 12.50	\$ 262.50
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 28,571.00	\$ 1,429.00	\$ 30,000.00

Indirect As A Percent of Direct

\$ - 5.0%

Contractor Initials: _____

Date: _____



 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 62,644.00	\$ 3,132.00	\$ 65,776.00
2. Employee Benefits	\$ 13,214.00	\$ 660.75	\$ 13,874.75
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 822.00	\$ 41.00	\$ 863.00
6. Travel	\$ 2,265.00	\$ 113.25	\$ 2,378.25
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,450.00	\$ 72.00	\$ 1,522.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250.00	\$ 12.50	\$ 262.50
11. Staff Education and Training	\$ 250.00	\$ 12.50	\$ 262.50
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 80,895.00	\$ 4,044.00	\$ 84,939.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 62,644.00	\$ 3,132.00	\$ 65,776.00
2. Employee Benefits	\$ 13,214.00	\$ 660.75	\$ 13,874.75
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 822.00	\$ 41.00	\$ 863.00
6. Travel	\$ 2,265.00	\$ 113.25	\$ 2,378.25
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,450.00	\$ 72.00	\$ 1,522.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 250.00	\$ 12.50	\$ 262.50
11. Staff Education and Training	\$ 250.00	\$ 12.50	\$ 262.50
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 80,895.00	\$ 4,044.00	\$ 84,939.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

	Direct	Indirect	TOTAL
1. Total Salary/Wages	\$ 49,288.00	\$ 2,464.50	\$ 51,752.50
2. Employee Benefits	\$ 14,368.00	\$ 718.50	\$ 15,086.50
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,187.00	\$ 59.70	\$ 1,246.70
6. Travel	\$ 3,735.55	\$ 186.75	\$ 3,922.30
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,920.00	\$ 196.00	\$ 4,116.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,000.00	\$ 50.00	\$ 1,050.00
11. Staff Education and Training	\$ 800.00	\$ 40.00	\$ 840.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 74,298.55	\$ 3,715.45	\$ 78,014.00

Indirect As A Percent of Direct

\$

5.0%

Contractor Initials: _____

PT

Page 1 of 1

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

	Direct Personnel	Indirect Personnel	All Other Personnel
1. Total Salary/Wages	\$ 49,288.00	\$ 2,464.50	\$ 51,752.50
2. Employee Benefits	\$ 14,368.00	\$ 718.50	\$ 15,086.50
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,187.00	\$ 59.70	\$ 1,246.70
6. Travel	\$ 3,735.55	\$ 186.75	\$ 3,922.30
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,920.00	\$ 196.00	\$ 4,116.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,000.00	\$ 50.00	\$ 1,050.00
11. Staff Education and Training	\$ 800.00	\$ 40.00	\$ 840.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 74,298.55	\$ 3,715.45	\$ 78,014.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: PS

Date: 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

	Direct	Indirect	Total
1. Total Salary/Wages	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 78,000.00	\$ 2,500.00	\$ 80,500.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 78,000.00	\$ 2,500.00	\$ 80,500.00

Indirect As A Percent of Direct

3.2%

Contractor Initials: _____

ps

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Budget Request for: Regional Public Health Network Services - CoC
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 78,000.00	\$ 2,500.00	\$ 80,500.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 78,000.00	\$ 2,500.00	\$ 80,500.00

Indirect As A Percent of Direct

3.2%

Contractor Initials: _____

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

	Direct	Indirect	Total
1. Total Salary/Wages	\$ 4,947.00	\$ 248.50	\$ 5,195.50
2. Employee Benefits	\$ 1,333.00	\$ 66.75	\$ 1,399.75
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -
6. Travel	\$ 195.00	\$ 9.75	\$ 204.75
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):			\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,475.00	\$ 1,525.00	\$ 20,000.00

Indirect As A Percent of Direct

8.3%

Contractor Initials: _____

PS

Page 1 of 1

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

	Direct	Indirect	Total	
1. Total Salary/Wages	\$ 4,947.00	\$ 248.50	\$ 5,195.50	
2. Employee Benefits	\$ 1,333.00	\$ 66.75	\$ 1,399.75	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -	
6. Travel	\$ 195.00	\$ 9.75	\$ 204.75	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training			\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00	
13. Other (specific details mandatory):			\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 18,475.00	\$ 1,525.00	\$ 20,000.00	

Indirect As A Percent of Direct

8.3%

Contractor Initials: _____

Date: _____

PT
5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 9,999.00	\$ 500.00	\$ 10,499.00
2. Employee Benefits	\$ 2,859.00	\$ 143.00	\$ 3,002.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 600.00	\$ 30.00	\$ 630.00
6. Travel	\$ 1,000.00	\$ 50.00	\$ 1,050.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,256.00	\$ 63.00	\$ 1,319.00
11. Staff Education and Training	\$ 1,000.00	\$ 50.00	\$ 1,050.00
12. Subcontracts/Agreements	\$ 69,950.00	\$ 2,500.00	\$ 72,450.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 86,664.00	\$ 3,336.00	\$ 90,000.00

Indirect As A Percent of Direct

3.8%

Contractor Initials: _____

PS

Page 1 of 1

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Concord Area Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

	Direct	Indirect	Total
1. Total Salary/Wages	\$ 9,999.00	\$ 500.00	\$ 10,499.00
2. Employee Benefits	\$ 2,859.00	\$ 143.00	\$ 3,002.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 600.00	\$ 30.00	\$ 630.00
6. Travel	\$ 1,000.00	\$ 50.00	\$ 1,050.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,256.00	\$ 63.00	\$ 1,319.00
11. Staff Education and Training	\$ 1,000.00	\$ 50.00	\$ 1,050.00
12. Subcontracts/Agreements	\$ 69,950.00	\$ 2,500.00	\$ 72,450.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 86,664.00	\$ 3,336.00	\$ 90,000.00

Indirect As A Percent of Direct

3.8%

Contractor Initials: _____

Date: _____

YAS
5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 4,947.00	\$ 252.00	\$ 5,199.00
2. Employee Benefits	\$ 1,333.00	\$ 66.75	\$ 1,399.75
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 350.75	\$ 18.00	\$ 368.75
6. Travel	\$ 600.00	\$ 30.00	\$ 630.00
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 165.00	\$ 9.00	\$ 174.00
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 2,935.00	\$ 293.50	\$ 3,228.50
13. Other (specific details mandatory):	\$ -		\$ -
	\$ -		\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 10,330.75	\$ 669.25	\$ 11,000.00

Indirect As A Percent of Direct

6.5%

Contractor Initials: _____

Ø1

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Concord Area

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

	Direct Expenses	Indirect Costs	Total Expenses
1. Total Salary/Wages	\$ 4,947.00	\$ 252.00	\$ 5,199.00
2. Employee Benefits	\$ 1,333.00	\$ 66.75	\$ 1,399.75
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 350.75	\$ 18.00	\$ 368.75
6. Travel	\$ 600.00	\$ 30.00	\$ 630.00
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 165.00	\$ 9.00	\$ 174.00
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 2,935.00	\$ 293.50	\$ 3,228.50
13. Other (specific details mandatory):	\$ -		\$ -
	\$ -		\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 10,330.75	\$ 669.25	\$ 11,000.00

Indirect As A Percent of Direct

6.5%

Contractor Initials: _____

PT

Date: _____

5-10-17



SPECIAL PROVISIONS

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

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



- 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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

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

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

PI

5-10-17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Contractor Name: Granite United Way

5-10-17
Date

Patrick Tubbs
Name: Patrick Tubbs
Title: President



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: Granite United Way

5-10-17
Date


Name: Patrick Turris
Title: President



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

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

INSTRUCTIONS FOR CERTIFICATION

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

[Handwritten Signature]



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: Granite United Way

5-10-17
Date

[Signature]
Name: Patrick Tufts
Title: President



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

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

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

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

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

Exhibit G

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

Contractor Initials

5-10-17



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: Granite United Way

5-10-17
Date

[Signature]
Name: Patrick T. Poirier
Title: President



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Granite United Way

5-10-17
Date


Name: Patrick Tufts
Title: President



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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

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5-10-17



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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

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5-10-17



Exhibit I

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

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

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5-10-17



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Department of Health and Human Services

The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW

Name of Authorized Representative

Director

Title of Authorized Representative

5/23/17
Date

Granite United Way
Name of the Contractor

Paul T. A.
Signature of Authorized Representative

Patrick T. T.
Name of Authorized Representative

President
Title of Authorized Representative

5-10-17
Date



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

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

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

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

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

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

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

Contractor Name: *Granite United Way*

5-10-17
Date


Name: *Patrick E Tufts*
Title: *President*



FORM A

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

1. The DUNS number for your entity is: 156484990000

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

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

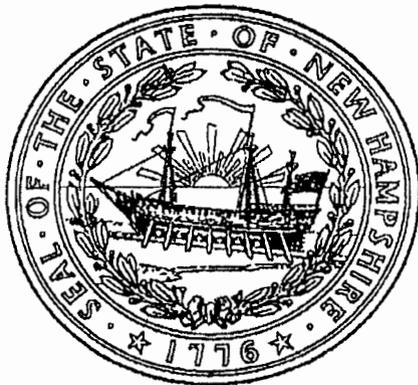
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE UNITED WAY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 30, 1927. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 65650



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire.

this 25th day of April A.D. 2017.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Nannu Nobis, do hereby certify that:

1. I am a duly elected Board Chair of Granite United Way, Inc., a New Hampshire voluntary corporation; and
2. The following are true copies of two resolutions duly adopted at a meeting of the Executive Committee of the Board of Directors of the corporation, duly held on October 8, 2015;

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

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

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of the 10th day of May, 2017.

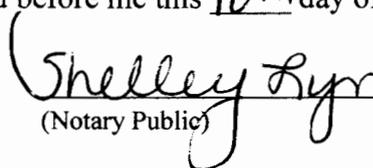
IN WITNESS WHEREOF, I have hereunto set my name as Board Chair of the Corporation hereto, affixed this 10th day of May, 2017.


Signature of Board Chair, Nannu Nobis

STATE OF NEW HAMPSHIRE
County of Merrimack

The forgoing instrument was acknowledged before me this 10th day of May

By: Nannu Nobis


(Notary Public)

Commission Expires:



SHELLEY LYN RYAN, Notary Public
My Commission Expires October 7, 2020



Granite United Way

LIVE UNITED

MISSION STATEMENT

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way

Merrimack County
45 South Main Street
Concord, NH 03301
603.224.2595

Southern Region
22 Concord Street
Manchester, NH 03101
603.625.6939

North County
P.O. Box 311
Littleton, NH 03501
603.444.1555

Northern Region
961 Main Street
Berlin, NH 03570
603.752.3343

Upper Valley
21 Technology Drive
W. Lebanon, NH 03784
603.298.6499

Central Region
333 South Main St
Lacena, NH 03246
603.737.1121

White Village
258 Highland Street
Plymouth, NH 03264
603.535.3720

Carroll County United
138A White Mt. Highway
Tamworth, NH 03305
603.321.6139

GRANITE UNITED WAY

FINANCIAL REPORT

MARCH 31, 2016

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited the accompanying financial statements of Granite United Way, which comprise the statement of financial position as of March 31, 2016, and the related statements of activities and changes in net assets, functional expenses and cash flows 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 financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of March 31, 2016, and the results of its operations, changes in net assets, functional expenses, and cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Granite United Way March 31, 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated July 14, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended March 31, 2015 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of community impact awards to qualified partner agencies and emerging opportunity grants are presented for purposes of additional analysis and are not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 financial statements as a whole.

Nathan Wechsler & Company

Concord, New Hampshire
August 25, 2016

GRANITE UNITED WAY

STATEMENT OF FINANCIAL POSITION

March 31, 2016 with comparative totals as of March 31, 2015

ASSETS	2016				2015
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
CURRENT ASSETS					
Cash	\$ 512,163	\$ 413,953	\$ -	\$ 926,116	\$ 1,002,210
Prepaid and reimbursable expenses	38,245	-	-	38,245	220,967
Investments	463,743	-	-	463,743	473,361
Accounts and rent receivable	6,846	-	-	6,846	7,255
Contributions and grants receivable, net of allowance for uncollectible contributions 2016 \$499,427; 2015 \$516,591	-	3,673,854	-	3,673,854	3,514,617
Assets held for sale	109,568	-	-	109,568	-
<i>Total current assets</i>	<u>1,130,565</u>	<u>4,087,807</u>	<u>-</u>	<u>5,218,372</u>	<u>5,218,410</u>
OTHER ASSETS					
Property and equipment, net	1,303,019	-	-	1,303,019	1,452,541
Investments - endowment	9,272	37,928	100,397	147,597	145,864
Beneficial interest in assets held by others	-	1,587,401	-	1,587,401	1,737,703
<i>Total assets</i>	<u>\$ 2,442,856</u>	<u>\$ 5,713,136</u>	<u>\$ 100,397</u>	<u>\$ 8,256,389</u>	<u>\$ 8,554,518</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
ALLOCATED ANNUAL CAMPAIGN SUPPORT DESIGNATED FOR FUTURE PERIODS					
Future allocations payable	\$ 2,276,379	\$ -	\$ -	\$ 2,276,379	\$ 2,288,886
Donor-designations payable	390,547	1,080,514	-	1,471,061	1,303,999
	<u>2,666,926</u>	<u>1,080,514</u>	<u>-</u>	<u>3,747,440</u>	<u>3,592,885</u>
Current maturities of long-term debt	11,683	-	-	11,683	11,198
Funds held for others	28,960	-	-	28,960	66,756
Grants payable	-	-	-	-	22,000
Accounts payable	18,958	-	-	18,958	5,911
Accrued expenses	120,736	-	-	120,736	139,665
Deferred revenue - designation fees	47,344	-	-	47,344	42,838
<i>Total current liabilities</i>	<u>2,894,607</u>	<u>1,080,514</u>	<u>-</u>	<u>3,975,121</u>	<u>3,881,253</u>
LONG-TERM DEBT, less current maturities	<u>239,018</u>	<u>-</u>	<u>-</u>	<u>239,018</u>	<u>250,447</u>
COMMITMENTS (See Notes)					
NET ASSETS (DEFICIT):					
Unrestricted	(1,743,087)	-	-	(1,743,087)	(1,295,992)
Unrestricted, invested in property and equipment	1,052,318	-	-	1,052,318	1,190,896
<i>Total unrestricted net deficit</i>	<u>(690,769)</u>	<u>-</u>	<u>-</u>	<u>(690,769)</u>	<u>(105,096)</u>
Temporarily restricted	-	4,632,622	-	4,632,622	4,427,517
Permanently restricted	-	-	100,397	100,397	100,397
<i>Total net assets (deficit)</i>	<u>(690,769)</u>	<u>4,632,622</u>	<u>100,397</u>	<u>4,042,250</u>	<u>4,422,818</u>
<i>Total liabilities and net assets</i>	<u>\$ 2,442,856</u>	<u>\$ 5,713,136</u>	<u>\$ 100,397</u>	<u>\$ 8,256,389</u>	<u>\$ 8,554,518</u>

GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year ended March 31, 2016 with comparative totals for the year ended March 31, 2015

	2016			2015	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
Support and revenues					
Campaign revenue:					
Total contributions pledged	\$ -	\$ 6,878,664	\$ -	\$ 6,878,664	\$ 7,020,221
Less donor designations	-	(1,895,593)	-	(1,895,593)	(1,501,742)
Less provision for uncollectible pledges	-	(296,558)	-	(296,558)	(307,265)
Add prior years' excess provision for uncollectible pledges taken into income in current year	159,007	-	-	159,007	111,654
<i>Net campaign revenue</i>	159,007	4,686,513	-	4,845,520	5,322,868
Support:					
Sponsors and other contributions	3,852	712,595	-	716,447	311,399
Grant revenue	-	635,227	-	635,227	155,946
In-kind contributions	57,365	-	-	57,365	31,169
<i>Total support</i>	220,224	6,034,335	-	6,254,559	5,821,382
Other revenue:					
Administrative fees	58,073	-	-	58,073	157,070
Rental income	80,497	-	-	80,497	49,011
Miscellaneous income	2,776	-	-	2,776	4,594
<i>Total support and revenues</i>	361,570	6,034,335	-	6,395,905	6,032,057
Net assets released from restrictions:					
For satisfaction of time restrictions	4,636,943	(4,636,943)	-	-	-
For satisfaction of program restrictions	1,043,608	(1,043,608)	-	-	-
	6,042,121	353,784	-	6,395,905	6,032,057
Expenses:					
Program services	5,471,034	-	-	5,471,034	4,583,109
Support services:					
Management and general	484,246	-	-	484,246	731,108
Fundraising	753,390	-	-	753,390	556,505
<i>Total expenses</i>	6,708,670	-	-	6,708,670	5,870,722
<i>Increase (decrease) in net assets before other activities</i>	(666,549)	353,784	-	(312,765)	161,335
Other activities:					
Increase (decrease) in value of beneficial interest in trusts, net of fees 2016 \$11,422; 2015 \$11,082	-	(150,302)	-	(150,302)	33,850
Realized and unrealized gains (losses) on investments	(9,312)	(1,266)	-	(10,578)	19,750
Investment income	90,188	2,889	-	93,077	99,903
<i>Total other activities</i>	80,876	(148,679)	-	(67,803)	153,503
<i>Net increase (decrease) in net assets</i>	(585,673)	205,105	-	(380,568)	314,838
Net assets (deficit), beginning of year	(105,096)	4,427,517	100,397	4,422,818	4,107,980
<i>Net assets (deficit), end of year</i>	\$ (690,769)	\$ 4,632,622	\$ 100,397	\$ 4,042,250	\$ 4,422,818

GRANTE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES

Year ended March 31, 2016 with comparative totals for the year ended March 31, 2015

	2016				2015
	Program services	Management and general	Fundraising	Total	Total
Salaries and wages	\$ 1,747,474	\$ 288,933	\$ 457,252	\$ 2,493,659	\$ 1,869,797
Payroll taxes	109,099	20,958	33,167	163,224	131,100
Employee fringe benefits	169,413	27,297	43,198	239,908	177,627
Employer 403(b) contribution	48,467	9,310	14,734	72,511	72,414
<i>Total salaries and related benefits</i>	<u>2,074,453</u>	<u>346,498</u>	<u>548,351</u>	<u>2,969,302</u>	<u>2,250,938</u>
Community Impact Grants to agencies	2,360,600	-	-	2,360,600	2,319,424
Occupancy	154,498	16,715	26,453	197,666	193,301
Grant expenses-Public Health Network	174,300	-	-	174,300	77,865
Other program services (See Note 13)	168,783	-	-	168,783	198,177
Telephone, communications and technology	62,492	11,390	18,026	91,908	86,529
211 expenses	89,218	-	-	89,218	120,768
Publications, printing and campaign expenses	-	-	76,767	76,767	71,212
United Way Worldwide dues	44,997	8,644	13,680	67,321	65,855
In-kind expenses	38,342	7,366	11,657	57,365	31,169
Professional services	-	56,695	-	56,695	47,399
Supplies and office expense	31,448	6,041	9,561	47,050	48,947
Insurance	23,763	4,565	7,224	35,552	33,476
Travel	21,441	3,974	6,289	31,704	38,125
Volunteer Income Tax Assistance expenses	27,816	-	-	27,816	40,880
STEAM Ahead expenses	27,508	-	-	27,508	-
Concord Cold Weather Shelter	21,520	-	-	21,520	-
Miscellaneous	11,733	2,254	3,567	17,554	12,610
Special events	14,258	919	1,455	16,632	15,763
Conferences, training and meetings	10,879	2,090	3,307	16,276	14,135
Postage	9,729	1,869	2,958	14,556	12,186
Community needs assessment	12,500	-	-	12,500	10,500
Other dues and awards	7,519	1,445	2,286	11,250	8,568
Homeless Service Center expenses	6,000	-	-	6,000	61,000
Community impact expenses	5,501	-	-	5,501	4,183
Investment fees	3,295	633	1,002	4,930	10,507
<i>Total expenses before interest and depreciation</i>	<u>5,402,593</u>	<u>471,098</u>	<u>732,583</u>	<u>6,606,274</u>	<u>5,773,517</u>
Interest expense	7,563	1,453	2,299	11,315	11,521
Depreciation	60,878	11,695	18,508	91,081	85,684
<i>Total functional expenses</i>	<u>\$ 5,471,034</u>	<u>\$ 484,246</u>	<u>\$ 753,390</u>	<u>\$ 6,708,670</u>	<u>\$ 5,870,722</u>

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS
Years Ended March 31, 2016 and 2015

	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	\$ 7,236,918	\$ 6,831,761
Cash received from grantors	635,227	225,439
Administrative fees	62,579	57,092
Other cash received	83,682	54,720
Cash received from trust	73,308	71,733
Designations paid	(1,728,531)	(1,347,640)
Net cash (paid) received for funds held for others	(37,796)	34,260
Cash paid to agencies	(2,333,702)	(2,825,524)
Cash paid to suppliers, employees, and others	(4,017,957)	(3,590,392)
<i>Net cash used in operating activities</i>	(26,272)	(488,551)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(51,127)	(13,794)
Proceeds from sale of investments	12,249	911,378
Purchase of investments	-	(380,813)
<i>Net cash provided by (used in) investing activities</i>	(38,878)	516,771
CASH FLOWS USED IN FINANCING ACTIVITIES		
Repayments of long-term debt	(10,944)	(10,518)
<i>Net increase (decrease) in cash</i>	(76,094)	17,702
Cash, beginning of year	1,002,210	984,508
<i>Cash, end of year</i>	\$ 926,116	\$ 1,002,210

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS (CONTINUED)

Years Ended March 31, 2016 and 2015

	2016	2015
RECONCILIATION OF INCREASE (DECREASE) IN NET ASSETS TO NET CASH USED IN OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ (380,568)	\$ 314,838
Adjustments to reconcile increase (decrease) in net assets to net cash used in operating activities:		
Realized and unrealized (gain) loss on investments	10,578	(19,750)
Reinvested interest and dividends	(14,942)	(19,537)
Depreciation	91,081	85,684
Prior years' excess provision for uncollectible pledges	(159,007)	(111,654)
Decrease in accounts and rent receivable	409	1,115
(Increase) decrease in prepaid and reimbursable expenses	182,722	(133,324)
Increase in contributions receivable	(230)	(90,144)
Decrease in grants receivable	-	11,743
(Increase) decrease in value of beneficial interest in assets held by others	150,302	(33,850)
Increase (decrease) in allocated annual campaign	154,555	(310,620)
Increase (decrease) in funds held for others	(37,796)	34,260
Decrease in grants payable	(22,000)	(86,078)
Increase (decrease) in accounts payable	13,047	(54,255)
Increase (decrease) in accrued expenses	(18,929)	22,998
Increase (decrease) in deferred revenue	4,506	(99,977)
<i>Net cash used in operating activities</i>	<u>\$ (26,272)</u>	<u>\$ (488,551)</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash payments for:

Interest expense	\$ 11,315	\$ 11,521
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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities

Granite United Way (the "United Way") was formed on July 1, 2010, as the result of a merger of four local not-for-profit entities – Heritage United Way, Inc., United Way of Merrimack County, North Country United Way and Upper Valley United Way. All of these entities shared the common goal to raise and distribute funds for the community's needs. This merger allows for shared resources and reduction in overhead in order to increase impact in the communities the United Way serves.

On February 1, 2012, the United Way acquired the assets and assumed the liabilities of United Way of Northern New Hampshire. On January 1, 2013, the United Way acquired the assets and assumed the liabilities of Lakes Region United Way.

The United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by the United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay the United Way's operating expenses. Donors may designate their pledges to support a region of the United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax-exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as temporarily restricted in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

The United Way invests in the community through three different vehicles:

March 31,	2016
Community Impact Awards to partner agencies	\$ 2,360,600
Donor designated gifts to Health and Human Service agencies	1,895,593
Granite United Way Program services	3,110,434
<i>Total</i>	<u>\$ 7,366,627</u>

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the United Way have been prepared on the accrual basis. Under the accrual basis, revenues and gains are recognized when earned and expenses and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Cash and cash equivalents: For purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at March 31, 2016 and 2015.

Basis of presentation: The United Way accounts for contributions received in accordance with the FASB Accounting Standards Codification topic for revenue recognition (FASB ASC 958-605) and contributions made in accordance with FASB ASC 958-720-25 and FASB ASC 958-310. In accordance with FASB ASC 958-605-25, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. In addition, FASB ASC 958-310 requires that unconditional promises to give (pledges) be recorded as receivables and recognized as revenues.

The United Way adheres to the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the United Way is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Descriptions of the three net asset categories are as follows:

Unrestricted net assets include both undesignated and designated net assets, which are the revenues not restricted by outside sources and revenues designated by the Board of Directors for special purposes and their related expenses.

Temporarily restricted net assets include gifts and pledges for which time restrictions or donor-imposed restrictions have not yet been met and donor designations payable associated with uncollected pledges. Temporarily restricted net assets also include the beneficial interest in assets held by others and the accumulated appreciation related to permanently restricted endowment gifts, which is a requirement of FASB ASC 958-205-45.

Permanently restricted net assets include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof be made available for program operations in accordance with donor restrictions.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of \$296,558 and \$307,265 for the campaign years ended March 31, 2016 and 2015, respectively. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for both years ended March 31, 2016 and 2015.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Deferred revenue: The United Way charged a 10% administrative fee on the State Campaign designations for both years ended March 31, 2016 and 2015. The United Way charged 5% on most other designations for both of the years ended March 31, 2016 and 2015.

These administrative fees are recognized in the post campaign years, as this is the year they are available to offset administrative expenses.

Donated goods and services: Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills. Various types of in-kind support, including services, call center space, gift certificates, materials and other items, amounting to \$57,365 and \$31,169 have been reflected at fair value in the financial statements for the years ended March 31, 2016 and 2015, respectively.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

Functional allocation of expenses: The cost of providing the various programs and other activities has been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Property and equipment: Property and equipment are included in unrestricted net assets and are carried at cost if purchased and fair value if contributed. Maintenance, repairs and minor renewals are expensed as incurred, and major renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of \$1,000.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements.....	5-31½
Leasehold improvements	15
Furniture and equipment	3-10

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk, consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at March 31, 2016, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to \$250,000. Amounts included in cash in excess of federally insured limits were approximately \$130,120 at March 31, 2016.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The United Way has adopted the provisions of FASB ASC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2013. Also included are filings for United Way of Northern New Hampshire and Lakes Region United Way prior to their acquisitions on February 1, 2012 and January 1, 2013, respectively.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 - inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.
- Level 2 - inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 - inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2016:

	Level 1	Level 2	Level 3
Money market funds	\$ 79,529	\$ 6,384	\$ -
Mutual funds:			
Domestic equity	89,491	-	-
International equity	4,188	-	-
Fixed income	247,901	-	-
Other	5,164	-	-
Fixed income funds	143,747	-	-
Municipal bonds	-	11,057	-
Corporate bonds	-	25,552	-
Beneficial interest in assets held by others	-	-	1,587,401
<i>Total</i>	<u>\$ 570,020</u>	<u>\$ 42,993</u>	<u>\$ 1,587,401</u>

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2015:

	Level 1	Level 2	Level 3
Money market funds	\$ 57,146	\$ 7,370	\$ -
Mutual funds:			
Domestic equity	91,342	-	-
International equity	4,551	-	-
Fixed income	256,427	-	-
Other	5,147	-	-
Fixed income funds	143,593	-	-
Municipal bonds	-	11,100	-
Corporate bonds	-	45,723	-
Beneficial interest in assets held by others	-	-	1,737,703
<i>Total</i>	<u>\$ 558,206</u>	<u>\$ 64,193</u>	<u>\$ 1,737,703</u>

	Beneficial interest in assets held by others
<i>Balance, April 1, 2014</i>	\$ 1,703,853
Total unrealized gains, net of fees included in changes in temporarily restricted net assets	<u>33,850</u>
<i>Balance, March 31, 2015</i>	<u>\$ 1,737,703</u>
Total unrealized losses, net of fees included in changes in temporarily restricted net assets	<u>(150,302)</u>
<i>Balance, March 31, 2016</i>	<u>\$ 1,587,401</u>
Amount of unrealized losses, net of fees attributable to change in unrealized losses relating to assets still held at the reporting date included in the statement of activities and changes in net assets	<u>\$ (150,302)</u>

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources. The fair value of investments in money market funds is based upon the net asset values determined by the underlying investments in which the funds invest.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at March 31, 2016 and 2015.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 4. Property and Equipment

Property and equipment, at cost, at March 31,	2016	2015
Land, buildings and building improvements	\$ 1,708,167	\$ 1,817,736
Leasehold improvements	5,061	5,061
Furniture and equipment	398,497	347,370
<i>Total property and equipment</i>	2,111,725	2,170,167
Less accumulated depreciation	(808,706)	(717,626)
<i>Total property and equipment, net</i>	\$ 1,303,019	\$ 1,452,541

Note 5. Assets Held for Sale

During the year ended March 31, 2016, the United Way made the decision to sell their property in Concord, New Hampshire. Negotiations for the assets held for sale are for a sale price in excess of carrying value.

Assets held for sale consisted of the following at March 31,	2016	2015
Building	\$ 89,781	\$ -
Building improvements	19,787	-
<i>Total assets held for sale</i>	\$ 109,568	\$ -

Note 6. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way. In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The distributions are approximately 4.03% of the market value of each fund per year.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$68,879 and \$67,400 from the agency endowed funds during the years ended March 31, 2016 and 2015, respectively.

Designated funds: The United Way is also a beneficiary of two designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way. In accordance with its spending policy, the Foundation makes distributions from the funds to the United Way.

The distributions are approximately 4.03% of the market value of the fund per year. These funds are not included in these financial statements, since all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$4,429 and \$4,333 from the designated funds during the year ended March 31, 2016 and 2015, respectively. The market value of these fund's assets amounted to approximately \$102,000 and \$111,700 as of March 31, 2016 and 2015, respectively.

Note 7. Long-term Debt

<u>Long-term debt at March 31,</u>	<u>2016</u>	<u>2015</u>
4.25% mortgage financed with a local bank. The note is due in monthly installments of principal and interest of \$1,837 through December 2031. The note is collateralized by the United Way's building located in Plymouth, NH.	\$ 250,701	\$ 261,645
Less portion payable within one year	11,683	11,198
<i>Total long-term debt</i>	<u>\$ 239,018</u>	<u>\$ 250,447</u>

The scheduled maturities of long-term debt at March 31, 2016 were as follows:

<u>Year Ending March 31,</u>	
2017	\$ 11,683
2018	12,190
2019	12,718
2020	13,269
2021	13,844
Thereafter	186,997
<i>Total</i>	<u>\$ 250,701</u>

The mortgage note with Franklin Savings Bank contains a financial covenant for debt service coverage, which is tested annually based on the year-end financial statements.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 8. Funds Held for Others

The United Way held funds for others for the following projects:

March 31,	2016	2015
Concord Multicultural Project Fund	\$ 17,571	\$ 33,038
STEAM Ahead	-	23,485
Get Moving Manchester	748	1,798
Mayor's Prayer Breakfast	10,472	3,241
City of Concord Dog Park	-	3,606
Better Together	169	1,588
<i>Total</i>	\$ 28,960	\$ 66,756

During the year ended March 31, 2016, STEAM Ahead transitioned to a program of the United Way.

Note 9. Endowment Funds and Net Assets

The United Way adheres to the Other Presentation Matters section of the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205-45).

FASB ASC 958-205-45 provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

FASB ASC 958-205-45 also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds) whether or not the organization is subject to UPMIFA.

The State of New Hampshire enacted UPMIFA effective July 1, 2008, the provisions of which apply to endowment funds existing on or established after that date. The United Way's endowment consists of three individual funds established for youth programs, Whole Village and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including those funds designated by the Board of Directors, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the United Way has interpreted UPMIFA as allowing the United Way to appropriate for expenditure or accumulate so much of an endowment fund as the United Way determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

As a result of this interpretation, the United Way classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the United Way in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the United Way, and (7) the investment policies of the United Way.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk.

Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income. To date there have been no distributions from the endowment fund.

Endowment net asset composition by type of fund as of March 31, 2016 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 37,928	\$ 100,397	\$ 138,325
Board-designated endowment funds	9,272	-	-	9,272
	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Changes in the endowment net assets as of March 31, 2016 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2015	\$ 9,162	\$ 36,305	\$ 100,397	\$ 145,864
Investment return:				
Investment income	195	2,889	-	3,084
Net depreciation (realized and unrealized)	(85)	(1,266)	-	(1,351)
Total investment return	110	1,623	-	1,733
Endowment net assets, March 31, 2016	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

Endowment net asset composition by type of fund as of March 31, 2015 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 36,305	\$ 100,397	\$ 136,702
Board-designated endowment funds	9,162	-	-	9,162
	<u>\$ 9,162</u>	<u>\$ 36,305</u>	<u>\$ 100,397</u>	<u>\$ 145,864</u>

Changes in the endowment net assets as of March 31, 2015 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2014	\$ 8,765	\$ 30,384	\$ 100,397	\$ 139,546
Investment return:				
Investment income	204	3,038	-	3,242
Net appreciation (realized and unrealized)	193	2,883	-	3,076
Total investment return	397	5,921	-	6,318
Endowment net assets, March 31, 2015	<u>\$ 9,162</u>	<u>\$ 36,305</u>	<u>\$ 100,397</u>	<u>\$ 145,864</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Income from permanently restricted net assets is available for the following purposes:

March 31,	2016	2015
General operations	\$ 14,930	\$ 14,930
Youth programs	11,467	11,467
General operations of Whole Village	74,000	74,000
<i>Total permanently restricted net assets</i>	<u>\$ 100,397</u>	<u>\$ 100,397</u>

Temporarily restricted net assets consisted of support and other unexpended revenues and represent the following:

March 31,	2016	2015
Public Health Network services	\$ 99,025	\$ 62,197
Contributions receivable related to campaigns	3,541,854	3,514,617
CDFA contributions receivable for the Bridge House and Whole Village Family Resource Center upgrades	132,000	-
Designations payable to other agencies and United Ways 211 Program	(1,080,514)	(971,039)
Volunteer income tax assistance program	225,227	-
Other programs	15,258	33,630
STEAM Ahead	16,279	14,104
Concord Cold Weather Shelter	27,084	-
Agency endowed funds at the New Hampshire Charitable Foundation	31,080	-
Portion of perpetual endowment funds subject to time restriction under UPMIFA	1,587,401	1,737,703
<i>Total temporarily restricted net assets</i>	<u>\$ 4,632,622</u>	<u>\$ 4,427,517</u>

The United Way was awarded up to \$257,500 in Community Development Investment Program Funds by the Community Development Finance Authority ("CDFA") for upgrades and clean energy improvements to the Bridge House and Whole Village Family Resource Center in Plymouth. During the year ended March 31, 2016, the CDFA accepted \$165,000 in donations from area businesses, resulting in net tax proceeds to the United Way of \$132,000 to benefit the project. This balance has been included in contributions receivable at March 31, 2016.

At March 31, 2016 and 2015, the Board of Directors has designated net assets amounting to \$- and \$394,087, respectively, which are funds set aside to meet the emerging opportunity needs of the community as they arise.

In addition, the Board of Directors has designated \$20,000 and \$50,000, respectively, for the South Central Health Network and Working Bridges during the year ended March 31, 2016.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 10. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the years ended March 31, 2016 and 2015, the United Way contributed \$72,511 and \$72,414, respectively to employees participating in the plan.

Note 11. Lease Commitments and Subsequent Event

During the year ended March 31, 2011, the United Way entered into an operating lease agreement for office space in Manchester, New Hampshire. The original term was for five years with options to renew for two additional five-year terms. The terms of the lease require monthly payments of \$2,373 with increases of 2% annually on each anniversary date of the lease. The lease also required the United Way to pay its share of other costs such as taxes, maintenance and insurance amounting to \$500 per month.

During the year ended March 31, 2015, the United Way leased additional office space in the same building. The monthly payments were \$600 through April 2015 and then increased to \$875 beginning in May 2015. The lease agreement is an addendum to the operating lease agreement for the main office space. The United Way did not renew for an additional term when the operating lease expired on May 31, 2015, and was instead leasing on a month-to-month basis.

During May 2016, the United Way entered into an operating lease agreement for the office space in Manchester, New Hampshire that they currently occupy and for additional office space at that location. Monthly rent payments are \$2,783 for the first year and increase to \$5,566 the second year which is when all leasehold improvements are expected to be completed for the additional office space hence the increase in rental amount. The rent will then be increased by 3% annually on each anniversary date of the lease.

Total rent expense amounted to \$46,290 and \$39,572 for the years ended March 31, 2016 and 2015, respectively.

The United Way leases a copy machine under the terms of an operating lease. The lease matured on October 1, 2014. The United Way began a new operating lease for a copy machine on October 1, 2014 with a term of 60 months. The monthly lease payment amount is \$170. The lease expense amounted to \$2,036 for both years ended March 31, 2016 and 2015.

The United Way's future minimum lease commitments are as follows:

<u>Year ending March, 31</u>	
2017	\$ 2,036
2018	2,036
2019	1,018
<i>Total</i>	<u>\$ 5,090</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 12. Commitments

The United Way does not own the land on which their building in Laconia, New Hampshire is located. The United Way is part of a condominium association to which they pay quarterly dues that fund certain maintenance costs. For the years ended March 31, 2016 and 2015, the dues amounted to \$3,325 and \$3,259, respectively.

In Plymouth, the United Way rents space in a building which they own and occupy to twelve non-affiliated, non-profit organizations. The monthly lease payments range from \$125 to \$1,500 per month. For the years ended March 31, 2016 and 2015, the rental income amounted to \$59,102 and \$46,285, respectively. The United Way also provides space at no charge to one tenant in the Plymouth, New Hampshire building for affordable childcare services in support of its mission to provide services, support and resources to develop strong families, confident parents and healthy children.

Note 13. Other Program Services

Other program services included in the accompanying statement of functional expenses include expenses for the following programs:

Year ending March 31,	2016	2015
Women's Leadership Council	\$ -	\$ 27,302
Financial Stability Program	1,692	44,287
Whole Village Family Resource Center	51,294	33,894
Service Learning Partnership	45,000	35,000
Northern NH direct client services	16,663	11,185
Youth Venture Program	-	592
Bring It Program	38,636	26,421
Other program services	9,997	4,114
Carroll County United	3,672	15,313
Curcuru Community Service Fund	1,829	69
<i>Total</i>	\$ 168,783	\$ 198,177

Note 14. Payment to Affiliated Organizations and Related Party

The United Way paid dues to United Way of Worldwide. The United Way's dues paid to this affiliated organization aggregated \$67,321 and \$65,855 for the years ended March 31, 2016 and 2015, respectively.

The United Way is reimbursed for services provided to United Ways of New Hampshire. The total amount that was billed to United Ways of New Hampshire for services amounted to approximately \$- and \$213,696 for the years ended March 31, 2016 and 2015, respectively.

Included in prepaid and reimbursable expenses in the accompanying statements of financial position is \$- and \$103,631 at March 31, 2016 and 2015, respectively, that is due to United Way from United Ways of New Hampshire.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

On April 1, 2015, the 211 program transitioned to a program of the United Way. Previously, the United Ways of New Hampshire operated the 211 program. The United Way paid dues amounting to \$- and \$120,768 to the United Ways of New Hampshire for the 211 program for the years ended March 31, 2016 and 2015, respectively.

Note 15. Reclassifications

Certain reclassifications have been made to the March 31, 2015 financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.

Note 16. Subsequent Events

During May 2016, the United Way entered into an operating lease agreement for the office space in Manchester, New Hampshire that they currently occupy and for additional office space at that location (see Note 11).

Subsequent to year end, the United Way entered into a purchase and sale agreement for the sale of the Concord office space. The transaction amounting to \$220,000 is expected to close during the year ended March 31, 2017.

The United Way has evaluated subsequent events through August 25, 2016, the date which the financial statements were available to be issued, and have not evaluated subsequent events after that date. There were no other subsequent events that would require disclosure in financial statements for the year ended March 31, 2016.

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 MERRIMACK COUNTY REGION
 Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Blueberry Express Day Care	\$ 32,000
Boys and Girls Clubs of Central New Hampshire - Suncook capital project	10,000
Child and Family Services of New Hampshire	15,000
Community Action Program:	
Meals on Wheels	35,000
Head Start	17,000
Community Bridges:	
Early Supports & Services	20,000
Concord Coalition to End Homelessness	20,000
Concord Family YMCA:	
Child Development Center	25,000
Copper Cannon Camp	5,000
Merrimack Valley Day Care	90,000
NH Legal Assistance	60,000
NH Pro Bono Referral System	18,000
Penacook Community Center	47,078
Pittsfield Youth Workshop	30,000
Second Start:	
Adult Education	14,000
Alternative High School	14,000
First Start	15,000
The Friends Program:	
Emerging Housing	35,000
Foster Grandparents	18,000
The Mayhew Program	10,000
	<u>\$ 530,078</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
MERRIMACK COUNTY REGION (CONTINUED)
Year Ended March 31, 2016

	<u>Emerging Opportunity Grants</u>
The Friends Program - Youth Mentoring	\$ 35,000
Suncook Capital Project	10,000
Penacook Community Center	8,500
Merrimack Valley Day Care - Special Infant Care	21,000
Merrimack Valley Day Care - Building Improvements	39,237
Riverbend - CHIP	<u>30,000</u>
	<u>\$ 143,737</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTH COUNTRY REGION
Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Boys and Girls Club of the North Country - After School Program	\$ 9,800
Copper Cannon Camp	3,000
Grafton County Senior Citizens:	
Aging Services	9,800
RSVP Bone Builders	4,500
ServiceLink	2,750
NH Legal Assistance	3,000
Northern Human Services	2,552
Tri-County Community Action Program	4,000
	<u>\$ 39,402</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS

UPPER VALLEY REGION

Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Alice Peck Day Memorial Hospital	\$ 20,000
Child and Family Services of New Hampshire:	
Behavioral Health	19,000
Safe Visitation Program	23,000
Child Care Center in Norwich	6,000
Child Care Resource	3,375
Community Action Program Belknap	2,750
Copper Cannon Camp	1,000
Cover Home Repair	27,000
Dismas of Vermont	12,500
Girls Incorporated of New Hampshire	7,000
Global Campuses Foundation	3,000
Good Neighbor Health Clinic/Red Logan Dental Clinic	15,000
Grafton County Senior Citizens Council:	
Chore Corps	1,300
Supporting Health Access	13,500
ServiceLink	2,500
Green Mountain Children's Center	28,975
Health Connections of the Upper Valley	1,000
HIV/HCV Resource Center	10,000
Mt. Ascutney Hospital and Health Center	15,000
NH Legal Assistance	9,000
Safeline, Inc.	11,000
Second Wind Foundation:	
Community Education & Advocacy	9,000
Turning Point Recovery Center	15,000
Willow Grove	10,000
Special Needs Support Center of the Upper Valley:	
Educational Advocacy	5,000
Springfield Warming Shelter	1,500
Southeastern Vermont Community Action:	
Fuel and Housing Assistance	20,000

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 UPPER VALLEY REGION (CONTINUED)
 Year Ended March 31, 2016

	<u>Community Impact Awards</u>
The Family Place - Families Learning Together	\$ 9,000
The Children's Center of the Upper Valley:	
Closing the Gap on Low-Middle Income Families	9,000
Increasing Literacy Opportunities	5,000
The Mayhew Program	4,000
Twin Pines Housing Trust	
Affordable Housing	22,000
Support and Services at Home	14,851
Upper Valley Haven:	
Community Services Program	15,000
Shelter Services Program	19,000
Valley Court Diversion Program:	
Adult Restorative Court Diversion Program	10,000
Court Diversion Program	9,000
Vermont Law School	10,000
Willing Hands - Feeding Hungry Neighbors	4,999
Windham and Windsor Housing Trust:	
Financial Capabilities	6,000
Support and Services at Home	7,100
Windsor County Partners:	
Lunch Program	2,000
Partners Always Lend Support Program	3,000
WISE:	
Crisis Intervention & Support Services	17,244
Emergency Shelter & Housing	7,200
Prevention & Community Education	6,000
	<u>\$ 472,794</u>
	<u>Emerging Opportunity Grants</u>
Springfield Warming Shelter	\$ 3,000
Spark! Community Center	5,000
Second Wind Foundation	2,500
Upper Valley Community Nurse Program	3,835
West Central Behavioral Health - In-Shape Program	3,835
Child and Family Services - Security Upgrades	6,682
	<u>\$ 24,852</u>

GRANITE UNITED WAY

**SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS**

SOUTHERN REGION

Year Ended March 31, 2016

	Community Impact Awards
Bhutanese Community of New Hampshire	\$ 15,000
Big Brothers Big Sisters of New Hampshire	10,000
Boys and Girls Club of Manchester	23,000
City Year New Hampshire - Whole School Whole Child	50,000
Easter Seals New Hampshire, Inc.	20,000
Girls Incorporated of New Hampshire	20,000
Granite State Children's Alliance	10,000
Manchester Neighborhood Health Improvement Strategy:	
Building Adult Capacities Collaborative	230,000
Childhood Resiliency and Care Coordination	170,000
Manchester Community Health Center:	
Behavioral Health Integration Program	40,000
Manchester Community Resource Center, Inc.	12,500
NH Legal Assistance	23,000
Rockingham Nutrition & Meals on Wheels Program	15,000
Serenity Place:	
Residential Treatment Program	50,000
Transitional Living Program	25,000
St. Joseph Community Services, Inc.	20,000
The Granite YMCA:	
YMCA Power Scholars Academy	10,000
YMCA Start	25,000
The Mental Health Center of Greater Manchester - Bedford Counseling Assoc.	25,000
The Upper Room, A Family Resource Center	15,000
The Way Home - Steps to Success in Safe, Affordable Housing	25,000
YWCA New Hampshire - Crisis Service	25,000
	<u>\$ 858,500</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTHERN REGION
Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Child and Family Services of New Hampshire	\$ 1,000
Community Action Program Belknap	1,000
Coos County Family Health Services, Inc.	3,500
Copper Cannon Camp	3,000
Harvest Christian Fellowship:	
Community Café	2,500
Feeding Hope Food Pantry	3,000
Helping Hands North, Inc.	3,000
NH Legal Assistance	2,000
NH JAG	3,000
Northern Human Services	5,000
White Mountain Community College:	
Assisting People in Transition	1,500
Child Development Center	1,500
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	\$ 30,000
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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
CENTRAL REGION
Year Ended March 31, 2016

	Community Impact Awards
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Appalachian Mountain Teen Project	\$ 9,703
Belknap County Economic Development Council	24,258
Boys and Girls Clubs of Central New Hampshire	19,406
Health First Family Care Center	41,239
Laconia Area Community Land Trust	33,961
Lakes Region Child Care Services	58,219
Lakes Region Community Services	33,961
River's Edge Early Learning Fit Up	8,000
Salvation Army	24,258
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	\$ 253,005
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	Emerging Opportunity Grants
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Boys and Girls Club of Central New Hampshire	\$ 8,500
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2017 Board of Directors

BOARD MEMBER	ADDRESS	PHONE/ CELL / FAX / E-MAIL
William D. Bedor, CPA (Bill) <i>Secretary North Country Campaign Chair & Community Impact Chair</i>	Bedor Management & Investments, Inc. PO Box 350 Littleton, NH 03561	Work Phone: (603) 823-9889 [REDACTED]
Joseph Carelli President of NH and VT Assistant: Mary Charron	Citizen's Bank 900 Elm Street, NE 1540 Manchester, NH 03101	Work Phone: (603) 634-7345 [REDACTED]
Dean J. Christon Executive Director <i>Chairman of the Board</i> Assistant: Colette Provencher	New Hampshire Housing Finance Authority 32 Constitution Drive Bedford, NH 03110	Work Phone: (603) 472-8623 [REDACTED]
Jason Cole General Counsel Assistant:	Catholic Medical Center 100 McGregor Street Manchester, NH 03102	Work Phone: (603) 314-7582 [REDACTED]
Michael Delahanty Superintendent of Schools Assistant: Linda Cornwell	Salem School District 38 Geremonty Drive Salem, NH 03079	Work Phone: (603) 893-7040 [REDACTED]
Gordon Ehret Operations Leader <i>Upper Valley Community Impact Chair</i>	Hypertherm, Inc. Etna Road PO Box 5010 Hanover, NH 03755	Work Phone: (603) 643-3441 x1938 [REDACTED]
Paul Falvey President Assistant: Lynda Gattermann	Bank of New Hampshire 62 Pleasant Street Laconia, NH 03246	Work Phone: (603) 527-3200 [REDACTED]
Julia Griffin Town Manager	Town of Hanover 41 South Main Street Hanover, NH 03755	Work Phone: (603) 640-3211 [REDACTED]

2017 Board of Directors

BOARD MEMBER	ADDRESS	PHONE/ CELL / FAX / E-MAIL
Marlene Hammond Underwriting Account Executive	Lincoln Financial Group One Granite Place Concord, NH 03301	Work Phone: (603) 229-6262 [REDACTED]
Charles Head (Charlie) President & CEO	Sanborn, Head & Associates 20 Foundry Street Concord, NH 03301	Work Phone: (603) 415-6105 [REDACTED]
Heather Lavoie President <i>2nd Vice Chair</i>	Geneia 50 Commercial Street Manchester, NH 03101	Work Phone: (717) 541-7715 [REDACTED]
Sally Ann Kraft Vice President, Community Health, Population Health Management Div.	Dartmouth Hitchcock Medical Center 46 Centerra Parkway Lebanon, NH 03766	Phone: (603) 653-6856 [REDACTED]
Lawrence Major (Larry) Director of Government Relations	Pike Industries, Inc. 3 Eastgate Park Road Belmont, NH 03307	Phone: (603) 527-5129 [REDACTED]
John Mercier		[REDACTED]
Paul Mertzic Executive Director, Primary Care & Community Services	Catholic Medical Center 195 McGregor Street Manchester, NH 03105	Phone: (603) 663-8709 [REDACTED]
Heidi Nadeau Executive Vice President Chief Financial Officer <i>Merrimack County Community Impact Chair</i>	H.L. Turner Group, Inc. 27 Locke Road Concord, NH 03301-5417	Phone: (603) 228-1122 [REDACTED]

2017 Board of Directors



BOARD MEMBER	ADDRESS	PHONE/FAX/CELL/EMAIL
Nannu Nobis CEO <i>Chair</i> Assistant:	Nobis Engineering 18 Chenell Drive Concord, NH 03301	Work Phone: (603) 724-6233 [REDACTED]
Sean Owen President & CEO <i>GUW Marketing Chair</i> <i>1st Vice Chair</i> Assistant: Kelly Spain	wedü 20 Market Street Manchester, NH 03101	Work Phone: (603) 647-9338 Ext. 235 [REDACTED]
Joseph Purington (Joe) Vice President NH Electric Field Operations Assistant: Roxanne Parkhurst	Eversource Energy 780 No. Commercial Street Manchester, NH 03101	Work Phone: (603) 634-2259 [REDACTED]
Sue Ruka, RN, PhD Director of Population Health	Memorial Hospital 3073 White Mountain Highway North Conway, NH 03860	Work Phone: (603) 356-0634 [REDACTED]
Jeffery Savage (Jeff)	Franklin Savings Bank 387 Central Street Franklin, NH 03235	Work Phone: (603) 934-8363 [REDACTED]
James Scammon (Jim) Executive Vice President	Granite Group Benefits, LLC 1001 Elm Street, Suite 301 Manchester, NH 03101	Work Phone: (603) 296-0700 x104 [REDACTED]
Bill Sherry Chief Operating Officer	Granite United Way 22 Concord Street Manchester, NH 03010	Work Phone: (603) 625-6939 x 103 [REDACTED]
Gary Shirk VP/Director of Operations <i>Resource Development Chair</i>	Bovie Screen Printing 7 Fox Meadow Drive Bow, NH 03304	[REDACTED]

BOARD MEMBER	ADDRESS	PHONE/FAX/CELL/EMAIL
Evan Smith President Hypertherm, Inc. Assistant: Karen McLellan	Hypertherm Etna Road P.O. Box 5010 Hanover, NH 03755	Work Phone: (603) 643-3441 [REDACTED]
Charla Stevens Attorney	McLane, Middleton Law Firm 900 Elm Street, Floor 10 Manchester, NH 03101	Work Phone: (603) 628-1363 [REDACTED]
Rodney Tenney (Rod)	[REDACTED]	[REDACTED]
Anna Thomas Deputy Public Health Director <i>Southern Region CIC Chair</i>	Manchester Health Department 1528 Elm Street Manchester, NH 03101	Work Phone: 603-624-6466 Ext. 341 [REDACTED]
Robert Tourigny Executive Director	NeighborWorks Southern NH 801 Elm Street, 2 nd Floor Manchester, NH 03101	Work Phone: (603) 626-4663 Ext. 17 [REDACTED]
Patrick Tufts President & CEO Assistant: Kathy Scanlon	Granite United Way 22 Concord St, Floor 2 Manchester, NH 03101	Phone: (603) 625-6939 ext 111 [REDACTED]
Jeremy Veilleux Principal <i>Treasurer</i> Assistant: Kim Janelle	Baker Newman Noyes 650 Elm Street Suite 302 Manchester, NH 03101	Work Phone: (603) 626-2214 [REDACTED]
Cass Walker (Catherine) <i>Central Region Community Impact Chair</i>	LRGHealthcare 80 Highland Street Laconia, NH 03246	Work Phone: (603) 527-2815 [REDACTED]

2017 Board of Directors



BOARD MEMBER	ADDRESS	PHONE/FAX/CELL/EMAIL
Steven C. Webb (Steve) Market President – New Hampshire <i>Governance Chair</i> Assistant: Sonja Sfameni	TD Bank 300 Franklin Street Manchester, NH 03101	Work Phone: (603) 695-3456 [Redacted]
Richard E. Wyman (Rick) President Assistant: Claudette Ball	Meredith Village Savings Bank P.O. Box 177 Meredith, NH 03256	Work Phone: (603) 279-9104 [Redacted]

Updated: 4/25/2017

SHANNON SWETT BRESAW, MSW

EDUCATION

Master of Social Work

2002 – 2004

University of New Hampshire

Durham, NH

Bachelor of Arts - Clinical Counseling Psychology

1999 – 2002

Keene State College

Keene, NH

EXPERIENCE

2007 - Present

Granite United Way

Concord, NH

Vice President of Public Health

Accomplishments:

- Provides contract management and oversight to 3 out of the 13 Regional Public Health Networks in NH, including the Capital Area Public Health Network, the Carroll County Coalition for Public Health and the South Central Public Health Network
- Oversees scopes of work in Substance Misuse Prevention, Continuum Of Care for Substance Use Disorders development, Public Health Emergency Preparedness, Public Health Advisory Council development, and School-Based Influenza Clinics
- Provides direction and leadership towards achievement of each Network's philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, and community/public relations
- Coordinates all aspects of federal, state, and local grants and contracts, including resource development/grant-writing, financial oversight, progress reports, work plan goals/objectives
- Oversees the Strategic Prevention Framework process (assessment, capacity building, planning, implementation, evaluation, cultural competency, and sustainability) for regional public health and prevention efforts
- Develops community health improvement plans, evaluation plans, and other data-driven, research-informed strategic plans for the Networks
- Works with community impact committees and volunteers through Granite United Way to align funding streams to support collective impact initiatives
- Provides technical assistance and support to community stakeholders in the areas of grant writing, evaluation, community organizing, research/best practices, substance misuse prevention, and coalition development
- Supervises full and part-time staff

2005 – 2007

Community Response (CoRe) Coalition

Belknap County, NH

Outreach Coordinator, Project Director

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with 10 community sectors, including government, schools, businesses, healthcare, and safety
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005

Caring Community Network of the Twin Rivers (CCNTR)

Franklin, NH

Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues including substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

Prevention Task Force of the Governor's Commission (Co-Chair): 2017 - Current

NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Prevention Representative): 2016 – Current

NH Drug Overdose Fatality Review Committee (Prevention Representative): 2016-Current

NH Alcohol and Other Drug Service Providers Association: Treasurer 2007-2011, 2014-2015

NH Prevention Certification Board's Peer Review Committee: 2009-2011

Professional Profile

- Coalition Building
- Plan Development
- Resource Coordination
- Logistics
- Time management
- Budgeting
- Volunteer Management
- Grant/Proposal Writing
- Organization
- Leadership

Professional Accomplishments

Public Health

- Provide direction and leadership towards achievement of the Public Health Regions' philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, human resource management, and community and public relations

Regional Resource Coordination

- Collected and disseminated data on available resources critical for response to public health emergency.
- Developed working relationship with stakeholders in Public Health Region.

Public Health Coalition

- Regional Public Health Emergency Response Annex development
- Resource Coordination and Development
- Healthcare Coalition Building
- Regional Partner Development
- Clinic Operation Development
- Medical reserve Corps Volunteer Management and Training
- Policy Development
- Team Building

Captain of Operations

- Developed staff and operational procedures for full time staff
- Oversee Training Program
- Facilitate QA/QI
- Facilitated and maintained data entry system and procedures for all of Fire departments operations and patient tracking
- Created Personnel Manual and operational guidelines
- Secured grant funding
- Volunteer Management

Work History

Senior Director of Public Health	Granite United Way	2016 -present
Public Health Region Emergency Preparedness Director	Capital Area Public Health Network / GUW Concord NH	2013 - 2016
Executive Director	Carroll County Coalition for Public Health, Ossipee NH	2011 - 2013
Public Health Region Coordinator	Carroll County Coalition for Public Health,	2011 - 2013

	Ossipee NH	
Preparedness Planner	Capital Area Public Health Network/Concord Hospital, Concord NH	2009 - 2011
Regional Resource Coordinator	New England Center for Emergency Preparedness/ Dartmouth College, Lebanon NH	2009
Captain/Supervisor of Operations	Barnstead Fire Rescue, Barnstead NH	2001-2010

Certifications

- FEMA 29, 100, 120.a, 130, 200, 244, 250, 250.7, 300, 546.12, 547a, 700, 701, 702a, 704, 800.B, 806, 808
- Department of Homeland Security Exercise and Evaluation Program (HSEEP)
- CDC SNS/ Mass Dispensing Course, Atlanta GA
- ICS, WebEOC, SNS 101
- DHHS Inventory Management System Training
- Institute for Local Public Health Practices
Manchester Public Health Department
 - Local Public Health emergency Preparedness and Response
 - Principles of Environmental Health
 - Applied Communicable Disease Investigation, Control, and Microbiology
 - Principles of Epidemiology
 - Core Public Health Concepts
- HAZMAT Awareness and Operations
- CPR, Blood borne Pathogens
- EMS Field Training Officer
- Fire Fighter C2F2
- CDL B
- Amateur Radio Operator – General Class
- STEP program instructor, Are You Ready instructor
- Local Government Leadership Institute
- Local Government Center - Antioch New England Institute
 - Leadership in the 21st Century
 - Principles of Employment Law
 - Understanding our Diverse Workforce and Community
 - Stepping Up To Supervisor
 - Resolving Conflict Creatively
 - Managing the Multi-Generational Workforce
 - Is Time Managing You or Are You Managing It
 - Ethics
 - Municipal Budget & Finance
 - Performance Evaluation, and Beyond
 - How to Hire Smart
 - Bringing it All Together

Summary

A background in resource development and community collaboration has been instrumental in learning how communities can best improve their overall culture of health.

Experience

Director of Development & Public Health June 2016 - Present
Granite United Way, Concord NH

Continuing the role of fundraising in Merrimack County (shown below) with an added role within the Capital Area Public Health Network. Working to implement strategies from the Community Health Improvement Plan created by the Network in 2013. Assisting a variety of community coalitions and workforces to ensure we are addressing the priority areas outlined in the improvement plan. Facilitating the Public Health Advisory Council Executive Committee meetings to see what we should be focusing on while also working through what current issues arise within the community.

Director of Resource Development May 2015 – June 2016
Granite United Way, Concord NH

Managed 55 workplace campaigns and was responsible for fundraising within Merrimack County. Administered the 2016 State Employees Charitable Campaign that raised \$350K. Oversaw planning and organization of the Run United 5k.

Student Internship September 2014 – May 2015
Schenectady County Public Health Services, Schenectady NY

Worked on a comprehensive cancer grant to decrease cancer rates in the community. Aided the Schenectady Asthma Support Collaborative and wrote their interim grant report as well as assisted in gaining Institutional Review Board (IRB) approval.

Research Assistant/ Intern January 2014 - August 2014
University at Albany SPH, Rensselaer NY

Evaluated New York State Breastfeeding laws for a Robert Wood Johnson Foundation grant. Coordinated and administered interviews to hospital staff and analyzed qualitative data using Nvivo 8 software.

Education

MPH, Social Behavior and Community Health May 2015
School of Public Health, University at Albany, Albany, NY

BS, Community Health May 2013
State University of New York (SUNY) Potsdam, Potsdam, NY

Awards/Honors

Outstanding Community Health Student, SUNY Potsdam - Potsdam, NY 2013
Eta Sigma Gamma (Community Health Honor Society) - Potsdam, NY 2012
Community Health Internship Scholarship, SUNY Potsdam- Potsdam, NY 2012

Annika Stanley-Smith

Experience

Substance Misuse Prevention Coordinator Capital Area Public Health Network October 2014 - Present

- Developed and educated a network of 100+ stakeholders from 23 towns and municipalities on the impact of substance use disorders.
- Collaborated with 13 regional prevention specialist, 4 state agencies, 8 police departments and 15 local non-profits on statewide initiatives.
- Met with all of New Hampshire's federal representatives and briefed 400+ New Hampshire state representatives to advocate for policies and funding supporting substance use disorders.
- Secured membership on the Prevention Task Force of the Governor's Commission on Alcohol and Drug Abuse, the Life of An Athlete committee, and the New Futures Advocacy committee.
- Assisted with educating stakeholders and distributing 440+ free Narcan kits as a harm reduction project.
- Installed permanent drop boxes in police departments for the collection unused prescription drugs.
- Created two anti-drug coalitions in the high risk towns, created work plans and secured \$14,000 for their activities.

Associate Director of Community Engagement Granite United Way May 2014 – October 2014

- Assisted in the organization of over 1,300 volunteers and 100 projects for the Days of Caring in five of the six regions of Granite United Way.
- Managed relationships with over 40 partner agencies while representing the Granite United Way
- Hosted 3 "Living United in the Granite State" television shows and 2 radio broadcasts.

Resource Development and Community Impact Assistant Granite United Way March 2012 – May 2014

- Administered Granite United Way's internal campaign, increasing the total by 27% with 100% participation.
- Assisted two supervisors including volunteer management , campaign fundraising, and financial audits.
- Responsible for general administrative support for 5 offices and 37 employees.

Mobile Pro/ Sales Associate Advance Auto Parts August 2010-March 2012

- Promoted to sales associate after one year by taking the initiative and personal time to learn the application of company products.
- Responsible for \$100,000+ worth of merchandise, a \$12,000 company vehicle, and financial audits of the cash register.
- Lead the state in soliciting donations for the corporate charity.

Education & Certification

IC&RC Certified Prevention Specialist (CPS) New Hampshire Prevention Certification Board May 2016

Met international standards in knowledge, skills, and professional competencies that required 2,000+ hours of experience, 120 hours of supervision, 120 hours in training and a passing grade on the International Certification & Reciprocity Consortium (IC&RC) prevention specialist exam.

Bachelors of Science in Industrial Organizational Psychology Southern New Hampshire University July 2014

Recognized on the Dean's List, an academic honor for achieving a minimum GPA of 3.5. Sociology minor

Associates of Liberal Arts Sociology Minor Southern New Hampshire University September 2011

Earned Associates with Honors, an academic honor for achieving a minimum GPA of 3.5.

Awards & Honors

Tom Fox Prevention Scholarship New Futures October 2016

Recognized for demonstrating leadership and significant service to the delivery of preventing drug and alcohol problems.

Concord Young Professional of the Month Greater Concord Chamber of Commerce March 2015

Recognized for being a young professional with outstanding commitment to the community.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Granite United Way - Capital Area Public Health Network

Name of Contract: Regional Public Health Services

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shannon Bresaw	Vice President of Public Health	\$75,000	0.00%	\$0.00
Mary Reed	Senior Director of Public Health	\$68,000	85.33%	\$58,024.40
Rachel O'Neil	Director of Public Health & Resource Development	\$50,000	69.33%	\$34,665.00
Annika Stanley-Smith	Substance Misuse Prevention Coordinator	\$45,000	76.00%	\$34,200.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$126,889.40

BUDGET PERIOD:		SFY 19		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shannon Bresaw	Vice President of Public Health	\$75,000	0.00%	\$0.00
Mary Reed	Senior Director of Public Health	\$68,000	85.33%	\$58,024.40
Rachel O'Neil	Director of Public Health & Resource Development	\$50,000	69.33%	\$34,665.00
Annika Stanley-Smith	Substance Misuse Prevention Coordinator	\$45,000	76.00%	\$34,200.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$126,889.40

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-05

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite United Way (Carroll County Region)		1.4 Contractor Address 46 S. Main Street Concord, NH 03301	
1.5 Contractor Phone Number 603-224-2595 ext 228	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$771,298
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature <i>Patrick Tufts</i>		1.12 Name and Title of Contractor Signatory <i>Patrick Tufts, President & CEO</i>	
1.13 Acknowledgement: State of <i>New Hampshire</i> , County of <i>Merrimack</i> On <i>May 10, 2017</i> , 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>Shelley Lyn Ryan</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Shelley Lyn Ryan, Notary</i>			
1.14 State Agency Signature <i>Dualles</i> Date: <i>5/23/17</i>	1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By: <i>[Signature]</i> On: <i>6/5/17</i>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

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

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials PI
Date 5-10-17

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.



Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnipesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.

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 Date 5-10-17



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.



Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.



Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures



Exhibit A

- 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
- 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
- 5.1.4.1.5. Submit annual report
- 5.1.4.1.6. Provide additional reports or data as required by the Department.
- 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.



Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,



Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.



Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.



Exhibit A

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services
(Carroll County Region)

Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2018

	Direct	Indirect	Total
1. Total Salary/Wages	\$ 19,230.00	\$ 962.00	\$ 20,192.00
2. Employee Benefits	\$ 5,370.00	\$ 269.00	\$ 5,639.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 450.50	\$ 22.50	\$ 473.00
6. Travel	\$ 1,000.00	\$ 50.00	\$ 1,050.00
7. Occupancy	\$ 625.00	\$ 31.25	\$ 656.25
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,095.00	\$ 54.75	\$ 1,149.75
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 300.00	\$ 15.00	\$ 315.00
11. Staff Education and Training	\$ 500.00	\$ 25.00	\$ 525.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 26,467.00	\$ 3,533.00	\$ 30,000.00

Indirect As A Percent of Direct

13.3%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - Carroll County Region

Budget Request for: Regional Public Health Network Services - PHAC
(Name of RFP)

Budget Period: SFY 2019

	Direct	Indirect	Total	Allocation Method for Indirects - 2014
1. Total Salary/Wages	\$ 19,230.00	\$ 962.00	\$ 20,192.00	
2. Employee Benefits	\$ 5,370.00	\$ 269.00	\$ 5,639.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 450.50	\$ 22.50	\$ 473.00	
6. Travel	\$ 1,000.00	\$ 50.00	\$ 1,050.00	
7. Occupancy	\$ 625.00	\$ 31.25	\$ 656.25	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,095.00	\$ 54.75	\$ 1,149.75	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 300.00	\$ 15.00	\$ 315.00	
11. Staff Education and Training	\$ 500.00	\$ 25.00	\$ 525.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 28,570.50	\$ 1,429.50	\$ 30,000.00	

Indirect As A Percent of Direct

\$ - 5.0%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2018

	Direct Expenses	Indirect Expenses	Total	
1. Total Salary/Wages	\$52,699.00	\$2,635.00	\$ 55,334.00	
2. Employee Benefits	\$12,222.00	\$611.00	\$ 12,833.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$672.00	\$34.00	\$ 706.00	
6. Travel	\$2,000.00	\$100.00	\$ 2,100.00	
7. Occupancy	\$2,218.00	\$111.00	\$ 2,329.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,070.00	\$103.50	\$ 2,173.50	
9. Software			\$ -	
10. Marketing/Communications	\$250.00	\$12.50	\$ 262.50	
11. Staff Education and Training	\$250.00	\$12.00	\$ 262.00	
12. Subcontracts/Agreements	\$-	\$-	\$ -	
13. Other (specific details mandatory):			\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 72,381.00	\$ 3,619.00	\$ 76,000.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2019

	Direct Expenses	Indirect Funds	Total
1. Total Salary/Wages	\$52,699.00	\$2,635.00	\$ 55,334.00
2. Employee Benefits	\$12,222.00	\$611.00	\$ 12,833.00
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$672.00	\$34.00	\$ 706.00
6. Travel	\$2,000.00	\$100.00	\$ 2,100.00
7. Occupancy	\$2,218.00	\$111.00	\$ 2,329.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,070.00	\$103.50	\$ 2,173.50
9. Software			\$ -
10. Marketing/Communications	\$250.00	\$12.50	\$ 262.50
11. Staff Education and Training	\$250.00	\$12.00	\$ 262.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):			\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 72,381.00	\$ 3,619.00	\$ 76,000.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Date: _____

5-70-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

	Direct Budget	Indirect Fund	Total	
1. Total Salary/Wages	\$50,858.00	\$2,542.90	\$ 53,400.90	
2. Employee Benefits	\$14,165.00	\$708.20	\$ 14,873.20	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00	
6. Travel	\$2,050.00	\$102.50	\$ 2,152.50	
7. Occupancy	\$2,218.00	\$110.90	\$ 2,328.90	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,110.00	\$105.50	\$ 2,215.50	
9. Software			\$ -	
10. Marketing/Communications	\$700.00	\$35.00	\$ 735.00	
11. Staff Education and Training	\$800.00	\$40.00	\$ 840.00	
12. Subcontracts/Agreements	\$-	\$-	\$ -	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 74,401.00	\$ 3,720.00	\$ 78,121.00	

Indirect As A Percent of Direct

\$ -

5.0%

Contractor Initials: _____

Date: _____

PT
5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

	Direct Incentive	Indirect Fund	Total	
1. Total Salary/Wages	\$50,858.00	\$2,542.90	\$ 53,400.90	
2. Employee Benefits	\$14,165.00	\$708.20	\$ 14,873.20	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00	
6. Travel	\$2,050.00	\$102.50	\$ 2,152.50	
7. Occupancy	\$2,218.00	\$110.90	\$ 2,328.90	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,110.00	\$105.50	\$ 2,215.50	
9. Software			\$ -	
10. Marketing/Communications	\$700.00	\$35.00	\$ 735.00	
11. Staff Education and Training	\$800.00	\$40.00	\$ 840.00	
12. Subcontracts/Agreements	\$-	\$-	\$ -	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 74,401.00	\$ 3,720.00	\$ 78,121.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

Date: _____

PT
5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$52,727.00	\$2,636.35	\$ 55,363.35
2. Employee Benefits	\$14,583.00	\$729.25	\$ 15,312.25
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00
6. Travel	\$2,055.00	\$103.00	\$ 2,158.00
7. Occupancy	\$2,218.00	\$110.90	\$ 2,328.90
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,110.00	\$105.50	\$ 2,215.50
9. Software			\$ -
10. Marketing/Communications	\$700.00	\$35.00	\$ 735.00
11. Staff Education and Training	\$800.00	\$40.00	\$ 840.00
12. Subcontracts/Agreements			\$ -
13. Other (specific details mandatory):	\$-		\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 76,693.00	\$ 3,835.00	\$ 80,528.00

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Page 1 of 1

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

	Direct	Indirect	Total	Allocation Requested for Maintenance
1. Total Salary/Wages	\$52,727.00	\$2,636.35	\$ 55,363.35	
2. Employee Benefits	\$14,583.00	\$729.25	\$ 15,312.25	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00	
6. Travel	\$2,055.00	\$103.00	\$ 2,158.00	
7. Occupancy	\$2,218.00	\$110.90	\$ 2,328.90	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,110.00	\$105.50	\$ 2,215.50	
9. Software			\$ -	
10. Marketing/Communications	\$700.00	\$35.00	\$ 735.00	
11. Staff Education and Training	\$800.00	\$40.00	\$ 840.00	
12. Subcontracts/Agreements			\$ -	
13. Other (specific details mandatory):	\$-		\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 76,693.00	\$ 3,835.00	\$ 80,528.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

	Direct	Indirect	Total	Allocation Method for Indirect Costs
1. Total Salary/Wages	\$4,948.00	\$247.60	\$ 5,195.60	
2. Employee Benefits	\$1,333.00	\$66.65	\$ 1,399.65	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -	
6. Travel	\$195.00	\$9.75	\$ 204.75	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training			\$ -	
12. Subcontracts/Agreements	\$12,000.00	\$1,200.00	\$ 13,200.00	
13. Other (specific details mandatory):			\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 18,476.00	\$ 1,524.00	\$ 20,000.00	

Indirect As A Percent of Direct

8.2%

Contractor Initials: _____

PT

Page 1 of 1

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

	Direct Estimated	Indirect Rate	Total	Allocation Method for Indirect Cost
1. Total Salary/Wages	\$4,948.00	\$247.60	\$ 5,195.60	
2. Employee Benefits	\$1,333.00	\$66.65	\$ 1,399.65	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -	
6. Travel	\$195.00	\$9.75	\$ 204.75	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training			\$ -	
12. Subcontracts/Agreements	\$12,000.00	\$1,200.00	\$ 13,200.00	
13. Other (specific details mandatory):			\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 18,476.00	\$ 1,524.00	\$ 20,000.00	

Indirect As A Percent of Direct

8.2%

Contractor Initials: _____

PT

Page 1 of 1

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

	Direct Budget	Indirect Fees	Total	Allocation Method by Line Item
1. Total Salary/Wages	\$7,696.00	\$384.80	\$ 8,080.80	
2. Employee Benefits	\$588.74	\$29.45	\$ 618.19	
3. Consultants	\$0.00	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$0.00	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00	
6. Travel	\$1,284.00	\$64.20	\$ 1,348.20	
7. Occupancy	\$302.00	\$15.10	\$ 317.10	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$720.00	\$36.00	\$ 756.00	
9. Software	\$0.00	\$ -	\$ -	
10. Marketing/Communications	\$3,000.00	\$300.00	\$ 3,300.00	
11. Staff Education and Training	\$0.00	\$50.00	\$ 50.00	
12. Subcontracts/Agreements	\$71,454.71	\$2,500.00	\$ 73,954.71	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$86,545.45	\$3,454.55	\$90,000.00	

Indirect As A Percent of Direct

4.0%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

	Direct Investment	Indirect Costs	Total	Allocation Method for Indirect Costs
1. Total Salary/Wages	\$7,696.00	\$384.80	\$ 8,080.80	
2. Employee Benefits	\$588.74	\$29.45	\$ 618.19	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,500.00	\$75.00	\$ 1,575.00	
6. Travel	\$1,284.00	\$64.20	\$ 1,348.20	
7. Occupancy	\$302.00	\$15.10	\$ 317.10	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$720.00	\$36.00	\$ 756.00	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$3,000.00	\$300.00	\$ 3,300.00	
11. Staff Education and Training		\$50.00	\$ 50.00	
12. Subcontracts/Agreements	\$71,454.71	\$2,500.00	\$ 73,954.71	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$86,545.45	\$3,454.55	\$90,000.00	

Indirect As A Percent of Direct

4.0%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2018

	Direct Expenses	Indirect Expenses	Total
1. Total Salary/Wages	\$2,831.00	\$141.55	\$ 2,972.55
2. Employee Benefits	\$324.00	\$16.20	\$ 340.20
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$400.00	\$20.00	\$ 420.00
6. Travel	\$500.00	\$25.00	\$ 525.00
7. Occupancy	\$302.00	\$15.10	\$ 317.10
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$255.00	\$12.75	\$ 267.75
9. Software			\$ -
10. Marketing/Communications	\$154.50	\$7.90	\$ 162.40
11. Staff Education and Training		\$-	\$ -
12. Subcontracts/Agreements	\$5,450.00	\$545.00	\$ 5,995.00
13. Other (specific details mandatory):	\$-		\$ -
	\$-		\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 10,216.50	\$ 783.50	\$ 11,000.00

Indirect As A Percent of Direct

7.7%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Granite United Way - Carroll County

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

	Direct Expenses	Indirect Expenses	Total
1. Total Salary/Wages	\$2,831.00	\$141.55	\$ 2,972.55
2. Employee Benefits	\$324.00	\$16.20	\$ 340.20
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$400.00	\$20.00	\$ 420.00
6. Travel	\$500.00	\$25.00	\$ 525.00
7. Occupancy	\$302.00	\$15.10	\$ 317.10
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$255.00	\$12.75	\$ 267.75
9. Software			\$ -
10. Marketing/Communications	\$154.50	\$7.90	\$ 162.40
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$5,450.00	\$545.00	\$ 5,995.00
13. Other (specific details mandatory):	\$ -		\$ -
	\$-		\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 10,216.50	\$ 783.50	\$ 11,000.00

Indirect As A Percent of Direct

7.7%

Contractor Initials: _____

PT

Date: _____

5-10-17



SPECIAL PROVISIONS

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

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



- 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 (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) 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



- 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.

PS
5-10-17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

Contractor Name: Granite United Way

5-10-17
Date


Name: Patrick Tufts
Title: President



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: *Granite United Way*

5-10-17
Date

Patrick Tufts
Name: *Patrick Tufts*
Title: *President*



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: *Granite United Way*

5-10-17
Date


Name: *Patrick Tufts*
Title: *President*



**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 PT

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



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: Granite United Way

5-10-17
Date

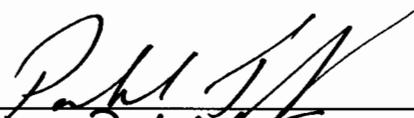

Name: Patrick Tufts
Title: President

Exhibit G

Contractor Initials PT

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



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: *Granite United Way*

5-10-17
Date

Patrick Tufts
Name: *Patrick Tufts*
Title: *President*



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

- pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.
- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
 - g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
 - h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
 - i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
 - j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
 - k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
 - l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

PS
5-10-17



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

PT
5-10-17



Exhibit I

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

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

Department of Health and Human Services

The State

Charles
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Granite United Wty
Name of the Contractor

Patrick Tufts
Signature of Authorized Representative

PATRICK TUFTS
Name of Authorized Representative

President
Title of Authorized Representative

5-10-17
Date



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

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

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

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

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

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

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

Contractor Name: *Granite United Way*

5-10-17
Date

Patrick Tufts
Name: *Patrick Tufts*
Title: *President*



FORM A

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

1. The DUNS number for your entity is: 1564849900000
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

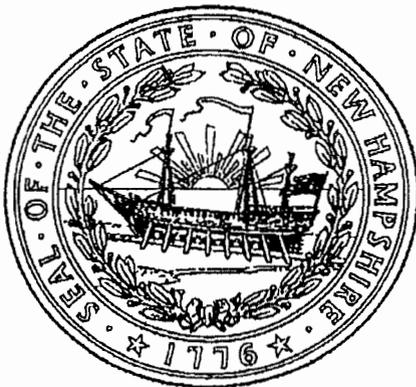
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE UNITED WAY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 30, 1927. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 65650



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 25th day of April A.D. 2017.

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Nannu Nobis, do hereby certify that:

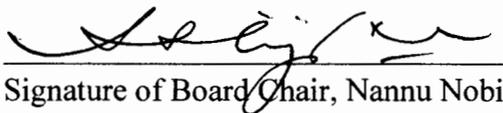
1. I am a duly elected Board Chair of Granite United Way, Inc., a New Hampshire voluntary corporation; and
2. The following are true copies of two resolutions duly adopted at a meeting of the Executive Committee of the Board of Directors of the corporation, duly held on October 8, 2015;

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

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

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of the 10th day of May, 2017.

IN WITNESS WHEREOF, I have hereunto set my name as Board Chair of the Corporation hereto, affixed this 10th day of May, 2017.

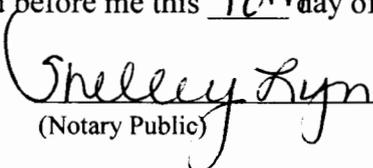


Signature of Board Chair, Nannu Nobis

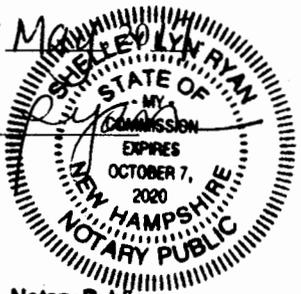
STATE OF NEW HAMPSHIRE
County of Merrimack

The forgoing instrument was acknowledged before me this 10th day of May

By: Nannu Nobis


(Notary Public)

Commission Expires:



SHELLEY LYN RYAN, Notary Public
My Commission Expires October 7, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/28/2017

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

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

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Sara Hartshorn PHONE (A/C, No, Ext): (603) 224-2562 E-MAIL ADDRESS: shartshorn@rowleyagency.com FAX (A/C, No): (603) 224-8012
	INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Ins - Bedford INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Granite United Way 22 Concord Street Floor 2 Manchester NH 03101	NAIC #

COVERAGES	CERTIFICATE NUMBER: 17-18 All Lines	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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZHV900337106	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ZHV900337106	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHV9003210-06	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	<input type="checkbox"/> 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 checked="" type="checkbox"/> N/A			WHV8996802-06 3A States: NH	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Covering operations of the named insured during the policy period.

CERTIFICATE HOLDER NH 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 Sara Hartshorn/SBH <i>Sara Hartshorn</i>
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Granite United Way

LIVE UNITED

MISSION STATEMENT

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way

Merimaack County
45 South Main Street
Concord, NH 03301
503.224.2595

Southern Region
22 Concord Street
Manchester, NH 03101
503.625.6939

North Country
PO Box 311
Littleton, NH 03561
503.444.1555

Northern Region
961 Main Street
Berlin, NH 03570
503.752.5343

Upper Valley
21 Technology Drive
W Lebanon, NH 03784
503.298.8499

Central Region
393 South Main St.
Lacoma, NH 03246
503.737.1121

White Village
250 Highland Street
Plymouth, NH 03264
503.536.3720

Carroll County United
448A White Mtn. Highway
Tamworth, NH 03885
503.321.8139

GRANITE UNITED WAY

FINANCIAL REPORT

MARCH 31, 2016

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited the accompanying financial statements of Granite United Way, which comprise the statement of financial position as of March 31, 2016, and the related statements of activities and changes in net assets, functional expenses and cash flows 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 financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of March 31, 2016, and the results of its operations, changes in net assets, functional expenses, and cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Granite United Way March 31, 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated July 14, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended March 31, 2015 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of community impact awards to qualified partner agencies and emerging opportunity grants are presented for purposes of additional analysis and are not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 financial statements as a whole.

Nathan Wechsler & Company

Concord, New Hampshire
August 25, 2016

GRANITE UNITED WAY

STATEMENT OF FINANCIAL POSITION

March 31, 2016 with comparative totals as of March 31, 2015

ASSETS	2016				2015
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
CURRENT ASSETS					
Cash	\$ 512,163	\$ 413,953	\$ -	\$ 926,116	\$ 1,002,210
Prepaid and reimbursable expenses	38,245	-	-	38,245	220,967
Investments	463,743	-	-	463,743	473,361
Accounts and rent receivable	6,846	-	-	6,846	7,255
Contributions and grants receivable, net of allowance for uncollectible contributions 2016 \$499,427; 2015 \$516,591	-	3,673,854	-	3,673,854	3,514,617
Assets held for sale	109,568	-	-	109,568	-
<i>Total current assets</i>	<u>1,130,565</u>	<u>4,087,807</u>	<u>-</u>	<u>5,218,372</u>	<u>5,218,410</u>
OTHER ASSETS					
Property and equipment, net	1,303,019	-	-	1,303,019	1,452,541
Investments - endowment	9,272	37,928	100,397	147,597	145,864
Beneficial interest in assets held by others	-	1,587,401	-	1,587,401	1,737,703
	<u>1,312,291</u>	<u>1,625,329</u>	<u>100,397</u>	<u>3,038,017</u>	<u>3,336,108</u>
<i>Total assets</i>	<u>\$ 2,442,856</u>	<u>\$ 5,713,136</u>	<u>\$ 100,397</u>	<u>\$ 8,256,389</u>	<u>\$ 8,554,518</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
ALLOCATED ANNUAL CAMPAIGN SUPPORT DESIGNATED FOR FUTURE PERIODS					
Future allocations payable	\$ 2,276,379	\$ -	\$ -	\$ 2,276,379	\$ 2,288,886
Donor-designations payable	390,547	1,080,514	-	1,471,061	1,303,999
	<u>2,666,926</u>	<u>1,080,514</u>	<u>-</u>	<u>3,747,440</u>	<u>3,592,885</u>
Current maturities of long-term debt	11,683	-	-	11,683	11,198
Funds held for others	28,960	-	-	28,960	66,756
Grants payable	-	-	-	-	22,000
Accounts payable	18,958	-	-	18,958	5,911
Accrued expenses	120,736	-	-	120,736	139,665
Deferred revenue - designation fees	47,344	-	-	47,344	42,838
<i>Total current liabilities</i>	<u>2,894,607</u>	<u>1,080,514</u>	<u>-</u>	<u>3,975,121</u>	<u>3,881,253</u>
LONG-TERM DEBT, less current maturities	<u>239,018</u>	<u>-</u>	<u>-</u>	<u>239,018</u>	<u>250,447</u>
COMMITMENTS (See Notes)					
NET ASSETS (DEFICIT):					
Unrestricted	(1,743,087)	-	-	(1,743,087)	(1,295,992)
Unrestricted, invested in property and equipment	1,052,318	-	-	1,052,318	1,190,896
<i>Total unrestricted net deficit</i>	<u>(690,769)</u>	<u>-</u>	<u>-</u>	<u>(690,769)</u>	<u>(105,096)</u>
Temporarily restricted	-	4,632,622	-	4,632,622	4,427,517
Permanently restricted	-	-	100,397	100,397	100,397
<i>Total net assets (deficit)</i>	<u>(690,769)</u>	<u>4,632,622</u>	<u>100,397</u>	<u>4,042,250</u>	<u>4,422,818</u>
<i>Total liabilities and net assets</i>	<u>\$ 2,442,856</u>	<u>\$ 5,713,136</u>	<u>\$ 100,397</u>	<u>\$ 8,256,389</u>	<u>\$ 8,554,518</u>

GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year ended March 31, 2016 with comparative totals for the year ended March 31, 2015

	2016			2015	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
Support and revenues					
Campaign revenue:					
Total contributions pledged	\$ -	\$ 6,878,664	\$ -	\$ 6,878,664	\$ 7,020,221
Less donor designations	-	(1,895,593)	-	(1,895,593)	(1,501,742)
Less provision for uncollectible pledges	-	(296,558)	-	(296,558)	(307,265)
Add prior years' excess provision for uncollectible pledges taken into income in current year	159,007	-	-	159,007	111,654
<i>Net campaign revenue</i>	159,007	4,686,513	-	4,845,520	5,322,868
Support:					
Sponsors and other contributions	3,852	712,595	-	716,447	311,399
Grant revenue	-	635,227	-	635,227	155,946
In-kind contributions	57,365	-	-	57,365	31,169
<i>Total support</i>	220,224	6,034,335	-	6,254,559	5,821,382
Other revenue:					
Administrative fees	58,073	-	-	58,073	157,070
Rental income	80,497	-	-	80,497	49,011
Miscellaneous income	2,776	-	-	2,776	4,594
<i>Total support and revenues</i>	361,570	6,034,335	-	6,395,905	6,032,057
Net assets released from restrictions:					
For satisfaction of time restrictions	4,636,943	(4,636,943)	-	-	-
For satisfaction of program restrictions	1,043,608	(1,043,608)	-	-	-
	6,042,121	353,784	-	6,395,905	6,032,057
Expenses:					
Program services	5,471,034	-	-	5,471,034	4,583,109
Support services:					
Management and general	484,246	-	-	484,246	731,108
Fundraising	753,390	-	-	753,390	556,505
<i>Total expenses</i>	6,708,670	-	-	6,708,670	5,870,722
<i>Increase (decrease) in net assets before other activities</i>	(666,549)	353,784	-	(312,765)	161,335
Other activities:					
Increase (decrease) in value of beneficial interest in trusts, net of fees 2016 \$11,422; 2015 \$11,082	-	(150,302)	-	(150,302)	33,850
Realized and unrealized gains (losses) on investments	(9,312)	(1,266)	-	(10,578)	19,750
Investment income	90,188	2,889	-	93,077	99,903
<i>Total other activities</i>	80,876	(148,679)	-	(67,803)	153,503
<i>Net increase (decrease) in net assets</i>	(585,673)	205,105	-	(380,568)	314,838
Net assets (deficit), beginning of year	(105,096)	4,427,517	100,397	4,422,818	4,107,980
<i>Net assets (deficit), end of year</i>	\$ (690,769)	\$ 4,632,622	\$ 100,397	\$ 4,042,250	\$ 4,422,818

GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES

Year ended March 31, 2016 with comparative totals for the year ended March 31, 2015

	2016				2015
	Program services	Management and general	Fundraising	Total	Total
Salaries and wages	\$ 1,747,474	\$ 288,933	\$ 457,252	\$ 2,493,659	\$ 1,869,797
Payroll taxes	109,099	20,958	33,167	163,224	131,100
Employee fringe benefits	169,413	27,297	43,198	239,908	177,627
Employer 403(b) contribution	48,467	9,310	14,734	72,511	72,414
<i>Total salaries and related benefits</i>	<u>2,074,453</u>	<u>346,498</u>	<u>548,351</u>	<u>2,969,302</u>	<u>2,250,938</u>
Community Impact Grants to agencies	2,360,600	-	-	2,360,600	2,319,424
Occupancy	154,498	16,715	26,453	197,666	193,301
Grant expenses-Public Health Network	174,300	-	-	174,300	77,865
Other program services (See Note 13)	168,783	-	-	168,783	198,177
Telephone, communications and technology	62,492	11,390	18,026	91,908	86,529
211 expenses	89,218	-	-	89,218	120,768
Publications, printing and campaign expenses	-	-	76,767	76,767	71,212
United Way Worldwide dues	44,997	8,644	13,680	67,321	65,855
In-kind expenses	38,342	7,366	11,657	57,365	31,169
Professional services	-	56,695	-	56,695	47,399
Supplies and office expense	31,448	6,041	9,561	47,050	48,947
Insurance	23,763	4,565	7,224	35,552	33,476
Travel	21,441	3,974	6,289	31,704	38,125
Volunteer Income Tax Assistance expenses	27,816	-	-	27,816	40,880
STEAM Ahead expenses	27,508	-	-	27,508	-
Concord Cold Weather Shelter	21,520	-	-	21,520	-
Miscellaneous	11,733	2,254	3,567	17,554	12,610
Special events	14,258	919	1,455	16,632	15,763
Conferences, training and meetings	10,879	2,090	3,307	16,276	14,135
Postage	9,729	1,869	2,958	14,556	12,186
Community needs assessment	12,500	-	-	12,500	10,500
Other dues and awards	7,519	1,445	2,286	11,250	8,568
Homeless Service Center expenses	6,000	-	-	6,000	61,000
Community impact expenses	5,501	-	-	5,501	4,183
Investment fees	3,295	633	1,002	4,930	10,507
<i>Total expenses before interest and depreciation</i>	<u>5,402,593</u>	<u>471,098</u>	<u>732,583</u>	<u>6,606,274</u>	<u>5,773,517</u>
Interest expense	7,563	1,453	2,299	11,315	11,521
Depreciation	60,878	11,695	18,508	91,081	85,684
<i>Total functional expenses</i>	<u>\$ 5,471,034</u>	<u>\$ 484,246</u>	<u>\$ 753,390</u>	<u>\$ 6,708,670</u>	<u>\$ 5,870,722</u>

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS
Years Ended March 31, 2016 and 2015

	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	\$ 7,236,918	\$ 6,831,761
Cash received from grantors	635,227	225,439
Administrative fees	62,579	57,092
Other cash received	83,682	54,720
Cash received from trust	73,308	71,733
Designations paid	(1,728,531)	(1,347,640)
Net cash (paid) received for funds held for others	(37,796)	34,260
Cash paid to agencies	(2,333,702)	(2,825,524)
Cash paid to suppliers, employees, and others	(4,017,957)	(3,590,392)
<i>Net cash used in operating activities</i>	(26,272)	(488,551)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(51,127)	(13,794)
Proceeds from sale of investments	12,249	911,378
Purchase of investments	-	(380,813)
<i>Net cash provided by (used in) investing activities</i>	(38,878)	516,771
CASH FLOWS USED IN FINANCING ACTIVITIES		
Repayments of long-term debt	(10,944)	(10,518)
<i>Net increase (decrease) in cash</i>	(76,094)	17,702
Cash, beginning of year	1,002,210	984,508
<i>Cash, end of year</i>	\$ 926,116	\$ 1,002,210

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS (CONTINUED)

Years Ended March 31, 2016 and 2015

	2016	2015
RECONCILIATION OF INCREASE (DECREASE) IN NET ASSETS TO NET CASH USED IN OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ (380,568)	\$ 314,838
Adjustments to reconcile increase (decrease) in net assets to net cash used in operating activities:		
Realized and unrealized (gain) loss on investments	10,578	(19,750)
Reinvested interest and dividends	(14,942)	(19,537)
Depreciation	91,081	85,684
Prior years' excess provision for uncollectible pledges	(159,007)	(111,654)
Decrease in accounts and rent receivable	409	1,115
(Increase) decrease in prepaid and reimbursable expenses	182,722	(133,324)
Increase in contributions receivable	(230)	(90,144)
Decrease in grants receivable	-	11,743
(Increase) decrease in value of beneficial interest in assets held by others	150,302	(33,850)
Increase (decrease) in allocated annual campaign	154,555	(310,620)
Increase (decrease) in funds held for others	(37,796)	34,260
Decrease in grants payable	(22,000)	(86,078)
Increase (decrease) in accounts payable	13,047	(54,255)
Increase (decrease) in accrued expenses	(18,929)	22,998
Increase (decrease) in deferred revenue	4,506	(99,977)
<i>Net cash used in operating activities</i>	<u>\$ (26,272)</u>	<u>\$ (488,551)</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash payments for:

Interest expense	\$ 11,315	\$ 11,521
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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities

Granite United Way (the "United Way") was formed on July 1, 2010, as the result of a merger of four local not-for-profit entities - Heritage United Way, Inc., United Way of Merrimack County, North Country United Way and Upper Valley United Way. All of these entities shared the common goal to raise and distribute funds for the community's needs. This merger allows for shared resources and reduction in overhead in order to increase impact in the communities the United Way serves.

On February 1, 2012, the United Way acquired the assets and assumed the liabilities of United Way of Northern New Hampshire. On January 1, 2013, the United Way acquired the assets and assumed the liabilities of Lakes Region United Way.

The United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by the United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay the United Way's operating expenses. Donors may designate their pledges to support a region of the United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax-exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as temporarily restricted in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

The United Way invests in the community through three different vehicles:

March 31,	2016
Community Impact Awards to partner agencies	\$ 2,360,600
Donor designated gifts to Health and Human Service agencies	1,895,593
Granite United Way Program services	3,110,434
<i>Total</i>	<u>\$ 7,366,627</u>

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the United Way have been prepared on the accrual basis. Under the accrual basis, revenues and gains are recognized when earned and expenses and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Cash and cash equivalents: For purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at March 31, 2016 and 2015.

Basis of presentation: The United Way accounts for contributions received in accordance with the FASB Accounting Standards Codification topic for revenue recognition (FASB ASC 958-605) and contributions made in accordance with FASB ASC 958-720-25 and FASB ASC 958-310. In accordance with FASB ASC 958-605-25, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. In addition, FASB ASC 958-310 requires that unconditional promises to give (pledges) be recorded as receivables and recognized as revenues.

The United Way adheres to the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the United Way is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Descriptions of the three net asset categories are as follows:

Unrestricted net assets include both undesignated and designated net assets, which are the revenues not restricted by outside sources and revenues designated by the Board of Directors for special purposes and their related expenses.

Temporarily restricted net assets include gifts and pledges for which time restrictions or donor-imposed restrictions have not yet been met and donor designations payable associated with uncollected pledges. Temporarily restricted net assets also include the beneficial interest in assets held by others and the accumulated appreciation related to permanently restricted endowment gifts, which is a requirement of FASB ASC 958-205-45.

Permanently restricted net assets include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof be made available for program operations in accordance with donor restrictions.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of \$296,558 and \$307,265 for the campaign years ended March 31, 2016 and 2015, respectively. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for both years ended March 31, 2016 and 2015.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Deferred revenue: The United Way charged a 10% administrative fee on the State Campaign designations for both years ended March 31, 2016 and 2015. The United Way charged 5% on most other designations for both of the years ended March 31, 2016 and 2015.

These administrative fees are recognized in the post campaign years, as this is the year they are available to offset administrative expenses.

Donated goods and services: Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills. Various types of in-kind support, including services, call center space, gift certificates, materials and other items, amounting to \$57,365 and \$31,169 have been reflected at fair value in the financial statements for the years ended March 31, 2016 and 2015, respectively.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

Functional allocation of expenses: The cost of providing the various programs and other activities has been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Property and equipment: Property and equipment are included in unrestricted net assets and are carried at cost if purchased and fair value if contributed. Maintenance, repairs and minor renewals are expensed as incurred, and major renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of \$1,000.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements.....	5-31½
Leasehold improvements	15
Furniture and equipment	3-10

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk, consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at March 31, 2016, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to \$250,000. Amounts included in cash in excess of federally insured limits were approximately \$130,120 at March 31, 2016.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The United Way has adopted the provisions of FASB ASC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2013. Also included are filings for United Way of Northern New Hampshire and Lakes Region United Way prior to their acquisitions on February 1, 2012 and January 1, 2013, respectively.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 - inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.
- Level 2 - inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 - inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2016:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market funds	\$ 79,529	\$ 6,384	\$ -
Mutual funds:			
Domestic equity	89,491	-	-
International equity	4,188	-	-
Fixed income	247,901	-	-
Other	5,164	-	-
Fixed income funds	143,747	-	-
Municipal bonds	-	11,057	-
Corporate bonds	-	25,552	-
Beneficial interest in assets held by others	-	-	1,587,401
<i>Total</i>	<u>\$ 570,020</u>	<u>\$ 42,993</u>	<u>\$ 1,587,401</u>

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market funds	\$ 57,146	\$ 7,370	\$ -
Mutual funds:			
Domestic equity	91,342	-	-
International equity	4,551	-	-
Fixed income	256,427	-	-
Other	5,147	-	-
Fixed income funds	143,593	-	-
Municipal bonds	-	11,100	-
Corporate bonds	-	45,723	-
Beneficial interest in assets held by others	-	-	1,737,703
<i>Total</i>	<u>\$ 558,206</u>	<u>\$ 64,193</u>	<u>\$ 1,737,703</u>

	Beneficial interest in assets held by others
<i>Balance, April 1, 2014</i>	\$ 1,703,853
Total unrealized gains, net of fees included in changes in temporarily restricted net assets	<u>33,850</u>
<i>Balance, March 31, 2015</i>	<u>\$ 1,737,703</u>
Total unrealized losses, net of fees included in changes in temporarily restricted net assets	<u>(150,302)</u>
<i>Balance, March 31, 2016</i>	<u>\$ 1,587,401</u>
Amount of unrealized losses, net of fees attributable to change in unrealized losses relating to assets still held at the reporting date included in the statement of activities and changes in net assets	<u>\$ (150,302)</u>

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources. The fair value of investments in money market funds is based upon the net asset values determined by the underlying investments in which the funds invest.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at March 31, 2016 and 2015.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 4. Property and Equipment

Property and equipment, at cost, at March 31,	2016	2015
Land, buildings and building improvements	\$ 1,708,167	\$ 1,817,736
Leasehold improvements	5,061	5,061
Furniture and equipment	398,497	347,370
<i>Total property and equipment</i>	<u>2,111,725</u>	<u>2,170,167</u>
Less accumulated depreciation	(808,706)	(717,626)
<i>Total property and equipment, net</i>	<u>\$ 1,303,019</u>	<u>\$ 1,452,541</u>

Note 5. Assets Held for Sale

During the year ended March 31, 2016, the United Way made the decision to sell their property in Concord, New Hampshire. Negotiations for the assets held for sale are for a sale price in excess of carrying value.

Assets held for sale consisted of the following at March 31,	2016	2015
Building	\$ 89,781	\$ -
Building improvements	19,787	-
<i>Total assets held for sale</i>	<u>\$ 109,568</u>	<u>\$ -</u>

Note 6. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way. In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The distributions are approximately 4.03% of the market value of each fund per year.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$68,879 and \$67,400 from the agency endowed funds during the years ended March 31, 2016 and 2015, respectively.

Designated funds: The United Way is also a beneficiary of two designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way. In accordance with its spending policy, the Foundation makes distributions from the funds to the United Way.

The distributions are approximately 4.03% of the market value of the fund per year. These funds are not included in these financial statements, since all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$4,429 and \$4,333 from the designated funds during the year ended March 31, 2016 and 2015, respectively. The market value of these fund's assets amounted to approximately \$102,000 and \$111,700 as of March 31, 2016 and 2015, respectively.

Note 7. Long-term Debt

<u>Long-term debt at March 31,</u>	<u>2016</u>	<u>2015</u>
4.25% mortgage financed with a local bank. The note is due in monthly installments of principal and interest of \$1,837 through December 2031. The note is collateralized by the United Way's building located in Plymouth, NH.	\$ 250,701	\$ 261,645
Less portion payable within one year	11,683	11,198
<i>Total long-term debt</i>	<u>\$ 239,018</u>	<u>\$ 250,447</u>

The scheduled maturities of long-term debt at March 31, 2016 were as follows:

<u>Year Ending March 31,</u>	
2017	\$ 11,683
2018	12,190
2019	12,718
2020	13,269
2021	13,844
Thereafter	186,997
<i>Total</i>	<u>\$ 250,701</u>

The mortgage note with Franklin Savings Bank contains a financial covenant for debt service coverage, which is tested annually based on the year-end financial statements.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 8. Funds Held for Others

The United Way held funds for others for the following projects:

March 31,	2016	2015
Concord Multicultural Project Fund	\$ 17,571	\$ 33,038
STEAM Ahead	-	23,485
Get Moving Manchester	748	1,798
Mayor's Prayer Breakfast	10,472	3,241
City of Concord Dog Park	-	3,606
Better Together	169	1,588
<i>Total</i>	\$ 28,960	\$ 66,756

During the year ended March 31, 2016, STEAM Ahead transitioned to a program of the United Way.

Note 9. Endowment Funds and Net Assets

The United Way adheres to the Other Presentation Matters section of the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205-45).

FASB ASC 958-205-45 provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

FASB ASC 958-205-45 also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds) whether or not the organization is subject to UPMIFA.

The State of New Hampshire enacted UPMIFA effective July 1, 2008, the provisions of which apply to endowment funds existing on or established after that date. The United Way's endowment consists of three individual funds established for youth programs, Whole Village and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including those funds designated by the Board of Directors, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the United Way has interpreted UPMIFA as allowing the United Way to appropriate for expenditure or accumulate so much of an endowment fund as the United Way determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

As a result of this interpretation, the United Way classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the United Way in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the United Way, and (7) the investment policies of the United Way.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk.

Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income. To date there have been no distributions from the endowment fund.

Endowment net asset composition by type of fund as of March 31, 2016 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 37,928	\$ 100,397	\$ 138,325
Board-designated endowment funds	9,272	-	-	9,272
	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Changes in the endowment net assets as of March 31, 2016 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2015	\$ 9,162	\$ 36,305	\$ 100,397	\$ 145,864
Investment return:				
Investment income	195	2,889	-	3,084
Net depreciation (realized and unrealized)	(85)	(1,266)	-	(1,351)
Total investment return	110	1,623	-	1,733
Endowment net assets, March 31, 2016	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

Endowment net asset composition by type of fund as of March 31, 2015 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 36,305	\$ 100,397	\$ 136,702
Board-designated endowment funds	9,162	-	-	9,162
	<u>\$ 9,162</u>	<u>\$ 36,305</u>	<u>\$ 100,397</u>	<u>\$ 145,864</u>

Changes in the endowment net assets as of March 31, 2015 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2014	\$ 8,765	\$ 30,384	\$ 100,397	\$ 139,546
Investment return:				
Investment income	204	3,038	-	3,242
Net appreciation (realized and unrealized)	193	2,883	-	3,076
Total investment return	397	5,921	-	6,318
Endowment net assets, March 31, 2015	<u>\$ 9,162</u>	<u>\$ 36,305</u>	<u>\$ 100,397</u>	<u>\$ 145,864</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Income from permanently restricted net assets is available for the following purposes:

March 31,	2016	2015
General operations	\$ 14,930	\$ 14,930
Youth programs	11,467	11,467
General operations of Whole Village	74,000	74,000
<i>Total permanently restricted net assets</i>	<u>\$ 100,397</u>	<u>\$ 100,397</u>

Temporarily restricted net assets consisted of support and other unexpended revenues and represent the following:

March 31,	2016	2015
Public Health Network services	\$ 99,025	\$ 62,197
Contributions receivable related to campaigns	3,541,854	3,514,617
CDFA contributions receivable for the Bridge House and Whole Village Family Resource Center upgrades	132,000	-
Designations payable to other agencies and United Ways 211 Program	(1,080,514)	(971,039)
Volunteer income tax assistance program	225,227	-
Other programs	15,258	33,630
STEAM Ahead	16,279	14,104
Concord Cold Weather Shelter	27,084	-
Agency endowed funds at the New Hampshire Charitable Foundation	31,080	-
Portion of perpetual endowment funds subject to time restriction under UPMIFA	1,587,401	1,737,703
<i>Total temporarily restricted net assets</i>	<u>\$ 4,632,622</u>	<u>\$ 4,427,517</u>

The United Way was awarded up to \$257,500 in Community Development Investment Program Funds by the Community Development Finance Authority ("CDFA") for upgrades and clean energy improvements to the Bridge House and Whole Village Family Resource Center in Plymouth. During the year ended March 31, 2016, the CDFA accepted \$165,000 in donations from area businesses, resulting in net tax proceeds to the United Way of \$132,000 to benefit the project. This balance has been included in contributions receivable at March 31, 2016.

At March 31, 2016 and 2015, the Board of Directors has designated net assets amounting to \$- and \$394,087, respectively, which are funds set aside to meet the emerging opportunity needs of the community as they arise.

In addition, the Board of Directors has designated \$20,000 and \$50,000, respectively, for the South Central Health Network and Working Bridges during the year ended March 31, 2016.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 10. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the years ended March 31, 2016 and 2015, the United Way contributed \$72,511 and \$72,414, respectively to employees participating in the plan.

Note 11. Lease Commitments and Subsequent Event

During the year ended March 31, 2011, the United Way entered into an operating lease agreement for office space in Manchester, New Hampshire. The original term was for five years with options to renew for two additional five-year terms. The terms of the lease require monthly payments of \$2,373 with increases of 2% annually on each anniversary date of the lease. The lease also required the United Way to pay its share of other costs such as taxes, maintenance and insurance amounting to \$500 per month.

During the year ended March 31, 2015, the United Way leased additional office space in the same building. The monthly payments were \$600 through April 2015 and then increased to \$875 beginning in May 2015. The lease agreement is an addendum to the operating lease agreement for the main office space. The United Way did not renew for an additional term when the operating lease expired on May 31, 2015, and was instead leasing on a month-to-month basis.

During May 2016, the United Way entered into an operating lease agreement for the office space in Manchester, New Hampshire that they currently occupy and for additional office space at that location. Monthly rent payments are \$2,783 for the first year and increase to \$5,566 the second year which is when all leasehold improvements are expected to be completed for the additional office space hence the increase in rental amount. The rent will then be increased by 3% annually on each anniversary date of the lease.

Total rent expense amounted to \$46,290 and \$39,572 for the years ended March 31, 2016 and 2015, respectively.

The United Way leases a copy machine under the terms of an operating lease. The lease matured on October 1, 2014. The United Way began a new operating lease for a copy machine on October 1, 2014 with a term of 60 months. The monthly lease payment amount is \$170. The lease expense amounted to \$2,036 for both years ended March 31, 2016 and 2015.

The United Way's future minimum lease commitments are as follows:

<u>Year ending March, 31</u>	
2017	\$ 2,036
2018	2,036
2019	1,018
<i>Total</i>	<u>\$ 5,090</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 12. Commitments

The United Way does not own the land on which their building in Laconia, New Hampshire is located. The United Way is part of a condominium association to which they pay quarterly dues that fund certain maintenance costs. For the years ended March 31, 2016 and 2015, the dues amounted to \$3,325 and \$3,259, respectively.

In Plymouth, the United Way rents space in a building which they own and occupy to twelve non-affiliated, non-profit organizations. The monthly lease payments range from \$125 to \$1,500 per month. For the years ended March 31, 2016 and 2015, the rental income amounted to \$59,102 and \$46,285, respectively. The United Way also provides space at no charge to one tenant in the Plymouth, New Hampshire building for affordable childcare services in support of its mission to provide services, support and resources to develop strong families, confident parents and healthy children.

Note 13. Other Program Services

Other program services included in the accompanying statement of functional expenses include expenses for the following programs:

Year ending March 31,	2016	2015
Women's Leadership Council	\$ -	\$ 27,302
Financial Stability Program	1,692	44,287
Whole Village Family Resource Center	51,294	33,894
Service Learning Partnership	45,000	35,000
Northern NH direct client services	16,663	11,185
Youth Venture Program	-	592
Bring It Program	38,636	26,421
Other program services	9,997	4,114
Carroll County United	3,672	15,313
Curcuru Community Service Fund	1,829	69
<i>Total</i>	\$ 168,783	\$ 198,177

Note 14. Payment to Affiliated Organizations and Related Party

The United Way paid dues to United Way of Worldwide. The United Way's dues paid to this affiliated organization aggregated \$67,321 and \$65,855 for the years ended March 31, 2016 and 2015, respectively.

The United Way is reimbursed for services provided to United Ways of New Hampshire. The total amount that was billed to United Ways of New Hampshire for services amounted to approximately \$- and \$213,696 for the years ended March 31, 2016 and 2015, respectively.

Included in prepaid and reimbursable expenses in the accompanying statements of financial position is \$- and \$103,631 at March 31, 2016 and 2015, respectively, that is due to United Way from United Ways of New Hampshire.

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

On April 1, 2015, the 211 program transitioned to a program of the United Way. Previously, the United Ways of New Hampshire operated the 211 program. The United Way paid dues amounting to \$- and \$120,768 to the United Ways of New Hampshire for the 211 program for the years ended March 31, 2016 and 2015, respectively.

Note 15. Reclassifications

Certain reclassifications have been made to the March 31, 2015 financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.

Note 16. Subsequent Events

During May 2016, the United Way entered into an operating lease agreement for the office space in Manchester, New Hampshire that they currently occupy and for additional office space at that location (see Note 11).

Subsequent to year end, the United Way entered into a purchase and sale agreement for the sale of the Concord office space. The transaction amounting to \$220,000 is expected to close during the year ended March 31, 2017.

The United Way has evaluated subsequent events through August 25, 2016, the date which the financial statements were available to be issued, and have not evaluated subsequent events after that date. There were no other subsequent events that would require disclosure in financial statements for the year ended March 31, 2016.

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 MERRIMACK COUNTY REGION
 Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Blueberry Express Day Care	\$ 32,000
Boys and Girls Clubs of Central New Hampshire - Suncook capital project	10,000
Child and Family Services of New Hampshire	15,000
Community Action Program:	
Meals on Wheels	35,000
Head Start	17,000
Community Bridges:	
Early Supports & Services	20,000
Concord Coalition to End Homelessness	20,000
Concord Family YMCA:	
Child Development Center	25,000
Copper Cannon Camp	5,000
Merrimack Valley Day Care	90,000
NH Legal Assistance	60,000
NH Pro Bono Referral System	18,000
Penacook Community Center	47,078
Pittsfield Youth Workshop	30,000
Second Start:	
Adult Education	14,000
Alternative High School	14,000
First Start	15,000
The Friends Program:	
Emerging Housing	35,000
Foster Grandparents	18,000
The Mayhew Program	10,000
	<u>\$ 530,078</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
MERRIMACK COUNTY REGION (CONTINUED)
Year Ended March 31, 2016

	<u>Emerging Opportunity Grants</u>
The Friends Program - Youth Mentoring	\$ 35,000
Suncook Capital Project	10,000
Penacook Community Center	8,500
Merrimack Valley Day Care - Special Infant Care	21,000
Merrimack Valley Day Care - Building Improvements	39,237
Riverbend - CHIP	<u>30,000</u>
	<u>\$ 143,737</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTH COUNTRY REGION
Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Boys and Girls Club of the North Country - After School Program	\$ 9,800
Copper Cannon Camp	3,000
Grafton County Senior Citizens:	
Aging Services	9,800
RSVP Bone Builders	4,500
ServiceLink	2,750
NH Legal Assistance	3,000
Northern Human Services	2,552
Tri-County Community Action Program	<u>4,000</u>
	<u>\$ 39,402</u>

GRANITE UNITED WAY

**SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS**

UPPER VALLEY REGION

Year Ended March 31, 2016

	Community Impact Awards
Alice Peck Day Memorial Hospital	\$ 20,000
Child and Family Services of New Hampshire:	
Behavioral Health	19,000
Safe Visitation Program	23,000
Child Care Center in Norwich	6,000
Child Care Resource	3,375
Community Action Program Belknap	2,750
Copper Cannon Camp	1,000
Cover Home Repair	27,000
Dismas of Vermont	12,500
Girls Incorporated of New Hampshire	7,000
Global Campuses Foundation	3,000
Good Neighbor Health Clinic/Red Logan Dental Clinic	15,000
Grafton County Senior Citizens Council:	
Chore Corps	1,300
Supporting Health Access	13,500
ServiceLink	2,500
Green Mountain Children's Center	28,975
Health Connections of the Upper Valley	1,000
HIV/HCV Resource Center	10,000
Mt. Ascutney Hospital and Health Center	15,000
NH Legal Assistance	9,000
Safeline, Inc.	11,000
Second Wind Foundation:	
Community Education & Advocacy	9,000
Turning Point Recovery Center	15,000
Willow Grove	10,000
Special Needs Support Center of the Upper Valley:	
Educational Advocacy	5,000
Springfield Warming Shelter	1,500
Southeastern Vermont Community Action:	
Fuel and Housing Assistance	20,000

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS

UPPER VALLEY REGION (CONTINUED)

Year Ended March 31, 2016

	<u>Community Impact Awards</u>
The Family Place - Families Learning Together	\$ 9,000
The Children's Center of the Upper Valley:	
Closing the Gap on Low-Middle Income Families	9,000
Increasing Literacy Opportunities	5,000
The Mayhew Program	4,000
Twin Pines Housing Trust	
Affordable Housing	22,000
Support and Services at Home	14,851
Upper Valley Haven:	
Community Services Program	15,000
Shelter Services Program	19,000
Valley Court Diversion Program:	
Adult Restorative Court Diversion Program	10,000
Court Diversion Program	9,000
Vermont Law School	10,000
Willing Hands - Feeding Hungry Neighbors	4,999
Windham and Windsor Housing Trust:	
Financial Capabilities	6,000
Support and Services at Home	7,100
Windsor County Partners:	
Lunch Program	2,000
Partners Always Lend Support Program	3,000
WISE:	
Crisis Intervention & Support Services	17,244
Emergency Shelter & Housing	7,200
Prevention & Community Education	6,000
	<u>\$ 472,794</u>
	<u>Emerging Opportunity Grants</u>
Springfield Warming Shelter	\$ 3,000
Spark! Community Center	5,000
Second Wind Foundation	2,500
Upper Valley Community Nurse Program	3,835
West Central Behavioral Health - In-Shape Program	3,835
Child and Family Services - Security Upgrades	6,682
	<u>\$ 24,852</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 SOUTHERN REGION
 Year Ended March 31, 2016

	Community Impact Awards
Bhutanese Community of New Hampshire	\$ 15,000
Big Brothers Big Sisters of New Hampshire	10,000
Boys and Girls Club of Manchester	23,000
City Year New Hampshire - Whole School Whole Child	50,000
Easter Seals New Hampshire, Inc.	20,000
Girls Incorporated of New Hampshire	20,000
Granite State Children's Alliance	10,000
Manchester Neighborhood Health Improvement Strategy:	
Building Adult Capacities Collaborative	230,000
Childhood Resiliency and Care Coordination	170,000
Manchester Community Health Center:	
Behavioral Health Integration Program	40,000
Manchester Community Resource Center, Inc.	12,500
NH Legal Assistance	23,000
Rockingham Nutrition & Meals on Wheels Program	15,000
Serenity Place:	
Residential Treatment Program	50,000
Transitional Living Program	25,000
St. Joseph Community Services, Inc.	20,000
The Granite YMCA:	
YMCA Power Scholars Academy	10,000
YMCA Start	25,000
The Mental Health Center of Greater Manchester - Bedford Counseling Assoc.	25,000
The Upper Room, A Family Resource Center	15,000
The Way Home - Steps to Success in Safe, Affordable Housing	25,000
YWCA New Hampshire - Crisis Service	25,000
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	\$ 858,500
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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTHERN REGION
Year Ended March 31, 2016

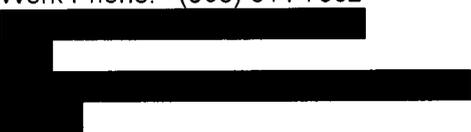
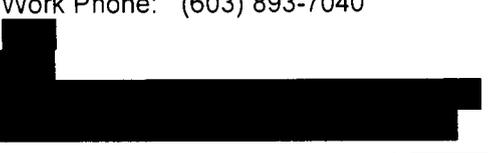
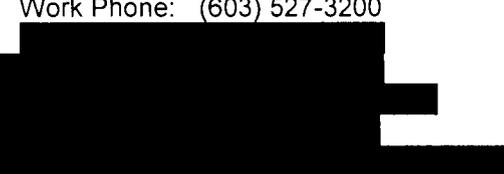
	Community Impact Awards
Child and Family Services of New Hampshire	\$ 1,000
Community Action Program Belknap	1,000
Coos County Family Health Services, Inc.	3,500
Copper Cannon Camp	3,000
Harvest Christian Fellowship:	
Community Café	2,500
Feeding Hope Food Pantry	3,000
Helping Hands North, Inc.	3,000
NH Legal Assistance	2,000
NH JAG	3,000
Northern Human Services	5,000
White Mountain Community College:	
Assisting People in Transition	1,500
Child Development Center	1,500
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	\$ 30,000

GRANITE UNITED WAY

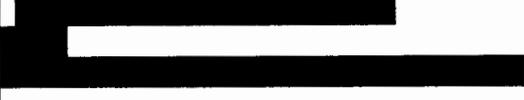
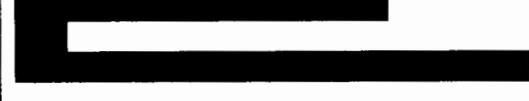
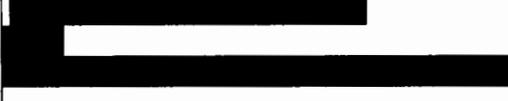
SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
CENTRAL REGION
Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Appalachian Mountain Teen Project	\$ 9,703
Belknap County Economic Development Council	24,258
Boys and Girls Clubs of Central New Hampshire	19,406
Health First Family Care Center	41,239
Laconia Area Community Land Trust	33,961
Lakes Region Child Care Services	58,219
Lakes Region Community Services	33,961
River's Edge Early Learning Fit Up	8,000
Salvation Army	24,258
	<u>\$ 253,005</u>
	 <u>Emerging Opportunity Grants</u>
Boys and Girls Club of Central New Hampshire	<u>\$ 8,500</u>

2017 Board of Directors

BOARD MEMBER	ADDRESS	PHONE/ CELL / FAX / E-MAIL
William D. Bedor, CPA (Bill) <i>Secretary</i> <i>North Country Campaign Chair & Community Impact Chair</i>	Bedor Management & Investments, Inc. PO Box 350 Littleton, NH 03561	Work Phone: (603) 823-9889 
Joseph Carelli President of NH and VT Assistant: Mary Charron	Citizen's Bank 900 Elm Street, NE 1540 Manchester, NH 03101	Work Phone: (603) 634-7345 
Dean J. Christon Executive Director <i>Chairman of the Board</i> Assistant: Colette Provencher	New Hampshire Housing Finance Authority 32 Constitution Drive Bedford, NH 03110	Work Phone: (603) 472-8623 
Jason Cole General Counsel Assistant:	Catholic Medical Center 100 McGregor Street Manchester, NH 03102	Work Phone: (603) 314-7582 
Michael Delahanty Superintendent of Schools Assistant: Linda Cornwell	Salem School District 38 Geremonty Drive Salem, NH 03079	Work Phone: (603) 893-7040 
Gordon Ehret Operations Leader <i>Upper Valley Community Impact Chair</i>	Hypertherm, Inc. Etna Road PO Box 5010 Hanover, NH 03755	Work Phone: (603) 643-3441 x1938 
Paul Falvey President Assistant: Lynda Gattermann	Bank of New Hampshire 62 Pleasant Street Laconia, NH 03246	Work Phone: (603) 527-3200 
Julia Griffin Town Manager	Town of Hanover 41 South Main Street Hanover, NH 03755	Work Phone: (603) 640-3211 

2017 Board of Directors

BOARD MEMBER	ADDRESS	PHONE/ CELL / FAX / E-MAIL
Marlene Hammond Underwriting Account Executive	Lincoln Financial Group One Granite Place Concord, NH 03301	Work Phone: (603) 229-6262 
Charles Head (Charlie) President & CEO	Sanborn, Head & Associates 20 Foundry Street Concord, NH 03301	Work Phone: (603) 415-6105 
Heather Lavoie President <i>2nd Vice Chair</i>	Geneia 50 Commercial Street Manchester, NH 03101	Work Phone: (717) 541-7715 
Sally Ann Kraft Vice President, Community Health, Population Health Management Div.	Dartmouth Hitchcock Medical Center 46 Centerra Parkway Lebanon, NH 03766	Phone: (603) 653-6856 
Lawrence Major (Larry) Director of Government Relations	Pike Industries, Inc. 3 Eastgate Park Road Belmont, NH 03307	Phone: (603) 527-5129 
John Mercier		
Paul Mertzic Executive Director, Primary Care & Community Services	Catholic Medical Center 195 McGregor Street Manchester, NH 03105	Phone: (603) 663-8709 
Heidi Nadeau Executive Vice President Chief Financial Officer <i>Merrimack County Community Impact Chair</i>	H.L. Turner Group, Inc. 27 Locke Road Concord, NH 03301-5417	Phone: (603) 228-1122 

2017 Board of Directors



BOARD MEMBER	ADDRESS	PHONE/FAX/CELL/EMAIL
Nannu Nobis CEO <i>Chair</i> Assistant:	Nobis Engineering 18 Chenell Drive Concord, NH 03301	Work Phone: (603) 724-6233 [REDACTED]
Sean Owen President & CEO <i>GUW Marketing Chair</i> <i>1st Vice Chair</i> Assistant: Kelly Spain	wedü 20 Market Street Manchester, NH 03101	Work Phone: (603) 647-9338 Ext. 235 [REDACTED]
Joseph Purington (Joe) Vice President NH Electric Field Operations Assistant: Roxanne Parkhurst	Eversource Energy 780 No. Commercial Street Manchester, NH 03101	Work Phone: (603) 634-2259 [REDACTED]
Sue Ruka, RN, PhD Director of Population Health	Memorial Hospital 3073 White Mountain Highway North Conway, NH 03860	Work Phone: (603) 356-0634 [REDACTED]
Jeffery Savage (Jeff)	Franklin Savings Bank 387 Central Street Franklin, NH 03235	Work Phone: (603) 934-8363 [REDACTED]
James Scammon (Jim) Executive Vice President	Granite Group Benefits, LLC 1001 Elm Street, Suite 301 Manchester, NH 03101	Work Phone: (603) 296-0700 x104 [REDACTED]
Bill Sherry Chief Operating Officer	Granite United Way 22 Concord Street Manchester, NH 03010	Work Phone: (603) 625-6939 x 103 [REDACTED]
Gary Shirk VP/Director of Operations <i>Resource Development Chair</i>	Bovie Screen Printing 7 Fox Meadow Drive Bow, NH 03304	[REDACTED]

2017 Board of Directors



BOARD MEMBER	ADDRESS	PHONE/FAX/CELL/EMAIL
Evan Smith President Hypertherm, Inc. Assistant: Karen McLellan	Hypertherm Etna Road P.O. Box 5010 Hanover, NH 03755	Work Phone: (603) 643-3441 [REDACTED]
Charla Stevens Attorney	McLane, Middleton Law Firm 900 Elm Street, Floor 10 Manchester, NH 03101	Work Phone: (603) 628-1363 [REDACTED]
Rodney Tenney (Rod)	[REDACTED]	[REDACTED]
Anna Thomas Deputy Public Health Director <i>Southern Region CIC Chair</i>	Manchester Health Department 1528 Elm Street Manchester, NH 03101	Work Phone: 603-624-6466 Ext. 341 [REDACTED]
Robert Tourigny Executive Director	NeighborWorks Southern NH 801 Elm Street, 2 nd Floor Manchester, NH 03101	Work Phone: (603) 626-4663 Ext. 17 [REDACTED]
Patrick Tufts President & CEO Assistant: Kathy Scanlon	Granite United Way 22 Concord St, Floor 2 Manchester, NH 03101	Phone: (603) 625-6939 ext 111 [REDACTED]
Jeremy Veilleux Principal <i>Treasurer</i> Assistant: Kim Janelle	Baker Newman Noyes 650 Elm Street Suite 302 Manchester, NH 03101	Work Phone: (603) 626-2214 [REDACTED]
Cass Walker (Catherine) <i>Central Region Community Impact Chair</i>	LRGHealthcare 80 Highland Street Laconia, NH 03246	Work Phone: (603) 527-2815 [REDACTED]

2017 Board of Directors



BOARD MEMBER	ADDRESS	PHONE/FAX/CELL/EMAIL
Steven C. Webb (Steve) Market President – New Hampshire <i>Governance Chair</i> Assistant: Sonja Sfameni	TD Bank 300 Franklin Street Manchester, NH 03101	Work Phone: (603) 695-3456 [Redacted]
Richard E. Wyman (Rick) President Assistant: Claudette Ball	Meredith Village Savings Bank P.O. Box 177 Meredith, NH 03256	Work Phone: (603) 279-9104 [Redacted]

Updated: 4/25/2017

SHANNON SWETT BRESAW, MSW

EDUCATION

Master of Social Work

2002 – 2004

University of New Hampshire

Durham, NH

Bachelor of Arts - Clinical Counseling Psychology

1999 – 2002

Keene State College

Keene, NH

EXPERIENCE

2007 - Present

Granite United Way

Concord, NH

Vice President of Public Health

Accomplishments:

- Provides contract management and oversight to 3 out of the 13 Regional Public Health Networks in NH, including the Capital Area Public Health Network, the Carroll County Coalition for Public Health and the South Central Public Health Network
- Oversees scopes of work in Substance Misuse Prevention, Continuum Of Care for Substance Use Disorders development, Public Health Emergency Preparedness, Public Health Advisory Council development, and School-Based Influenza Clinics
- Provides direction and leadership towards achievement of each Network's philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, and community/public relations
- Coordinates all aspects of federal, state, and local grants and contracts, including resource development/grant-writing, financial oversight, progress reports, work plan goals/objectives
- Oversees the Strategic Prevention Framework process (assessment, capacity building, planning, implementation, evaluation, cultural competency, and sustainability) for regional public health and prevention efforts
- Develops community health improvement plans, evaluation plans, and other data-driven, research-informed strategic plans for the Networks
- Works with community impact committees and volunteers through Granite United Way to align funding streams to support collective impact initiatives
- Provides technical assistance and support to community stakeholders in the areas of grant writing, evaluation, community organizing, research/best practices, substance misuse prevention, and coalition development
- Supervises full and part-time staff

2005 – 2007 Community Response (CoRe) Coalition Belknap County, NH
Outreach Coordinator, Project Director

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with 10 community sectors, including government, schools, businesses, healthcare, and safety
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005 Caring Community Network of the Twin Rivers (CCNTR) Franklin, NH
Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues including substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

Prevention Task Force of the Governor's Commission (Co-Chair): 2017 - Current
NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Prevention Representative): 2016 – Current
NH Drug Overdose Fatality Review Committee (Prevention Representative): 2016-Current
NH Alcohol and Other Drug Service Providers Association: Treasurer 2007-2011, 2014-2015
NH Prevention Certification Board's Peer Review Committee: 2009-2011

Professional Profile

- Coalition Building
- Plan Development
- Resource Coordination
- Logistics
- Time management
- Budgeting
- Volunteer Management
- Grant/Proposal Writing
- Organization
- Leadership

Professional Accomplishments

Public Health

- Provide direction and leadership towards achievement of the Public Health Regions' philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, human resource management, and community and public relations

Regional Resource Coordination

- Collected and disseminated data on available resources critical for response to public health emergency.
- Developed working relationship with stakeholders in Public Health Region.

Public Health Coalition

- Regional Public Health Emergency Response Annex development
- Resource Coordination and Development
- Healthcare Coalition Building
- Regional Partner Development
- Clinic Operation Development
- Medical reserve Corps Volunteer Management and Training
- Policy Development
- Team Building

Captain of Operations

- Developed staff and operational procedures for full time staff
- Oversee Training Program
- Facilitate QA/QI
- Facilitated and maintained data entry system and procedures for all of Fire departments operations and patient tracking
- Created Personnel Manual and operational guidelines
- Secured grant funding
- Volunteer Management

Work History

Senior Director of Public Health	Granite United Way	2016 -present
Public Health Region Emergency Preparedness Director	Capital Area Public Health Network / GUW Concord NH	2013 - 2016
Executive Director	Carroll County Coalition for Public Health, Ossipee NH	2011 - 2013
Public Health Region Coordinator	Carroll County Coalition for Public Health,	2011 - 2013

	Ossipee NH	
Preparedness Planner	Capital Area Public Health Network/Concord Hospital, Concord NH	2009 - 2011
Regional Resource Coordinator	New England Center for Emergency Preparedness/ Dartmouth College, Lebanon NH	2009
Captain/Supervisor of Operations	Barnstead Fire Rescue, Barnstead NH	2001-2010

Certifications

- FEMA 29, 100, 120.a, 130, 200, 244, 250, 250.7, 300, 546.12, 547a, 700, 701, 702a, 704, 800.B, 806, 808
- Department of Homeland Security Exercise and Evaluation Program (HSEEP)
- CDC SNS/ Mass Dispensing Course, Atlanta GA
- ICS, WebEOC, SNS 101
- DHHS Inventory Management System Training
- Institute for Local Public Health Practices
Manchester Public Health Department
 - Local Public Health emergency Preparedness and Response
 - Principles of Environmental Health
 - Applied Communicable Disease Investigation, Control, and Microbiology
 - Principles of Epidemiology
 - Core Public Health Concepts
- HAZMAT Awareness and Operations
- CPR, Blood borne Pathogens
- EMS Field Training Officer
- Fire Fighter C2F2
- CDL B
- Amateur Radio Operator – General Class
- STEP program instructor, Are You Ready instructor
- Local Government Leadership Institute
- Local Government Center - Antioch New England Institute
 - Leadership in the 21st Century
 - Principles of Employment Law
 - Understanding our Diverse Workforce and Community
 - Stepping Up To Supervisor
 - Resolving Conflict Creatively
 - Managing the Multi-Generational Workforce
 - Is Time Managing You or Are You Managing It
 - Ethics
 - Municipal Budget & Finance
 - Performance Evaluation, and Beyond
 - How to Hire Smart
 - Bringing it All Together

Education

M. Ed., Counseling with NH Certification in School Guidance (K-12)

Plymouth State College, Plymouth, NH, May 1996

BS, Psychology

St. Joseph's University, Philadelphia, PA, May 1989

Experience

March, 2017 – present; Continuum of Care Facilitator, Carroll County Coalition for Public Health, Granite United Way

- Convene key stakeholders to address gaps and barriers in the Substance Use Disorder (SUD) Continuum of Care which include prevention, intervention, treatment and recovery supports. Work with providers, the business sector, emergency services staff, government officials, judicial system and educators to promote awareness, access, collaboration and capacity of SUD services and create an efficient integration of these services across the continuum. Ensure a comprehensive, effective integration of services to address all areas of the SUD continuum of care that reflects evidence based practices and programs that are sustainable, flexible and available. approach to care.

May, 2015 – present; Research Assistant, University of NH, Conway, NH

- Part time. Outreach & recruitment of participating schools, programs. Teacher training, curriculum support. Student and teacher survey administration. Data collection and analysis for a study of rural science education and engagement. Temporary position.

August, 2014- June, 2015 SPANISH TEACHER, Kennett High School, North Conway, NH

- Part time High School Spanish Teacher. Bilingual language skills, Spanish & English. Teaching, Parent communication.

January, 2013 – June, 2014 ADMINISTRATIVE DIRECTOR, Bearcamp Valley School & Children's Center, Tamworth, NH

- All executive functions to operate a private, non-profit preschool and child care center together with a Board of Directors; management of \$250K budget, finance, legal & state child care licensing compliance, human resources, marketing, outreach, enrollment & retention, curriculum, building maintenance, public water compliance, school food program, community partnership and fundraising 50% operating expenses yearly. Connecting parents to child care and other vital services.

August, 2008 – December, 2012 PROGRAM DIRECTOR, Madison Mustang Academy, Madison School District, Madison, NH

- Direct federally funded 21st Century Community Learning Center before and after-school enrichment program; create community partnerships; supervision of staff; fundraising; program advocacy for sustainability; Manage up to 20 staff and \$125K Federal Grant annually. Raised up to \$30K annually for program. Connecting parents to afterschool care and enrichment for children.

January, 2007 – August, 2008 BUSINESS OUTREACH COORDINATOR, Independent Contractor;

The Employer Prepaid Program, White Mountain Community Health Center, Conway, NH; Part time

- Public Health. Manage grant fund designed to connect small business employers with health services at White Mountain Community Health Center. Sales and marketing of the Employer Prepaid Program. PT temporary position.

March 2004 – December, 2007 PROJECT COORDINATOR, Independent Contractor;

The Umbrella Project, White Mountain Community Health Center, Conway, NH

- Public Health. Design & coordinate an outreach and application assistance program to reduce the number of uninsured children in Carroll County, NH. A three-year \$60K annual grant-funded initiative through the HNH *foundation*, Concord, NH. Program design, staff supervision, and reporting. Extensive outreach across Carroll County. Connecting parents in need with children's health insurance program and other local services.

February, 2003 – July, 2003 WEB SITE DESIGN, Independent Contractor ; Picturesque, Conway, NH

- Assisted with web site design & development special focus on the local hospitality industry.

August, 1996 – June, 2002 ELEMENTARY SCHOOL GUIDANCE COUNSELOR;

Madison School District, Madison, NH

- Implemented comprehensive approach to guidance services grades K-6 with components of guidance curriculum (classroom lessons), responsive services (crisis intervention), individual planning (educational, career, personal/social) and systems support (staff/ parental/ community support services). Professional Development Advisor for faculty/staff (5 years). Parent Education. Afterschool Program Grant. Participation in Carroll County service provider networking and coalition work.

July, 1992 - August, 1996 PATIENT/ COMMUNITY EDUCATOR; Family Planning and Prenatal

Program, Community Action Program, Belknap-Merrimack Counties, Inc., Laconia, NH

- Public Health. Management of teen clinic; Coordination of a peer education program; Patient education and counseling; Pre- and post-test HIV counseling; Community education program , focus on adolescent reproductive health.

December, 1990 - May, 1992 PHILADELPHIA COMMUNITY EDUCATOR;

Planned Parenthood of SE Pennsylvania, Philadelphia, PA

- Public Health. Designed, implemented & evaluated community sexuality education programs for adolescents & adults
- Maintained detailed records of program designs, community contacts, and statistics.

August, 1989 - October, 1990 ADOLESCENT AIDS EDUCATOR; Project A.P.P.E.A.L. (AIDS

Prevention Project Educating Adolescent Latinos), Congreso De Latinos Unidos, Inc., Philadelphia, PA

- Public Health. AIDS prevention workshops for adolescents in Philadelphia's Latino communities. Recruitment, training & facilitation, peer education program.

TRAINING

Completed FEMA Training, IS-100.B: Introduction to Incident Command System, ICS-100 Completed CPI Training, Non Violent Crisis Intervention, 2012

RELEVANT SKILLS, KNOWLEDGE

Carroll County coalition building and leadership; Community Outreach; Connection to Carroll County area human services network, law enforcement, traditional and alternative medical providers, public and private schools K-12 ; Marketing and Social Media; Public speaking; Leading meetings/trainings in person or remotely. Advocacy for families and children in need.

Jennifer Selfridge

EMPLOYMENT

Carroll County Coalition for Public Health

Regional Substance Misuse Prevention Network Coordinator 9/2013 – present

Facilitate the development of a prevention network to effect environmental, population level changes in community attitudes and behaviors re: substance misuse, violence prevention, suicide prevention and other public health issues as identified by community sectors in Carroll County, NH.

Steppingstone Music Opportunities, Inc,

Plaistow, NH 03865

Southern Rockingham Coalition for Healthy Youth, Coordinator 11/2007 – 12/2012

Facilitate the development of coalition infrastructure to effect environmental, population level changes in community attitudes and behaviors around the use of alcohol, tobacco, and other drugs. Provide support to coalition partners as they engage in evidence-based practices and strategies to promote safe and healthy communities. Work with and facilitate collaboration among community partners in eight communities located in Southern New Hampshire. Direct and coordinate services in compliance with Drug Free Communities Program grant and the New Hampshire Strategic Prevention Services/State Incentive Grant.

Millennium Training Institute

Boston, Woburn, Lowell, MA

Director of Education 2006 – 2007

Responsible for development of policies and practices for education department of proprietary educational institution for displaced workers. Supervised professional staff of 14 and consultants. Developed new programs and refined and evaluated existing curricula. Taught ESL to speakers of languages other than English.

Educators for Social Responsibility, Cambridge, MA, 2001-2005

Program Director, Resolving Conflict Creatively Program

Responsible for the national dissemination and sustainability of exemplary violence prevention program in 400 schools nationwide. Served as a member of the organization's senior management team, business planning team, marketing team, and organization culture team.

Capital Region Board of Cooperative Education Services , 1992-2001

Albany, New York

Lead Coordinator, Center for School Health and Wellness 1996-2001

Responsible for developing and managing NY State Education training and technical assistance Center to serve 78 school districts in upstate New York as they implemented health and wellness programs and initiatives. Major tasks included staff hiring, training and supervision; developing and monitoring multiple grants to support center activities; statewide training to colleagues in principles of effective prevention; consultation with school administrators and discipline teams in developing

effective codes of conduct for staff and students and consultation around the implementation of exemplary programs and practices.

Safe & Drug Free Schools Coordinator, City School District of Albany NY 1992-1996
Coordinated delivery of substance abuse and violence prevention initiatives to staff and students in urban school district; restructured four content-specific “advisory boards” into a single district-wide Health Advisory Committee with content-specific subcommittees. Was successful in attaining active participation, including meeting attendance of senior school district administration – the Superintendent of Schools and Assistant Superintendent for Curriculum and Instruction, as well as the Director of Health and Physical Education. Implemented Project Success, exemplary student assistance program for all students at Albany High School. Provided training and technical assistance to instructional staff in prevention principles and initiatives.

SOLVE, Inc., Concord, NH 1980-1992
Executive Director 1986-1992
Responsible for all aspects of management and service delivery of statewide not-for-profit education service organization, including board development and support, human resources, staff recruitment and training, strategic planning, grant and proposal writing and service delivery.

Field Coordinator 1980-1986
Coordinated and delivered training and technical assistance to school administrators, instructional staff, and support personnel as well as parents and community organizations in the prevention of substance use and violence.

EDUCATION

Antioch New England Graduate School, Keene, NH	M.S.	Organization Management
University of Massachusetts, Boston, MA	B.A.	English
Certified Prevention Specialist, ICRC, NH	CPS	

ADDITIONAL TRAINING

- Certified Trainer, Olweus Bullying Prevention Program 2007 - 2012
- Certified Trainer, National Alliance on Mental Illness, Suicide Prevention, Suicide Post-vention, Current
- Seven Habits of Highly Effective People (for senior management)
- Alternatives to Violence (conflict resolution program)
- Community Organizing Workshop (CSAP)
- Diversity Training

PUBLICATIONS

Resolving Conflict Creatively Program: How we know it Works, in Theory to Practice, Ohio State University Journal, January 2004

JEFFREY A. JONES

CAREER PROFILE

Expert corporate security and technology trainer currently targeting opportunities in Emergency Management. Seasoned professional with wide and deep field experience in training, teaching, Dept. of Defense contracting, systems troubleshooting and vulnerability assessment now focused on emergency preparedness training, planning, and exercise design and evaluation. HSEEP trained controller/evaluator adept at identifying training needs, exercise strengths, and opportunities for improved planning and practice. Skilled analyst with strong After Action and Improvement Planning facilitation skills.

KEY STRENGTHS

HSEEP Certification • Exercise Control/Evaluation • Troubleshooting (Process & Performance) • Corporate Training • Training Design • Security • Exercise Planning • Technical Writing • Program Management • Team Leadership • Budgets • Process Scheduling • Vulnerability Assessment • After Action Reporting • Improvement Planning • Customer Service and Satisfaction

PROFESSIONAL EXPERIENCE

CARROLL COUNTY COALITION FOR PUBLIC HEALTH, OSSIPEE, NH, NOVEMBER 2016 - PRESENT

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE COORDINATOR [NOVEMBER 2016 - PRESENT]

Plan, organize, direct and coordinate public health emergency preparedness and response activities and operations within the Carroll County public health region. Support the development of regional capacity regarding a variety of priority areas, including Public Health Emergency Preparedness, Citizen Corps, School-Based Influenza Vaccination Services, and community education concerning public health threats.

INDEPENDENT CONTRACTING *selected projects include:*

ALL CLEAR EMG - VERMONT VIGILANT GUARD EXERCISE [JULY-AUGUST 2016]

Under contract with All Clear EMG to provide HSEEP Evaluator services at the Barre, VT Auditorium POD [Point of Dispensing] Pneumonic plague exercise site with Vermont Dept. of Health staff. Reviewed all site and exercise specific documentation and evaluated the one day exercise, to include Set-up, Walk-through, Operations, Dispensing and the Hotwash/De-brief afterwards.

EMERGENCY PREPAREDNESS SOLUTIONS - VERMONT VIGILANT GUARD EXERCISE [JULY-AUGUST 2016]

Under contract with EPS to provide HSEEP Lead Evaluator and Evaluator services at the Cokchester Vt. EOC and the Bellows Fall Railyard [Hazmat] sites during 9 day exercise play. Site specific duties included hotwash facilitation, actor controlling, and completion of timeline, EEGs and After Action reports. Play at Cokchester Vt. EOC focused on multi-shift operational coordination. Play at Bellows Falls Railyard focused on multi-shift operational coordination and technical operational response of two primary actors (New Hampshire National Guard CST and Vermont Hazardous Materials Team).

STRAFFORD COUNTY CITIZENS CORPS: MEDICAL RESERVE CORPS (MRC)/COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

Under contract with Health & Safety Council of Strafford County to assist Unit Director with development and delivery of monthly and just-in-time training sessions to Citizen Corps members including nuclear decontamination reception center staffing and SNS POD set-up, distribution, and demobilization.

ADVANTOR SYSTEMS CORPORATION, ORLANDO, FL, MARCH 2005 - MARCH 2016

ELECTRONIC SECURITY SYSTEMS ADMINISTRATOR FORT SHAFTER / USARPAC HQ (JAN 2015 - MAR 2016)

Under contract to the Fort Shafter Provost overseeing the preventative maintenance, installation planning and troubleshooting of all IDS (Intrusion Detection Systems) and ACS (Access Control Systems) installed at over 70+ facilities at Fort Shafter Army base and the USARPAC HQ.

ELECTRONIC SECURITY SYSTEMS ADMINISTRATOR MACDILL AIR FORCE BASE (APR 2011 - DEC 2014)

Under contract to the 6th Security Forces overseeing the preventative maintenance, installation planning and

troubleshooting of all IDS (Intrusion Detection Systems), ACS (Access Control Systems), camera (Pelco, Bosch, WSTI, EMX) and GBR (Ground Based Radar) (MSTAR/PSRS) systems installed at over 80 facilities at MacDill AFB.

AIR FORCE RESERVE COMMAND PROGRAM MANAGER (JAN 2006 - APR 2011)

CONUS Program Manager and Tier 4 support for the MAJCOM level Air Force Reserve Command contract. Oversaw the preventative maintenance, installation planning and troubleshooting of all IDS (Intrusion Detection Systems), ACS (Access Control Systems), camera (Pelco, Bosch, WSTI, EMX) and GBR (Ground Based Radar) (MSTAR/PSRS/ARS) systems installed at all ten of the AFRC bases, including Dobbins ARB, March ARB, Westover ARB and the JRB NAS Fort Worth.

CORPORATE TRAINER & IMPLEMENTATION SPECIALIST (MAR 2005 - JAN 2006)

CONUS Trainer for the Advantor Suite for Networks [proprietary] in military installations worldwide primarily using Cisco hardware.

FULL SAIL UNIVERSITY, WINTER PARK, FL, JULY 2001 - MARCH 2005

LAB INSTRUCTOR/SPECIALIST

General education department lab specialist for the Computers, Math and the Internet (CMI) and Behavioral Science introductory classes. Programs covered included Adobe Photoshop, Adobe GoLive, Microsoft Office (Excel, PowerPoint, Word), basic HTML and web design concepts and Inspiration.

CERTIFICATIONS

FEMA

L0146 - Homeland Security Exercise and Evaluation Planning

IS - 00100.b - Introduction to Incident Command System

IS - 00120.a - An Introduction to Exercises

IS - 00130 - Exercise Evaluation and Improvement Planning

IS - 00200.b - ICS for Single Resources and Initial Action Incidents

IS - 00230.d - Fundamentals of Emergency Management

IS - 00315 - CERT Supplemental Training: The Incident Command System

IS - 00700.a - National Incident Management System (NIMS) - An Introduction

IS - 00800.b - National Response Framework: An Introduction

IS - 00910.a - Emergency Management Preparedness: An Introduction

OSHA

General Industry training course [30 hours]

Emily T. Benson

Job Objective: A position with an organization that would enable me to apply my skills and knowledge of Collective Impact principles to develop and strengthen community partnerships to solve complex social issues regarding health, education and income.

Related Experience:

Present: Public Health Advisory Council Coordinator for Carroll County Coalition for Public Health, an initiative of Granite United Way, Carroll County, NH

2013-2015: Collective Impact Coordinator, Granite United Way, Carroll County, NH

2013: Early Learning Coordinator, Granite United Way, Carroll County, NH

2002-2012: Preschool Teacher, Lilliputian Montessori School, North Conway, NH:

2001-2002/2007-2011: Tin Mountain Naturalist and Camp Counselor, Jackson and Franconia, NH:

1997-2004: Newsletter Editor, Jackson Community Church, Jackson, NH:

1996-1997: North Country Volunteer Coordinator, Appalachian Mountain Club, Gorham, NH

1994-1996: Director, Mt. Washington Valley Ski Touring Association, North Conway, NH

Education:

- Ongoing public health professional development opportunities
- Completed Collective Impact Institute led by Tamarack Institute: October 2012
- Received Certificate of Achievement from NH Dept. of Health and Human Services Child Development Bureau as Early Childhood Education Teacher Level 2: July 2010
- Granite State College: Young Children with Special Needs, April 2010
- North American Montessori Center: Preschool/Kindergarten Teaching Diploma, May 2007
- Granite State College: Understanding Childhood Development: August 2005
- Middlebury College, Middlebury, VT: BA in Northern Studies, May 1987

Activities/Interests: Currently Member of NH Pediatric Improvement Partnership's Steering Committee, Member of Endowment for Health's Advisory Council, President Emeritus of NH Nordic Ski Coaches Association, Member of Tin Mountain Conservation Center President's Council, Secretary of Jackson Community Association. Support Jackson Fire Department as a spouse of a firefighter. Past Board Member of Tin Mountain Conservation Center, Jackson Ski Touring Foundation, Protestant Chapel Association and Jackson Conservation Commission. Interests include nordic and telemark skiing, hiking, fishing and canoeing/kayaking as well as travel, gardening, maple sugaring, beekeeping.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Granite United Way - Carroll County Coalition for Public Health

Name of Contract: Regional Public Health Services

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shannon Bresaw	Vice President of Public Health	\$75,000	0.00%	\$0.00
Mary Reed	Senior Director of Public Health	\$68,000	14.67%	\$9,975.60
Catalina Kirsch	Continuum of Care Facilitator	\$35,000	100.00%	\$35,000.00
Jennifer Selfridge	Substance Misuse Prevention Coordinator	\$42,432	66.67%	\$28,289.41
Jeffrey Jones	Public Health Emergency Preparedness Coordinator	\$48,000	100.00%	\$48,000.00
Emily Benson	Public Health Advisory Council Coordinator	\$38,750	100.00%	\$38,750.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$160,015.01

BUDGET PERIOD:		SFY 19		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shannon Bresaw	Vice President of Public Health	\$75,000	0.00%	\$0.00
Mary Reed	Senior Director of Public Health	\$68,000	14.67%	\$9,975.60
Catalina Kirsch	Continuum of Care Facilitator	\$35,000	100.00%	\$35,000.00
Jennifer Selfridge	Substance Misuse Prevention Coordinator	\$42,432	66.67%	\$28,289.41
Jeffrey Jones	Public Health Emergency Preparedness Coordinator	\$48,000	100.00%	\$48,000.00
Emily Benson	Public Health Advisory Council Coordinator	\$38,750	100.00%	\$38,750.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$160,015.01

- Served as committee lead for programmatic and logistical planning of the 2007 MRC National Summit that brought together 800 federal, state, and local government officials and MRC leaders to train and exchange promising practices on public health and preparedness issues.
- Creates and maintains solid working relationships with regional and local FEMA officials, state ESAR-VHP leaders, state Citizen Corps, and other local volunteer agencies.
- Encourages state initiatives and strategic planning for growth and incorporation of MRC in state ESF8 plans.
- Subject matter expert in National Incident Management System (NIMS) and Incident Command System (ICS). Familiarity with National Response Framework(NRF) with a focus on Emergency Service Function (ESF) #6 and #8 roles.
- Assisted with analysis and review of Public Health Emergency Preparedness capabilities at state and local public health departments to meet federal guidelines.
- Involved with development of All Hazards, Medical Counter Measure (MCM) and Strategic National Stockpile (SNS) regional planning through active engagement in the FEMA Region I Integrated Steering Committee (RISC).
- Increase overall awareness of the functions and benefits of the MRC program at all levels; develop, sustain and increase programming via regional outreach and coordination.

Family Support Team Coordinator, Lancaster, NH, 8/2001 – 5/2008

Emergency Medical Services Coordinator, Lancaster, NH, 2/1998 – 8/2001

Admitting/Communications Clerk, Weeks Medical Center, 1994–1995.

Weeks Medical Center

Supervisor: Jeff Johnson (603-788-4911)

- Team Leader and meeting facilitator.
- Trained volunteers of an emergency family support team for those experiencing crisis or loss.
- Facilitated professional activities between municipal Emergency Medical Services (EMS) and the Medical Center Emergency Department (ED).
- Maintained personnel files, implemented clinical protocol, developed QA/QI process, mediated disputes, coordinated continuing education, and participated in community health outreach.
- Performed duties associated with patient admissions and discharges.
- Prioritized and directed all incoming calls, in-house paging, and ambulance dispatching.

Emergency Medical Services Regional Training Officer, Concord, NH, 2/1995 – 8/1997

State of New Hampshire Bureau of Emergency Medical Services, NH Department of Health and Human Services

- Regulated licensure and certification of pre-hospital emergency medical services providers, ambulance, and rescue squads serving northern New Hampshire.

- Developed and supervised evaluation for state and national EMT exams.
- Reviewed new national standard EMS curriculum for content.
- Reported to state Medical Directors on best field practices leading to better patient outcome and improved standard of care.
Created and supported state legislative initiatives that increased capacity for local EMS providers, emergency departments and care givers.

Volunteer Experience: **Nationally Registered Emergency Medical Technician-Intermediate, Lancaster, NH, 6/1992 – 11/2001**

Assistant Director, Lancaster Emergency Medical Services, 1995–1998.

Training Officer, Lancaster Emergency Medical Services, 1992–1995

Lancaster Emergency Medical Services

- Performed as paid, on-call volunteer EMT providing emergency medical care to the sick and injured in local communities per established statewide and local medical protocol.
- Maintained personnel records.
- Responsible for personnel scheduling.
- Maintained vehicle and equipment for optimal use.
- Provided required and continuing EMS staff education.
- Trained all emergency personnel to state and national curriculum and protocol.

Education: B.S., (December 1986), University of New Hampshire, Durham, NH 03824 US (135.5 Semester Hours)

Major: Biochemistry

Relevant Coursework, Licenses and Certifications:

- Certified Healthcare Emergency Professional (CHEP), International Board for Certification of Safety Managers, 2015 - Present
- ASPR/HHS/ICF Required Training Courses Annually 2005-2015:
 - Personal Preparedness,
 - Plain Writing,
 - Information Systems Security,
 - Continuity of Operations Planning (COOP)
 - Privacy Awareness Program,
 - Occupancy Safety,
 - Business Ethics
 - Conflict of Interest,
 - Workplace Harassment,
 - Time and Records recording,
- CDC Mass Antibiotic Dispensing Course, 2014
- HHS Active Shooter Training, 2013
- FEMA Critical Infrastructure and Key Resources (CIKR) Awareness, 2013
- Psychological First Aid Train-the-Trainer, 2009,
- Federal Emergency Management Agency (FEMA) - National Incident Management System/Incident Command System (NIMS/ICS) 100, 200, 300, 400, 700, 800
- Homeland Security (HS) MGT 331 Preparing the States: COOP Planning, 2009

- White Paper Writing (ICF), 2009
- New Mexico TECH Response to Terrorist Bombing, Suicide Bombing Incident Response, 2008
- Basic and Core Disaster Life Support (BDLS/CDLS), 2006, 2008
- NREMT-Basic Certification, National Registry of Emergency Medical Technicians, State of NH License 1986
- NREMT-Intermediate Certification, National Registry of Emergency Medical Technicians, State of NH License 1994
- Emergency Medical Services Instructor/Coordinator, State of New Hampshire/New England Council, 1995
- CPR Instructor, American Heart Association, 1995
- Hazardous Material Awareness, 1994
- Self-Contained Breathing Apparatus, 1994

Affiliations/Leadership Positions:

- Board Director (2005–2011), State Rep (2004–2005), Liaison, Advocacy Committee, Member (1999-2004)
National Association of Emergency Medical Technicians
- Past President(2007-2011), Member-Rider(2006-present),
National EMS Memorial Bike Ride
- President(2003-2005), Member(2001-2011)
New Hampshire Association of EMTs
- BLS Instructor, (1995-2011)
American Heart Association
- Educational Program Director for the North Country NH EMS Conference, 1995–2008
Littleton Hospital, Littleton, NH
- EMS Educator, EMT Basic, Intermediate, and First Responder curricula, (1995-2011)
State of NH

Additional Information:

SKILLS

- Program Management, Development
- Program Coordination and Sustainability
- Strategic Planning
- Educational Outreach and Training
- Community Engagement, Partner Relations
- Leadership Training and Support
- Government and Interagency Communications
- Event Planning, Implementation
- Information Management, Analysis
- Organization and Team Building
- Grant Writing, Budget Proposal, Management
- Program Advocacy

Gregory Williams

EXPERIENCE: North Country Health Consortium | Littleton, New Hampshire | March 2017-Present

North Country Regional Prevention Network Coordinator

- Coordinates strategies designed to reduce substance misuse in the North Country of New Hampshire
- Works closely with NCHC Senior Program Manager to ensure effective allocation of resources and maximize strategy effectiveness.

North Country Charter Academy | Lancaster, New Hampshire | August 2014 - March 2017

High School Teacher

- Help reduce the dropout rate by working with at risk and disadvantaged youth that can not successfully navigate through a traditional high school. Individualize and personalize each student's online high school experience to promote success.

Kaze Martial Arts | Lancaster, New Hampshire | October 2005 - Present

Martial Arts Instructor

- Owner and operator of one of the most successful martial arts schools in the North Country. Giving youth and adults a healthy alternative to substance abuse by mentoring and believing in them. I have interacted with hundreds of individuals in the past 11 years at Kaze Dojo.

Jerry Jam | Bath, New Hampshire | July 2013 - Present

Head of Security

- Keep the peace and help keep safe, the 5 thousand attendees of the Jerry Jam music festival. Hire a staff of 10 peacekeepers to report any problems to the local authorities. Be the liaison between the organizers and the police in Bath and neighboring towns. Because of my reputation and work with law enforcement, I was asked to make sure that both organizers and local municipalities work together to hold a successful event. So far, the past 3 years have been very successful!

Schillings | Littleton, New Hampshire | October 2013 - Present

Event Security Agent

- Make sure patrons are in compliance with NH State liquor laws. Hired to work larger events such as Oktoberfest and New Years.

EDUCATION:

State University of New York at Stony Brook | Stony Brook, New York | August 2015

Bachelor's Degree-Studio Art.

SKILLS:

- Black Belt in 6 different Martial Arts.
- Working artist, currently doing shows in the North Country.

LANGUAGES:

Spanish

REFERENCES: *References are available upon request.*

Kristy Letendre

kletendre@nchcnh.org

Objective

Seeking a position that can maximize my 14+ years of SUD clinical and management experience to integrate strategies to develop and expand upon existing community resources to build a robust system of care for North Country communities affected by Substance Use / Behavioral Health Disorders.

Education

WHITE MOUNTAIN COMMUNITY COLLEGE |2014-2016

- Business Administration
- Related coursework: Non-Profit management
- PHI KAPPA DELTA

PLYMOUTH STATE UNIVERSITY |2016- PRESENT

- Business Administration
- Related coursework: Non-Profit management

H.S. DIPLOMA | JUNE 1996 | NEW BEDFORD HIGH SCHOOL

Skills & Abilities

MANAGEMENT

- Ability to provide supervision to 40+ staff and operations of all programs and projects under the division; recruitment, hiring, training, supervision, evaluation, and discharging of program personnel.
- Ability to develop program budgets, monitor/oversee, write and manage grants and financial resources to support Division Programs; monitor compliance with all contracts, applicable state and federal laws, and program specific standards for service delivery and meet all reporting requirements.
- Ability to provide a solution focused approach to create a cohesive productive team
- Ability to develop and implement strategies for improving program deliverables and program fiscal performance.
- Able to develop, meet and exceed strategic goals set by the division and agency.

COMMUNICATION

- Strong written and oral communication skills
- Ability to present controversial information to large audiences while highlighting the positive aspects, capturing the audience attention, and engaging active participation.
- Ability to interact and effectively communicate with people from diverse backgrounds, highlighting teamwork and problem solving.

Experience

DIRECTOR	TCCAP – CLINICAL SERVICES	04/2016 - PRESENT
DIRECTOR	TCCAP - DIVISION OF ALCOHOL & DRUG SERVICES	04/2014 - 04/2016
ASSOCIATE DIRECTOR	TCCAP - DIVISION OF ALCOHOL & DRUG SERVICES	12/2008 - 04/2014
ADMIN ASSISTANT	TCCAP - DIVISION OF ALCOHOL & DRUG SERVICES	09/2008 - 12/2008
PROGRAM SPECIALIST	TCCAP - DIVISION OF ALCOHOL & DRUG SERVICES	05/2004 - 09/2008

Erik Becker

Executive Summary

Since 2011 I have worked extensively to promote youth opportunities through Small Town Loud: Gunmetal Productions annual event Rialtopalooza and support of the Lancaster and Bethlehem Skate park Projects.

Beginning in June of 2015 I have been spearheading a community activism and advocacy organization, Black Crow Project. We have been working to raise awareness regarding the Heroin/Opioid Epidemic in New Hampshire and to help communities come together to fight this growing public health issue. This has taken the form of public speaking, fundraising, facilitating local and state networking, hosting events, facilitating narcan training and distribution, and helping people in our communities find resources and treatment options.

I have a strong connection to the youth population in the North Country which allows for an honest and effective conversation on the risks of drug use and an ability to impact their lives positively as a role model, through music, presentations, and other means.

Core Qualifications

- Skilled negotiator
- Sound judgment
- Calm under pressure
- Complex problem solving
- Strong Networking
- Engaging Public Speaker
- Vocalist
- Songwriter
- Skilled at engaging youth
- Creativity
- Desire to continue education
- Passion and drive to make a difference

Professional Experience

Groveton High School (SAU 58)

August 2016- Present

Student Assistance Program Coordinator

Supported/ Engaged Students

Presented Prevention Education

Coordinated with public health network and administration

Rialto Theatre LLP

June 2013 to July 2014

Live Events Coordinator

Lancaster, NH

Hosted and booked live events for the Rialto Theatre.

Negotiated contracts.

Fulfilled Riders.

Alburrito's Mexican Restaurant

May 2013 to Current

Bartender

Littleton, NH

TBA THEATRES

August 2009 to November 2011

Manager

Lancaster, NH

Served as mentor to junior team members.

Created and produced events.

Oversaw daily operations.

Hired and Trained Staff
Served as the public face for the theater

Affiliations

Northern Gateway Regional Chamber of Commerce Board of Directors

Lancaster Rotary Club

Black Crow Project

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name:	North Country Health Consortium			
Name of Contract:	Regional Public Health Network Services - PHAC			
BUDGET PERIOD:	SFY 18			
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$101,118	0.25%	\$252.00
Colleen Gingue	Finance Director	\$73,545	0.25%	\$184.00
Amy Jeroy	Public Health Director	\$73,694	3.00%	\$2,211.00
Elaine Belanger	Public Health Coordinator	\$57,849	3.50%	\$2,025.00
Jennifer Frenette	Program Manager	\$68,462	22.00%	\$15,062.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$19,734.00
BUDGET PERIOD:	SFY 19			
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$104,152	0.25%	\$260.00
Colleen Gingue	Finance Director	\$75,751	0.25%	\$189.00
Amy Jeroy	Public Health Director	\$75,904	2.36%	\$1,795.00
Elaine Belanger	Public Health Coordinator	\$59,584	3.25%	\$1,936.00
Jennifer Frenette	Program Manager	\$70,516	22.00%	\$15,513.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$19,693.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium

Name of Contract: Regional Public Health Network Services - PHEP

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$101,118	0.25%	\$225.00
Colleen Gingue	Finance Director	\$73,545	0.25%	\$184.00
Amy Jeroy	Public Health Director	\$73,694	1.00%	\$737.00
Elaine Belanger	Public Health Coordinator	\$57,849	3.50%	\$2,025.00
Jennifer Frenette	Program Manager	\$68,462	75.00%	\$51,347.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$54,538.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$104,152	0.25%	\$253.00
Colleen Gingue	Finance Director	\$75,751	0.25%	\$189.00
Amy Jeroy	Public Health Director	\$75,904	0.47%	\$359.00
Elaine Belanger	Public Health Coordinator	\$59,584	3.50%	\$2,085.00
Jennifer Frenette	Program Manager	\$70,516	75.00%	\$52,887.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$55,773.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium

Name of Contract: Regional Public Health Network Services - SMP

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$101,118	0.25%	\$253.00
Colleen Gingue	Finance Director	\$73,545	0.25%	\$184.00
Amy Jeroy	Public Health Director	\$73,694	2.50%	\$1,842.00
Elaine Belanger	Public Health Coordinator	\$57,849	3.25%	\$1,880.00
Gregory Williams	Program Coordinator	\$62,741	75.00%	\$47,056.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$51,215.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$104,152	0.25%	\$260.00
Colleen Gingue	Finance Director	\$75,751	0.25%	\$189.00
Amy Jeroy	Public Health Director	\$75,904	1.89%	\$1,435.00
Elaine Belanger	Public Health Coordinator	\$59,584	3.50%	\$2,086.00
Gregory Williams	Program Coordinator	\$64,623	75.00%	\$48,467.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$52,437.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium

Name of Contract: Regional Public Health Network Services - CoC

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$101,118	0.25%	\$253.00
Colleen Gingue	Finance Director	\$73,545	0.25%	\$184.00
Amy Jeroy	Public Health Director	\$73,694	3.70%	\$1,474.00
Elaine Belanger	Public Health Coordinator	\$57,849	3.50%	\$1,735.00
Kristy Letendre	Program Coordinator	\$61,360	83.19%	\$51,043.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$54,689.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$104,152	0.20%	\$208.00
Colleen Gingue	Finance Director	\$75,751	0.20%	\$152.00
Amy Jeroy	Public Health Director	\$75,904	0.94%	\$717.00
Elaine Belanger	Public Health Coordinator	\$59,584	2.50%	\$1,490.00
Kristy Letendre	Program Coordinator	\$63,200	83.19%	\$52,574.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$55,141.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium

Name of Contract: Regional Public Health Network Services - YA Leadership

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$101,118	0.51%	\$515.00
Colleen Gingue	Finance Director	\$73,545	0.50%	\$368.00
Amy Jeroy	Public Health Director	\$73,694	2.50%	\$1,842.00
Elaine Belanger	Public Health Coordinator	\$57,849	5.00%	\$2,893.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$5,618.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$104,152	0.49%	\$506.00
Colleen Gingue	Finance Director	\$75,751	0.50%	\$379.00
Amy Jeroy	Public Health Director	\$75,904	2.36%	\$1,794.00
Elaine Belanger	Public Health Coordinator	\$59,584	5.00%	\$2,979.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$5,658.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium

Name of Contract: Regional Public Health Network Services - YA Strategies

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$101,118	5.75%	\$5,814.00
Colleen Gingue	Finance Director	\$73,545	5.50%	\$4,045.00
Amy Jeroy	Public Health Director	\$73,694	5.50%	\$4,053.00
Elaine Belanger	Public Health Coordinator	\$57,849	10.00%	\$5,785.00
Gregory Williams	Program Coordinator	\$62,741	24.58%	\$15,420.00
Erik Becker	Program Coordinator	\$42,536	40.00%	\$17,014.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$52,131.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$104,152	6.50%	\$6,770.00
Colleen Gingue	Finance Director	\$75,751	6.50%	\$4,934.00
Amy Jeroy	Public Health Director	\$75,904	6.90%	\$5,234.00
Elaine Belanger	Public Health Coordinator	\$59,584	10.25%	\$6,107.00
Gregory Williams	Program Coordinator	\$64,623	24.58%	\$15,882.00
Erik Becker	Program Coordinator	\$42,812	40.93%	\$17,525.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$56,452.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium

Name of Contract: Regional Public Health Network Services - SBC

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$101,118	0.30%	\$303.00
Colleen Gingue	Finance Director	\$73,545	0.30%	\$221.00
Amy Jeroy	Public Health Director	\$73,694	1.75%	\$1,290.00
Elaine Belanger	Public Health Coordinator	\$57,849	5.00%	\$2,892.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$4,706.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$104,152	0.25%	\$260.00
Colleen Gingue	Finance Director	\$75,751	0.25%	\$190.00
Amy Jeroy	Public Health Director	\$75,904	1.65%	\$1,256.00
Elaine Belanger	Public Health Coordinator	\$59,584	5.00%	\$2,979.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$4,685.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium

Name of Contract: Regional Public Health Network Services - DBHRT

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$101,118	0.75%	\$758.00
Colleen Gingue	Finance Director	\$73,545	1.00%	\$736.00
Amy Jeroy	Public Health Director	\$73,694	4.50%	\$3,316.00
Elaine Belanger	Public Health Coordinator	\$57,849	9.75%	\$5,640.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$10,450.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Nancy Frank	Chief Executive Officer	\$104,152	0.75%	\$781.00
Colleen Gingue	Finance Director	\$75,751	0.75%	\$568.00
Amy Jeroy	Public Health Director	\$75,904	4.25%	\$3,229.00
Elaine Belanger	Public Health Coordinator	\$59,584	10.00%	\$5,958.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$10,536.00

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-06

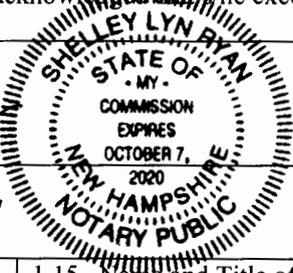
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite United Way (South Central Region)		1.4 Contractor Address 46 S. Main Street Concord, NH 03301	
1.5 Contractor Phone Number 603-224-2595 ext 228	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$757,239
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature <i>Patrick Tufts</i>		1.12 Name and Title of Contractor Signatory <i>Patrick Tufts, President & CEO</i>	
1.13 Acknowledgement/ State of <i>New Hampshire</i> County of <i>Merrimack</i> On <i>May 10, 2017</i> , 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 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>Shelley Lyn Ryan</i> [Seal]			
1.13.2 Name and Title of Notary Public or Justice of the Peace <i>Shelley Lyn Ryan, Notary</i>			
1.14 State Agency Signature <i>Lisa Morris</i> Date: <i>5/23/17</i>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By: <i>M. R. W.</i> On: <i>6/5/17</i>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.



Exhibit A

- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

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Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnipesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.

- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.

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- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation;



Exhibit A

community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.

4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. **Site Visits**

5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.

5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.



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5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.

5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.

5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.

5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.

5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.

5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.

5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.

5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

5.1.4.1. Provide required reports as indicated in each SMP scope of work:

5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes

5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval

5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

1) Number of individuals served or reached

2) Demographics

3) Strategies and activities per IOM by the six (6) activity types.

4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions

5) Percentage evidence based strategies

5.1.4.1.5. Submit annual report

5.1.4.1.6. Provide additional reports or data as required by the Department.

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5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)



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- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

- 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
- 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.

PS
5-10-17



7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use



Exhibit A

- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

- 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse



Exhibit A

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

PT

5-10-17



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.
 - 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services



Exhibit B

29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - South Central

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 30,000.00	\$ -	\$ 30,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 26,467.00	\$ 3,533.00	\$ 30,000.00

Indirect As A Percent of Direct

13.3%

Contractor Initials: PT

Date: 5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

**Regional Public Health Network Services -
Budget Request for: PHAC**
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 30,000.00	\$ -	\$ 30,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00

Indirect As A Percent of Direct

0.0%

Contractor Initials:

Date:

PS
5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 78,272.00	\$ 2,500.00	\$ 80,772.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 83,044.00	\$ 2,739.00	\$ 85,783.00

Indirect As A Percent of Direct

3.3%

Contractor Initials: _____

PT

Date: _____

5-10-12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

**Regional Public Health Network Services -
Budget Request for:** PHEP
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 78,272.00	\$ 2,500.00	\$ 80,772.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 83,044.00	\$ 2,739.00	\$ 85,783.00

Indirect As A Percent of Direct

3.3%

Contractor Initials: PT

Date: 5-10-12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 70,864.00	\$ 2,500.00	\$ 73,364.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 75,636.00	\$ 2,739.00	\$ 78,375.00

Indirect As A Percent of Direct

\$

-

3.6%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 70,864.00	\$ 2,500.00	\$ 73,364.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 75,636.00	\$ 2,739.00	\$ 78,375.00

Indirect As A Percent of Direct

3.6%

Contractor Initials: _____

GF

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 72,763.00	\$ 2,500.00	\$ 75,263.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 77,535.00	\$ 2,739.00	\$ 80,274.00

Indirect As A Percent of Direct

3.5%

Contractor Initials: _____

PS

Date: _____

5-10-12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 72,763.00	\$ 2,500.00	\$ 75,263.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 77,535.00	\$ 2,739.00	\$ 80,274.00

Indirect As A Percent of Direct

3.5%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Granite United Way - South Central

Bidder/Contractor Name: Region

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 4,948.00	\$ 247.60	\$ 5,195.60
2. Employee Benefits	\$ 1,333.00	\$ 66.65	\$ 1,399.65
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -
6. Travel	\$ 195.00	\$ 9.75	\$ 204.75
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):			\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,476.00	\$ 1,524.00	\$ 20,000.00

Indirect As A Percent of Direct

8.2%

Contractor Initials: _____

PT

Page 1 of 1

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services
Granite United Way - South Central
Bidder/Contractor Name: Region
Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)
Budget Period: SFY 2019

1. Total Salary/Wages	\$ 4,948.00	\$ 247.60	\$ 5,195.60
2. Employee Benefits	\$ 1,333.00	\$ 66.65	\$ 1,399.65
3. Consultants			\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)			\$ -
6. Travel	\$ 195.00	\$ 9.75	\$ 204.75
7. Occupancy			\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):			\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,476.00	\$ 1,524.00	\$ 20,000.00

Indirect As A Percent of Direct

8.2%

Contractor Initials: PT

Date: 5-10-12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

	Direct	Indirect	TOTAL
1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 29.00	\$ 601.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ 10.00	\$ 210.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,000.00	\$ 100.00	\$ 2,100.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 70,864.00	\$ 2,500.00	\$ 73,364.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 75,636.00	\$ 2,739.00	\$ 78,375.00

Indirect As A Percent of Direct

3.6%

Contractor Initials: _____

PT

Date: _____

5-10-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way - South Central Region

Regional Public Health Network Services -

Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 2,000.00	\$ 100.00	\$ 2,100.00
2. Employee Benefits	\$ 572.00	\$ 28.60	\$ 600.60
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 84,799.40	\$ 2,500.00	\$ 87,299.40
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 87,371.40	\$ 2,628.60	\$ 90,000.00

Indirect As A Percent of Direct

3.0%

Contractor Initials: PT

Date: 5-10-17



SPECIAL PROVISIONS

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

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



- 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 (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) 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 EEO on file and submit an EEO Certification Form to the OCR, certifying that its EEO 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 EEO Certification Form to the OCR certifying it is not required to submit or maintain an EEO. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEO requirement, but are required to submit a certification form to the OCR to claim the exemption. EEO 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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

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

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

PS
5-10-17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Contractor Name:

5-10-17

Date

Pahl IV

Name:

Title:

Contractor Initials *RF*

Date 5-10-17



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name:

Name:
Title:

5-10-17

Date



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:

Name:

Title:

5-10-17
Date

PS

5-10-17



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

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

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

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

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

Exhibit G

Contractor Initials

PT

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

Date

5-10-17

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name:

5-10-17
Date


Name:
Title:

Exhibit G

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

Contractor Initials PS

Date 5-10-17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name:

5-10-17
Date



Name:
Title:



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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

pf

5-10-17



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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

PS

5-10-17



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Department of Health and Human Services

The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Patrick Tufts - Granite United Way
Name of the Contractor

Patrick Tufts
Signature of Authorized Representative

Patrick Tufts
Name of Authorized Representative

President
Title of Authorized Representative

5-10-17
Date



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

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

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

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

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

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

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

Contractor Name: *Granite United Way*

5-10-17
Date


Name: *Patrick Turris*
Title: *President*



FORM A

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

1. The DUNS number for your entity is: 1564849900000

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

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

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 GRANITE UNITED WAY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 30, 1927. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 65650



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 25th day of April A.D. 2017.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Nannu Nobis, do hereby certify that:

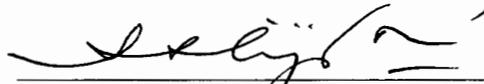
1. I am a duly elected Board Chair of Granite United Way, Inc., a New Hampshire voluntary corporation; and
2. The following are true copies of two resolutions duly adopted at a meeting of the Executive Committee of the Board of Directors of the corporation, duly held on October 8, 2015;

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

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

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of the 10th day of May, 2017.

IN WITNESS WHEREOF, I have hereunto set my name as Board Chair of the Corporation hereto, affixed this 10th day of May, 2017.

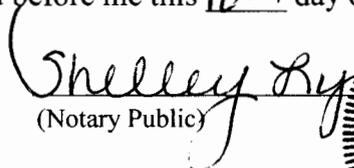


Signature of Board Chair, Nannu Nobis

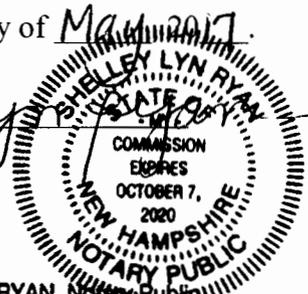
STATE OF NEW HAMPSHIRE
County of Merrimack

The forgoing instrument was acknowledged before me this 10th day of May 2017.

By: Nannu Nobis


(Notary Public)

Commission Expires:



SHELLEY LYN RYAN, Notary Public
My Commission Expires October 7, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/28/2017

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

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

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Sara Hartshorn PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: shartshorn@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Ins - Bedford INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Granite United Way 22 Concord Street Floor 2 Manchester NH 03101	NAIC #

COVERAGES **CERTIFICATE NUMBER:** 17-18 All Lines **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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZHV900337106	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS ALL OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			ZHV900337106	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHV9003210-06	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<input checked="" type="checkbox"/> 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	N/A	WHV8996802-06 3A States: NH	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Covering operations of the named insured during the policy period.

CERTIFICATE HOLDER NH 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 Sara Hartshorn/SBH <i>Sara Hartshorn</i>
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Granite United Way

LIVE UNITED

MISSION STATEMENT

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way

Merimack County
45 South Main Street
Concord, NH 03301
603.224.2595

Southern Region
22 Concord Street
Manchester, NH 02101
603.625.6939

North Country
P.O. Box 311
Littleton, NH 03501
603.444.1555

Northern Region
96 Main Street
Berlin, NH 03570
603.752.5343

Jubel Valley
21 Technology Drive
W Lebanon, NH 03784
603.298.8499

Central Region
333 South Main St
Lisbon, NH 03246
603.737.1121

White Village
258 Highland Street
Plymouth, NH 03264
603.536.3720

Carroll County United
448A White Mt. Highway
Tamworth, NH 03895
603.321.8139

GRANITE UNITED WAY

FINANCIAL REPORT

MARCH 31, 2016

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited the accompanying financial statements of Granite United Way, which comprise the statement of financial position as of March 31, 2016, and the related statements of activities and changes in net assets, functional expenses and cash flows 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 financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of March 31, 2016, and the results of its operations, changes in net assets, functional expenses, and cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Granite United Way March 31, 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated July 14, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended March 31, 2015 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of community impact awards to qualified partner agencies and emerging opportunity grants are presented for purposes of additional analysis and are not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 financial statements as a whole.

Nathan Wechsler & Company

Concord, New Hampshire
August 25, 2016

GRANITE UNITED WAY

STATEMENT OF FINANCIAL POSITION

March 31, 2016 with comparative totals as of March 31, 2015

ASSETS	2016				2015
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
CURRENT ASSETS					
Cash	\$ 512,163	\$ 413,953	\$ -	\$ 926,116	\$ 1,002,210
Prepaid and reimbursable expenses	38,245	-	-	38,245	220,967
Investments	463,743	-	-	463,743	473,361
Accounts and rent receivable	6,846	-	-	6,846	7,255
Contributions and grants receivable, net of allowance for uncollectible contributions 2016 \$499,427; 2015 \$516,591	-	3,673,854	-	3,673,854	3,514,617
Assets held for sale	109,568	-	-	109,568	-
<i>Total current assets</i>	<u>1,130,565</u>	<u>4,087,807</u>	<u>-</u>	<u>5,218,372</u>	<u>5,218,410</u>
OTHER ASSETS					
Property and equipment, net	1,303,019	-	-	1,303,019	1,452,541
Investments - endowment	9,272	37,928	100,397	147,597	145,864
Beneficial interest in assets held by others	-	1,587,401	-	1,587,401	1,737,703
	<u>1,312,291</u>	<u>1,625,329</u>	<u>100,397</u>	<u>3,038,017</u>	<u>3,336,108</u>
<i>Total assets</i>	<u>\$ 2,442,856</u>	<u>\$ 5,713,136</u>	<u>\$ 100,397</u>	<u>\$ 8,256,389</u>	<u>\$ 8,554,518</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
ALLOCATED ANNUAL CAMPAIGN SUPPORT DESIGNATED FOR FUTURE PERIODS					
Future allocations payable	\$ 2,276,379	\$ -	\$ -	\$ 2,276,379	\$ 2,288,886
Donor-designations payable	390,547	1,080,514	-	1,471,061	1,303,999
	<u>2,666,926</u>	<u>1,080,514</u>	<u>-</u>	<u>3,747,440</u>	<u>3,592,885</u>
Current maturities of long-term debt	11,683	-	-	11,683	11,198
Funds held for others	28,960	-	-	28,960	66,756
Grants payable	-	-	-	-	22,000
Accounts payable	18,958	-	-	18,958	5,911
Accrued expenses	120,736	-	-	120,736	139,665
Deferred revenue - designation fees	47,344	-	-	47,344	42,838
<i>Total current liabilities</i>	<u>2,894,607</u>	<u>1,080,514</u>	<u>-</u>	<u>3,975,121</u>	<u>3,881,253</u>
LONG-TERM DEBT, less current maturities	<u>239,018</u>	<u>-</u>	<u>-</u>	<u>239,018</u>	<u>250,447</u>
COMMITMENTS (See Notes)					
NET ASSETS (DEFICIT):					
Unrestricted	(1,743,087)	-	-	(1,743,087)	(1,295,992)
Unrestricted, invested in property and equipment	1,052,318	-	-	1,052,318	1,190,896
<i>Total unrestricted net deficit</i>	<u>(690,769)</u>	<u>-</u>	<u>-</u>	<u>(690,769)</u>	<u>(105,096)</u>
Temporarily restricted	-	4,632,622	-	4,632,622	4,427,517
Permanently restricted	-	-	100,397	100,397	100,397
<i>Total net assets (deficit)</i>	<u>(690,769)</u>	<u>4,632,622</u>	<u>100,397</u>	<u>4,042,250</u>	<u>4,422,818</u>
<i>Total liabilities and net assets</i>	<u>\$ 2,442,856</u>	<u>\$ 5,713,136</u>	<u>\$ 100,397</u>	<u>\$ 8,256,389</u>	<u>\$ 8,554,518</u>

GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year ended March 31, 2016 with comparative totals for the year ended March 31, 2015

	2016			2015	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
Support and revenues					
Campaign revenue:					
Total contributions pledged	\$ -	\$ 6,878,664	\$ -	\$ 6,878,664	\$ 7,020,221
Less donor designations	-	(1,895,593)	-	(1,895,593)	(1,501,742)
Less provision for uncollectible pledges	-	(296,558)	-	(296,558)	(307,265)
Add prior years' excess provision for uncollectible pledges taken into income in current year	159,007	-	-	159,007	111,654
<i>Net campaign revenue</i>	159,007	4,686,513	-	4,845,520	5,322,868
Support:					
Sponsors and other contributions	3,852	712,595	-	716,447	311,399
Grant revenue	-	635,227	-	635,227	155,946
In-kind contributions	57,365	-	-	57,365	31,169
<i>Total support</i>	220,224	6,034,335	-	6,254,559	5,821,382
Other revenue:					
Administrative fees	58,073	-	-	58,073	157,070
Rental income	80,497	-	-	80,497	49,011
Miscellaneous income	2,776	-	-	2,776	4,594
<i>Total support and revenues</i>	361,570	6,034,335	-	6,395,905	6,032,057
Net assets released from restrictions:					
For satisfaction of time restrictions	4,636,943	(4,636,943)	-	-	-
For satisfaction of program restrictions	1,043,608	(1,043,608)	-	-	-
	6,042,121	353,784	-	6,395,905	6,032,057
Expenses:					
Program services	5,471,034	-	-	5,471,034	4,583,109
Support services:					
Management and general	484,246	-	-	484,246	731,108
Fundraising	753,390	-	-	753,390	556,505
<i>Total expenses</i>	6,708,670	-	-	6,708,670	5,870,722
<i>Increase (decrease) in net assets before other activities</i>	(666,549)	353,784	-	(312,765)	161,335
Other activities:					
Increase (decrease) in value of beneficial interest in trusts, net of fees 2016 \$11,422; 2015 \$11,082	-	(150,302)	-	(150,302)	33,850
Realized and unrealized gains (losses) on investments	(9,312)	(1,266)	-	(10,578)	19,750
Investment income	90,188	2,889	-	93,077	99,903
<i>Total other activities</i>	80,876	(148,679)	-	(67,803)	153,503
<i>Net increase (decrease) in net assets</i>	(585,673)	205,105	-	(380,568)	314,838
Net assets (deficit), beginning of year	(105,096)	4,427,517	100,397	4,422,818	4,107,980
<i>Net assets (deficit), end of year</i>	\$ (690,769)	\$ 4,632,622	\$ 100,397	\$ 4,042,250	\$ 4,422,818

GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES

Year ended March 31, 2016 with comparative totals for the year ended March 31, 2015

	2016				2015
	Program services	Management and general	Fundraising	Total	Total
Salaries and wages	\$ 1,747,474	\$ 288,933	\$ 457,252	\$ 2,493,659	\$ 1,869,797
Payroll taxes	109,099	20,958	33,167	163,224	131,100
Employee fringe benefits	169,413	27,297	43,198	239,908	177,627
Employer 403(b) contribution	48,467	9,310	14,734	72,511	72,414
<i>Total salaries and related benefits</i>	<u>2,074,453</u>	<u>346,498</u>	<u>548,351</u>	<u>2,969,302</u>	<u>2,250,938</u>
Community Impact Grants to agencies	2,360,600	-	-	2,360,600	2,319,424
Occupancy	154,498	16,715	26,453	197,666	193,301
Grant expenses-Public Health Network	174,300	-	-	174,300	77,865
Other program services (See Note 13)	168,783	-	-	168,783	198,177
Telephone, communications and technology	62,492	11,390	18,026	91,908	86,529
211 expenses	89,218	-	-	89,218	120,768
Publications, printing and campaign expenses	-	-	76,767	76,767	71,212
United Way Worldwide dues	44,997	8,644	13,680	67,321	65,855
In-kind expenses	38,342	7,366	11,657	57,365	31,169
Professional services	-	56,695	-	56,695	47,399
Supplies and office expense	31,448	6,041	9,561	47,050	48,947
Insurance	23,763	4,565	7,224	35,552	33,476
Travel	21,441	3,974	6,289	31,704	38,125
Volunteer Income Tax Assistance expenses	27,816	-	-	27,816	40,880
STEAM Ahead expenses	27,508	-	-	27,508	-
Concord Cold Weather Shelter	21,520	-	-	21,520	-
Miscellaneous	11,733	2,254	3,567	17,554	12,610
Special events	14,258	919	1,455	16,632	15,763
Conferences, training and meetings	10,879	2,090	3,307	16,276	14,135
Postage	9,729	1,869	2,958	14,556	12,186
Community needs assessment	12,500	-	-	12,500	10,500
Other dues and awards	7,519	1,445	2,286	11,250	8,568
Homeless Service Center expenses	6,000	-	-	6,000	61,000
Community impact expenses	5,501	-	-	5,501	4,183
Investment fees	3,295	633	1,002	4,930	10,507
<i>Total expenses before interest and depreciation</i>	<u>5,402,593</u>	<u>471,098</u>	<u>732,583</u>	<u>6,606,274</u>	<u>5,773,517</u>
Interest expense	7,563	1,453	2,299	11,315	11,521
Depreciation	60,878	11,695	18,508	91,081	85,684
<i>Total functional expenses</i>	<u>\$ 5,471,034</u>	<u>\$ 484,246</u>	<u>\$ 753,390</u>	<u>\$ 6,708,670</u>	<u>\$ 5,870,722</u>

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS
Years Ended March 31, 2016 and 2015

	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	\$ 7,236,918	\$ 6,831,761
Cash received from grantors	635,227	225,439
Administrative fees	62,579	57,092
Other cash received	83,682	54,720
Cash received from trust	73,308	71,733
Designations paid	(1,728,531)	(1,347,640)
Net cash (paid) received for funds held for others	(37,796)	34,260
Cash paid to agencies	(2,333,702)	(2,825,524)
Cash paid to suppliers, employees, and others	(4,017,957)	(3,590,392)
<i>Net cash used in operating activities</i>	(26,272)	(488,551)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(51,127)	(13,794)
Proceeds from sale of investments	12,249	911,378
Purchase of investments	-	(380,813)
<i>Net cash provided by (used in) investing activities</i>	(38,878)	516,771
CASH FLOWS USED IN FINANCING ACTIVITIES		
Repayments of long-term debt	(10,944)	(10,518)
<i>Net increase (decrease) in cash</i>	(76,094)	17,702
Cash, beginning of year	1,002,210	984,508
<i>Cash, end of year</i>	\$ 926,116	\$ 1,002,210

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS (CONTINUED)

Years Ended March 31, 2016 and 2015

	2016	2015
RECONCILIATION OF INCREASE (DECREASE) IN NET ASSETS TO NET CASH USED IN OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ (380,568)	\$ 314,838
Adjustments to reconcile increase (decrease) in net assets to net cash used in operating activities:		
Realized and unrealized (gain) loss on investments	10,578	(19,750)
Reinvested interest and dividends	(14,942)	(19,537)
Depreciation	91,081	85,684
Prior years' excess provision for uncollectible pledges	(159,007)	(111,654)
Decrease in accounts and rent receivable	409	1,115
(Increase) decrease in prepaid and reimbursable expenses	182,722	(133,324)
Increase in contributions receivable	(230)	(90,144)
Decrease in grants receivable	-	11,743
(Increase) decrease in value of beneficial interest in assets held by others	150,302	(33,850)
Increase (decrease) in allocated annual campaign	154,555	(310,620)
Increase (decrease) in funds held for others	(37,796)	34,260
Decrease in grants payable	(22,000)	(86,078)
Increase (decrease) in accounts payable	13,047	(54,255)
Increase (decrease) in accrued expenses	(18,929)	22,998
Increase (decrease) in deferred revenue	4,506	(99,977)
<i>Net cash used in operating activities</i>	<u>\$ (26,272)</u>	<u>\$ (488,551)</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash payments for:		
Interest expense	\$ 11,315	\$ 11,521

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities

Granite United Way (the "United Way") was formed on July 1, 2010, as the result of a merger of four local not-for-profit entities - Heritage United Way, Inc., United Way of Merrimack County, North Country United Way and Upper Valley United Way. All of these entities shared the common goal to raise and distribute funds for the community's needs. This merger allows for shared resources and reduction in overhead in order to increase impact in the communities the United Way serves.

On February 1, 2012, the United Way acquired the assets and assumed the liabilities of United Way of Northern New Hampshire. On January 1, 2013, the United Way acquired the assets and assumed the liabilities of Lakes Region United Way.

The United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by the United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay the United Way's operating expenses. Donors may designate their pledges to support a region of the United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax-exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as temporarily restricted in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

The United Way invests in the community through three different vehicles:

March 31,	2016
Community Impact Awards to partner agencies	\$ 2,360,600
Donor designated gifts to Health and Human Service agencies	1,895,593
Granite United Way Program services	3,110,434
<i>Total</i>	<u><u>\$ 7,366,627</u></u>

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the United Way have been prepared on the accrual basis. Under the accrual basis, revenues and gains are recognized when earned and expenses and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Cash and cash equivalents: For purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at March 31, 2016 and 2015.

Basis of presentation: The United Way accounts for contributions received in accordance with the FASB Accounting Standards Codification topic for revenue recognition (FASB ASC 958-605) and contributions made in accordance with FASB ASC 958-720-25 and FASB ASC 958-310. In accordance with FASB ASC 958-605-25, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. In addition, FASB ASC 958-310 requires that unconditional promises to give (pledges) be recorded as receivables and recognized as revenues.

The United Way adheres to the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the United Way is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Descriptions of the three net asset categories are as follows:

Unrestricted net assets include both undesignated and designated net assets, which are the revenues not restricted by outside sources and revenues designated by the Board of Directors for special purposes and their related expenses.

Temporarily restricted net assets include gifts and pledges for which time restrictions or donor-imposed restrictions have not yet been met and donor designations payable associated with uncollected pledges. Temporarily restricted net assets also include the beneficial interest in assets held by others and the accumulated appreciation related to permanently restricted endowment gifts, which is a requirement of FASB ASC 958-205-45.

Permanently restricted net assets include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof be made available for program operations in accordance with donor restrictions.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of \$296,558 and \$307,265 for the campaign years ended March 31, 2016 and 2015, respectively. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for both years ended March 31, 2016 and 2015.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Deferred revenue: The United Way charged a 10% administrative fee on the State Campaign designations for both years ended March 31, 2016 and 2015. The United Way charged 5% on most other designations for both of the years ended March 31, 2016 and 2015.

These administrative fees are recognized in the post campaign years, as this is the year they are available to offset administrative expenses.

Donated goods and services: Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills. Various types of in-kind support, including services, call center space, gift certificates, materials and other items, amounting to \$57,365 and \$31,169 have been reflected at fair value in the financial statements for the years ended March 31, 2016 and 2015, respectively.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

Functional allocation of expenses: The cost of providing the various programs and other activities has been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Property and equipment: Property and equipment are included in unrestricted net assets and are carried at cost if purchased and fair value if contributed. Maintenance, repairs and minor renewals are expensed as incurred, and major renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of \$1,000.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements.....	5-31½
Leasehold improvements	15
Furniture and equipment	3-10

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk, consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at March 31, 2016, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to \$250,000. Amounts included in cash in excess of federally insured limits were approximately \$130,120 at March 31, 2016.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The United Way has adopted the provisions of FASB ASC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2013. Also included are filings for United Way of Northern New Hampshire and Lakes Region United Way prior to their acquisitions on February 1, 2012 and January 1, 2013, respectively.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 - inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.
- Level 2 - inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 - inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2016:

	Level 1	Level 2	Level 3
Money market funds	\$ 79,529	\$ 6,384	\$ -
Mutual funds:			
Domestic equity	89,491	-	-
International equity	4,188	-	-
Fixed income	247,901	-	-
Other	5,164	-	-
Fixed income funds	143,747	-	-
Municipal bonds	-	11,057	-
Corporate bonds	-	25,552	-
Beneficial interest in assets held by others	-	-	1,587,401
<i>Total</i>	<u>\$ 570,020</u>	<u>\$ 42,993</u>	<u>\$ 1,587,401</u>

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2015:

	Level 1	Level 2	Level 3
Money market funds	\$ 57,146	\$ 7,370	\$ -
Mutual funds:			
Domestic equity	91,342	-	-
International equity	4,551	-	-
Fixed income	256,427	-	-
Other	5,147	-	-
Fixed income funds	143,593	-	-
Municipal bonds	-	11,100	-
Corporate bonds	-	45,723	-
Beneficial interest in assets held by others	-	-	1,737,703
<i>Total</i>	<u>\$ 558,206</u>	<u>\$ 64,193</u>	<u>\$ 1,737,703</u>

	Beneficial interest in assets held by others
<i>Balance, April 1, 2014</i>	\$ 1,703,853
Total unrealized gains, net of fees included in changes in temporarily restricted net assets	<u>33,850</u>
<i>Balance, March 31, 2015</i>	\$ 1,737,703
Total unrealized losses, net of fees included in changes in temporarily restricted net assets	<u>(150,302)</u>
<i>Balance, March 31, 2016</i>	<u>\$ 1,587,401</u>
Amount of unrealized losses, net of fees attributable to change in unrealized losses relating to assets still held at the reporting date included in the statement of activities and changes in net assets	<u>\$ (150,302)</u>

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources. The fair value of investments in money market funds is based upon the net asset values determined by the underlying investments in which the funds invest.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at March 31, 2016 and 2015.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 4. Property and Equipment

<u>Property and equipment, at cost, at March 31,</u>	<u>2016</u>	<u>2015</u>
Land, buildings and building improvements	\$ 1,708,167	\$ 1,817,736
Leasehold improvements	5,061	5,061
Furniture and equipment	398,497	347,370
<i>Total property and equipment</i>	<u>2,111,725</u>	<u>2,170,167</u>
Less accumulated depreciation	(808,706)	(717,626)
<i>Total property and equipment, net</i>	<u>\$ 1,303,019</u>	<u>\$ 1,452,541</u>

Note 5. Assets Held for Sale

During the year ended March 31, 2016, the United Way made the decision to sell their property in Concord, New Hampshire. Negotiations for the assets held for sale are for a sale price in excess of carrying value.

<u>Assets held for sale consisted of the following at March 31,</u>	<u>2016</u>	<u>2015</u>
Building	\$ 89,781	\$ -
Building improvements	19,787	-
<i>Total assets held for sale</i>	<u>\$ 109,568</u>	<u>\$ -</u>

Note 6. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way. In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The distributions are approximately 4.03% of the market value of each fund per year.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$68,879 and \$67,400 from the agency endowed funds during the years ended March 31, 2016 and 2015, respectively.

Designated funds: The United Way is also a beneficiary of two designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way. In accordance with its spending policy, the Foundation makes distributions from the funds to the United Way.

The distributions are approximately 4.03% of the market value of the fund per year. These funds are not included in these financial statements, since all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$4,429 and \$4,333 from the designated funds during the year ended March 31, 2016 and 2015, respectively. The market value of these fund's assets amounted to approximately \$102,000 and \$111,700 as of March 31, 2016 and 2015, respectively.

Note 7. Long-term Debt

<u>Long-term debt at March 31,</u>	<u>2016</u>	<u>2015</u>
4.25% mortgage financed with a local bank. The note is due in monthly installments of principal and interest of \$1,837 through December 2031. The note is collateralized by the United Way's building located in Plymouth, NH.	\$ 250,701	\$ 261,645
Less portion payable within one year	11,683	11,198
<i>Total long-term debt</i>	<u>\$ 239,018</u>	<u>\$ 250,447</u>

The scheduled maturities of long-term debt at March 31, 2016 were as follows:

<u>Year Ending March 31,</u>	
2017	\$ 11,683
2018	12,190
2019	12,718
2020	13,269
2021	13,844
Thereafter	186,997
<i>Total</i>	<u>\$ 250,701</u>

The mortgage note with Franklin Savings Bank contains a financial covenant for debt service coverage, which is tested annually based on the year-end financial statements.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 8. Funds Held for Others

The United Way held funds for others for the following projects:

March 31,	2016	2015
Concord Multicultural Project Fund	\$ 17,571	\$ 33,038
STEAM Ahead	-	23,485
Get Moving Manchester	748	1,798
Mayor's Prayer Breakfast	10,472	3,241
City of Concord Dog Park	-	3,606
Better Together	169	1,588
<i>Total</i>	\$ 28,960	\$ 66,756

During the year ended March 31, 2016, STEAM Ahead transitioned to a program of the United Way.

Note 9. Endowment Funds and Net Assets

The United Way adheres to the Other Presentation Matters section of the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205-45).

FASB ASC 958-205-45 provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

FASB ASC 958-205-45 also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds) whether or not the organization is subject to UPMIFA.

The State of New Hampshire enacted UPMIFA effective July 1, 2008, the provisions of which apply to endowment funds existing on or established after that date. The United Way's endowment consists of three individual funds established for youth programs, Whole Village and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including those funds designated by the Board of Directors, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the United Way has interpreted UPMIFA as allowing the United Way to appropriate for expenditure or accumulate so much of an endowment fund as the United Way determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

As a result of this interpretation, the United Way classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the United Way in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the United Way, and (7) the investment policies of the United Way.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk.

Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income. To date there have been no distributions from the endowment fund.

Endowment net asset composition by type of fund as of March 31, 2016 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 37,928	\$ 100,397	\$ 138,325
Board-designated endowment funds	9,272	-	-	9,272
	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Changes in the endowment net assets as of March 31, 2016 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2015	\$ 9,162	\$ 36,305	\$ 100,397	\$ 145,864
Investment return:				
Investment income	195	2,889	-	3,084
Net depreciation (realized and unrealized)	(85)	(1,266)	-	(1,351)
Total investment return	110	1,623	-	1,733
Endowment net assets, March 31, 2016	<u>\$ 9,272</u>	<u>\$ 37,928</u>	<u>\$ 100,397</u>	<u>\$ 147,597</u>

Endowment net asset composition by type of fund as of March 31, 2015 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 36,305	\$ 100,397	\$ 136,702
Board-designated endowment funds	9,162	-	-	9,162
	<u>\$ 9,162</u>	<u>\$ 36,305</u>	<u>\$ 100,397</u>	<u>\$ 145,864</u>

Changes in the endowment net assets as of March 31, 2015 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2014	\$ 8,765	\$ 30,384	\$ 100,397	\$ 139,546
Investment return:				
Investment income	204	3,038	-	3,242
Net appreciation (realized and unrealized)	193	2,883	-	3,076
Total investment return	397	5,921	-	6,318
Endowment net assets, March 31, 2015	<u>\$ 9,162</u>	<u>\$ 36,305</u>	<u>\$ 100,397</u>	<u>\$ 145,864</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Income from permanently restricted net assets is available for the following purposes:

March 31,	2016	2015
General operations	\$ 14,930	\$ 14,930
Youth programs	11,467	11,467
General operations of Whole Village	74,000	74,000
<i>Total permanently restricted net assets</i>	<u>\$ 100,397</u>	<u>\$ 100,397</u>

Temporarily restricted net assets consisted of support and other unexpended revenues and represent the following:

March 31,	2016	2015
Public Health Network services	\$ 99,025	\$ 62,197
Contributions receivable related to campaigns	3,541,854	3,514,617
CDFFA contributions receivable for the Bridge House and Whole Village Family Resource Center upgrades	132,000	-
Designations payable to other agencies and United Ways 211 Program	(1,080,514)	(971,039)
Volunteer income tax assistance program	225,227	-
Other programs	15,258	33,630
STEAM Ahead	16,279	14,104
Concord Cold Weather Shelter	27,084	-
Agency endowed funds at the New Hampshire Charitable Foundation	31,080	-
Portion of perpetual endowment funds subject to time restriction under UPMIFA	1,587,401	1,737,703
<i>Total temporarily restricted net assets</i>	<u>\$ 4,632,622</u>	<u>\$ 4,427,517</u>

The United Way was awarded up to \$257,500 in Community Development Investment Program Funds by the Community Development Finance Authority ("CDFFA") for upgrades and clean energy improvements to the Bridge House and Whole Village Family Resource Center in Plymouth. During the year ended March 31, 2016, the CDFFA accepted \$165,000 in donations from area businesses, resulting in net tax proceeds to the United Way of \$132,000 to benefit the project. This balance has been included in contributions receivable at March 31, 2016.

At March 31, 2016 and 2015, the Board of Directors has designated net assets amounting to \$- and \$394,087, respectively, which are funds set aside to meet the emerging opportunity needs of the community as they arise.

In addition, the Board of Directors has designated \$20,000 and \$50,000, respectively, for the South Central Health Network and Working Bridges during the year ended March 31, 2016.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 10. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the years ended March 31, 2016 and 2015, the United Way contributed \$72,511 and \$72,414, respectively to employees participating in the plan.

Note 11. Lease Commitments and Subsequent Event

During the year ended March 31, 2011, the United Way entered into an operating lease agreement for office space in Manchester, New Hampshire. The original term was for five years with options to renew for two additional five-year terms. The terms of the lease require monthly payments of \$2,373 with increases of 2% annually on each anniversary date of the lease. The lease also required the United Way to pay its share of other costs such as taxes, maintenance and insurance amounting to \$500 per month.

During the year ended March 31, 2015, the United Way leased additional office space in the same building. The monthly payments were \$600 through April 2015 and then increased to \$875 beginning in May 2015. The lease agreement is an addendum to the operating lease agreement for the main office space. The United Way did not renew for an additional term when the operating lease expired on May 31, 2015, and was instead leasing on a month-to-month basis.

During May 2016, the United Way entered into an operating lease agreement for the office space in Manchester, New Hampshire that they currently occupy and for additional office space at that location. Monthly rent payments are \$2,783 for the first year and increase to \$5,566 the second year which is when all leasehold improvements are expected to be completed for the additional office space hence the increase in rental amount. The rent will then be increased by 3% annually on each anniversary date of the lease.

Total rent expense amounted to \$46,290 and \$39,572 for the years ended March 31, 2016 and 2015, respectively.

The United Way leases a copy machine under the terms of an operating lease. The lease matured on October 1, 2014. The United Way began a new operating lease for a copy machine on October 1, 2014 with a term of 60 months. The monthly lease payment amount is \$170. The lease expense amounted to \$2,036 for both years ended March 31, 2016 and 2015.

The United Way's future minimum lease commitments are as follows:

<u>Year ending March, 31</u>	
2017	\$ 2,036
2018	2,036
2019	1,018
<i>Total</i>	<u>\$ 5,090</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 12. Commitments

The United Way does not own the land on which their building in Laconia, New Hampshire is located. The United Way is part of a condominium association to which they pay quarterly dues that fund certain maintenance costs. For the years ended March 31, 2016 and 2015, the dues amounted to \$3,325 and \$3,259, respectively.

In Plymouth, the United Way rents space in a building which they own and occupy to twelve non-affiliated, non-profit organizations. The monthly lease payments range from \$125 to \$1,500 per month. For the years ended March 31, 2016 and 2015, the rental income amounted to \$59,102 and \$46,285, respectively. The United Way also provides space at no charge to one tenant in the Plymouth, New Hampshire building for affordable childcare services in support of its mission to provide services, support and resources to develop strong families, confident parents and healthy children.

Note 13. Other Program Services

Other program services included in the accompanying statement of functional expenses include expenses for the following programs:

<u>Year ending March 31,</u>	<u>2016</u>	<u>2015</u>
Women's Leadership Council	\$ -	\$ 27,302
Financial Stability Program	1,692	44,287
Whole Village Family Resource Center	51,294	33,894
Service Learning Partnership	45,000	35,000
Northern NH direct client services	16,663	11,185
Youth Venture Program	-	592
Bring It Program	38,636	26,421
Other program services	9,997	4,114
Carroll County United	3,672	15,313
Curcuru Community Service Fund	1,829	69
<i>Total</i>	<u>\$ 168,783</u>	<u>\$ 198,177</u>

Note 14. Payment to Affiliated Organizations and Related Party

The United Way paid dues to United Way of Worldwide. The United Way's dues paid to this affiliated organization aggregated \$67,321 and \$65,855 for the years ended March 31, 2016 and 2015, respectively.

The United Way is reimbursed for services provided to United Ways of New Hampshire. The total amount that was billed to United Ways of New Hampshire for services amounted to approximately \$- and \$213,696 for the years ended March 31, 2016 and 2015, respectively.

Included in prepaid and reimbursable expenses in the accompanying statements of financial position is \$- and \$103,631 at March 31, 2016 and 2015, respectively, that is due to United Way from United Ways of New Hampshire.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

On April 1, 2015, the 211 program transitioned to a program of the United Way. Previously, the United Ways of New Hampshire operated the 211 program. The United Way paid dues amounting to \$- and \$120,768 to the United Ways of New Hampshire for the 211 program for the years ended March 31, 2016 and 2015, respectively.

Note 15. Reclassifications

Certain reclassifications have been made to the March 31, 2015 financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.

Note 16. Subsequent Events

During May 2016, the United Way entered into an operating lease agreement for the office space in Manchester, New Hampshire that they currently occupy and for additional office space at that location (see Note 11).

Subsequent to year end, the United Way entered into a purchase and sale agreement for the sale of the Concord office space. The transaction amounting to \$220,000 is expected to close during the year ended March 31, 2017.

The United Way has evaluated subsequent events through August 25, 2016, the date which the financial statements were available to be issued, and have not evaluated subsequent events after that date. There were no other subsequent events that would require disclosure in financial statements for the year ended March 31, 2016.

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 MERRIMACK COUNTY REGION
 Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Blueberry Express Day Care	\$ 32,000
Boys and Girls Clubs of Central New Hampshire - Suncook capital project	10,000
Child and Family Services of New Hampshire	15,000
Community Action Program:	
Meals on Wheels	35,000
Head Start	17,000
Community Bridges:	
Early Supports & Services	20,000
Concord Coalition to End Homelessness	20,000
Concord Family YMCA:	
Child Development Center	25,000
Copper Cannon Camp	5,000
Merrimack Valley Day Care	90,000
NH Legal Assistance	60,000
NH Pro Bono Referral System	18,000
Penacook Community Center	47,078
Pittsfield Youth Workshop	30,000
Second Start:	
Adult Education	14,000
Alternative High School	14,000
First Start	15,000
The Friends Program:	
Emerging Housing	35,000
Foster Grandparents	18,000
The Mayhew Program	10,000
	<u>\$ 530,078</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
MERRIMACK COUNTY REGION (CONTINUED)
Year Ended March 31, 2016

	<u>Emerging Opportunity Grants</u>
The Friends Program - Youth Mentoring	\$ 35,000
Suncook Capital Project	10,000
Penacook Community Center	8,500
Merrimack Valley Day Care - Special Infant Care	21,000
Merrimack Valley Day Care - Building Improvements	39,237
Riverbend - CHIP	<u>30,000</u>
	<u>\$ 143,737</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTH COUNTRY REGION
Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Boys and Girls Club of the North Country - After School Program	\$ 9,800
Copper Cannon Camp	3,000
Grafton County Senior Citizens:	
Aging Services	9,800
RSVP Bone Builders	4,500
ServiceLink	2,750
NH Legal Assistance	3,000
Northern Human Services	2,552
Tri-County Community Action Program	<u>4,000</u>
	<u>\$ 39,402</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS

UPPER VALLEY REGION

Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Alice Peck Day Memorial Hospital	\$ 20,000
Child and Family Services of New Hampshire:	
Behavioral Health	19,000
Safe Visitation Program	23,000
Child Care Center in Norwich	6,000
Child Care Resource	3,375
Community Action Program Belknap	2,750
Copper Cannon Camp	1,000
Cover Home Repair	27,000
Dismas of Vermont	12,500
Girls Incorporated of New Hampshire	7,000
Global Campuses Foundation	3,000
Good Neighbor Health Clinic/Red Logan Dental Clinic	15,000
Grafton County Senior Citizens Council:	
Chore Corps	1,300
Supporting Health Access	13,500
ServiceLink	2,500
Green Mountain Children's Center	28,975
Health Connections of the Upper Valley	1,000
HIV/HCV Resource Center	10,000
Mt. Ascutney Hospital and Health Center	15,000
NH Legal Assistance	9,000
Safeline, Inc.	11,000
Second Wind Foundation:	
Community Education & Advocacy	9,000
Turning Point Recovery Center	15,000
Willow Grove	10,000
Special Needs Support Center of the Upper Valley:	
Educational Advocacy	5,000
Springfield Warming Shelter	1,500
Southeastern Vermont Community Action:	
Fuel and Housing Assistance	20,000

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
UPPER VALLEY REGION (CONTINUED)
Year Ended March 31, 2016

	<u>Community Impact Awards</u>
The Family Place - Families Learning Together	\$ 9,000
The Children's Center of the Upper Valley:	
Closing the Gap on Low-Middle Income Families	9,000
Increasing Literacy Opportunities	5,000
The Mayhew Program	4,000
Twin Pines Housing Trust	
Affordable Housing	22,000
Support and Services at Home	14,851
Upper Valley Haven:	
Community Services Program	15,000
Shelter Services Program	19,000
Valley Court Diversion Program:	
Adult Restorative Court Diversion Program	10,000
Court Diversion Program	9,000
Vermont Law School	10,000
Willing Hands - Feeding Hungry Neighbors	4,999
Windham and Windsor Housing Trust:	
Financial Capabilities	6,000
Support and Services at Home	7,100
Windsor County Partners:	
Lunch Program	2,000
Partners Always Lend Support Program	3,000
WISE:	
Crisis Intervention & Support Services	17,244
Emergency Shelter & Housing	7,200
Prevention & Community Education	6,000
	<u>\$ 472,794</u>
	<u>Emerging Opportunity Grants</u>
Springfield Warming Shelter	\$ 3,000
Spark! Community Center	5,000
Second Wind Foundation	2,500
Upper Valley Community Nurse Program	3,835
West Central Behavioral Health - In-Shape Program	3,835
Child and Family Services - Security Upgrades	6,682
	<u>\$ 24,852</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 SOUTHERN REGION
 Year Ended March 31, 2016

	Community Impact Awards
Bhutanese Community of New Hampshire	\$ 15,000
Big Brothers Big Sisters of New Hampshire	10,000
Boys and Girls Club of Manchester	23,000
City Year New Hampshire - Whole School Whole Child	50,000
Easter Seals New Hampshire, Inc.	20,000
Girls Incorporated of New Hampshire	20,000
Granite State Children's Alliance	10,000
Manchester Neighborhood Health Improvement Strategy:	
Building Adult Capacities Collaborative	230,000
Childhood Resiliency and Care Coordination	170,000
Manchester Community Health Center:	
Behavioral Health Integration Program	40,000
Manchester Community Resource Center, Inc.	12,500
NH Legal Assistance	23,000
Rockingham Nutrition & Meals on Wheels Program	15,000
Serenity Place:	
Residential Treatment Program	50,000
Transitional Living Program	25,000
St. Joseph Community Services, Inc.	20,000
The Granite YMCA:	
YMCA Power Scholars Academy	10,000
YMCA Start	25,000
The Mental Health Center of Greater Manchester - Bedford Counseling Assoc.	25,000
The Upper Room, A Family Resource Center	15,000
The Way Home - Steps to Success in Safe, Affordable Housing	25,000
YWCA New Hampshire - Crisis Service	25,000
	<hr/>
	\$ 858,500
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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTHERN REGION
Year Ended March 31, 2016

	Community Impact Awards
Child and Family Services of New Hampshire	\$ 1,000
Community Action Program Belknap	1,000
Coos County Family Health Services, Inc.	3,500
Copper Cannon Camp	3,000
Harvest Christian Fellowship:	
Community Café	2,500
Feeding Hope Food Pantry	3,000
Helping Hands North, Inc.	3,000
NH Legal Assistance	2,000
NH JAG	3,000
Northern Human Services	5,000
White Mountain Community College:	
Assisting People in Transition	1,500
Child Development Center	1,500
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	\$ 30,000

GRANITE UNITED WAY

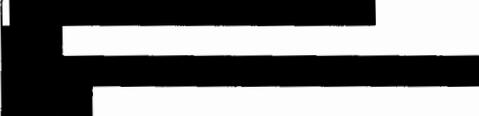
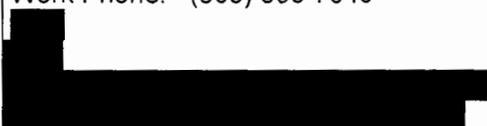
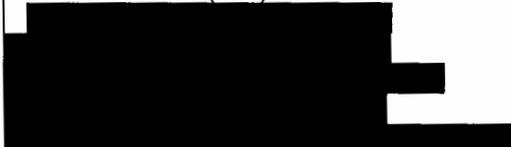
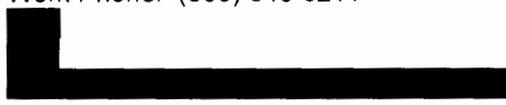
SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS

CENTRAL REGION

Year Ended March 31, 2016

	<u>Community Impact Awards</u>
Appalachian Mountain Teen Project	\$ 9,703
Belknap County Economic Development Council	24,258
Boys and Girls Clubs of Central New Hampshire	19,406
Health First Family Care Center	41,239
Laconia Area Community Land Trust	33,961
Lakes Region Child Care Services	58,219
Lakes Region Community Services	33,961
River's Edge Early Learning Fit Up	8,000
Salvation Army	24,258
	<u>\$ 253,005</u>
	<u>Emerging Opportunity Grants</u>
Boys and Girls Club of Central New Hampshire	<u>\$ 8,500</u>

2017 Board of Directors

BOARD MEMBER	ADDRESS	PHONE/ CELL / FAX / E-MAIL
William D. Bedor, CPA (Bill) <i>Secretary</i> <i>North Country Campaign Chair & Community Impact Chair</i>	Bedor Management & Investments, Inc. PO Box 350 Littleton, NH 03561	Work Phone: (603) 823-9889 
Joseph Carelli President of NH and VT Assistant: Mary Charron	Citizen's Bank 900 Elm Street, NE 1540 Manchester, NH 03101	Work Phone: (603) 634-7345 
Dean J. Christon Executive Director <i>Chairman of the Board</i> Assistant: Colette Provencher	New Hampshire Housing Finance Authority 32 Constitution Drive Bedford, NH 03110	Work Phone: (603) 472-8623 
Jason Cole General Counsel Assistant:	Catholic Medical Center 100 McGregor Street Manchester, NH 03102	Work Phone: (603) 314-7582 
Michael Delahanty Superintendent of Schools Assistant: Linda Cornwell	Salem School District 38 Geremonty Drive Salem, NH 03079	Work Phone: (603) 893-7040 
Gordon Ehret Operations Leader <i>Upper Valley Community Impact Chair</i>	Hypertherm, Inc. Etna Road PO Box 5010 Hanover, NH 03755	Work Phone: (603) 643-3441 x1938 
Paul Falvey President Assistant: Lynda Gattermann	Bank of New Hampshire 62 Pleasant Street Laconia, NH 03246	Work Phone: (603) 527-3200 
Julia Griffin Town Manager	Town of Hanover 41 South Main Street Hanover, NH 03755	Work Phone: (603) 640-3211 

2017 Board of Directors

BOARD MEMBER	ADDRESS	PHONE/ CELL / FAX / E-MAIL
Marlene Hammond Underwriting Account Executive	Lincoln Financial Group One Granite Place Concord, NH 03301	Work Phone: (603) 229-6262 [REDACTED]
Charles Head (Charlie) President & CEO	Sanborn, Head & Associates 20 Foundry Street Concord, NH 03301	Work Phone: (603) 415-6105 [REDACTED]
Heather Lavoie President <i>2nd Vice Chair</i>	Geneia 50 Commercial Street Manchester, NH 03101	Work Phone: (717) 541-7715 [REDACTED]
Sally Ann Kraft Vice President, Community Health, Population Health Management Div.	Dartmouth Hitchcock Medical Center 46 Centerra Parkway Lebanon, NH 03766	Phone: (603) 653-6856 [REDACTED]
Lawrence Major (Larry) Director of Government Relations	Pike Industries, Inc. 3 Eastgate Park Road Belmont, NH 03307	Phone: (603) 527-5129 [REDACTED]
John Mercier		[REDACTED]
Paul Mertzic Executive Director, Primary Care & Community Services	Catholic Medical Center 195 McGregor Street Manchester, NH 03105	Phone: (603) 663-8709 [REDACTED]
Heidi Nadeau Executive Vice President Chief Financial Officer <i>Merrimack County Community Impact Chair</i>	H.L. Turner Group, Inc. 27 Locke Road Concord, NH 03301-5417	Phone: (603) 228-1122 [REDACTED]

2017 Board of Directors



BOARD MEMBER	ADDRESS	PHONE/FAX/CELL/EMAIL
Nannu Nobis CEO <i>Chair</i> Assistant:	Nobis Engineering 18 Chenell Drive Concord, NH 03301	Work Phone: (603) 724-6233 [REDACTED]
Sean Owen President & CEO <i>GUW Marketing Chair</i> <i>1st Vice Chair</i> Assistant: Kelly Spain	wedü 20 Market Street Manchester, NH 03101	Work Phone: (603) 647-9338 Ext. 235 [REDACTED]
Joseph Purington (Joe) Vice President NH Electric Field Operations Assistant: Roxanne Parkhurst	Eversource Energy 780 No. Commercial Street Manchester, NH 03101	Work Phone: (603) 634-2259 [REDACTED]
Sue Ruka, RN, PhD Director of Population Health	Memorial Hospital 3073 White Mountain Highway North Conway, NH 03860	Work Phone: (603) 356-0634 [REDACTED]
Jeffery Savage (Jeff)	Franklin Savings Bank 387 Central Street Franklin, NH 03235	Work Phone: (603) 934-8363 [REDACTED]
James Scammon (Jim) Executive Vice President	Granite Group Benefits, LLC 1001 Elm Street, Suite 301 Manchester, NH 03101	Work Phone: (603) 296-0700 x104 [REDACTED]
Bill Sherry Chief Operating Officer	Granite United Way 22 Concord Street Manchester, NH 03010	Work Phone: (603) 625-6939 x 103 [REDACTED]
Gary Shirk VP/Director of Operations <i>Resource Development Chair</i>	Bovie Screen Printing 7 Fox Meadow Drive Bow, NH 03304	[REDACTED]

BOARD MEMBER	ADDRESS	PHONE/FAX/CELL/EMAIL
Evan Smith President Hypertherm, Inc. Assistant: Karen McLellan	Hypertherm Etna Road P.O. Box 5010 Hanover, NH 03755	Work Phone: (603) 643-3441 [REDACTED]
Charla Stevens Attorney	McLane, Middleton Law Firm 900 Elm Street, Floor 10 Manchester, NH 03101	Work Phone: (603) 628-1363 [REDACTED]
Rodney Tenney (Rod)	[REDACTED]	[REDACTED]
Anna Thomas Deputy Public Health Director <i>Southern Region CIC Chair</i>	Manchester Health Department 1528 Elm Street Manchester, NH 03101	Work Phone: 603-624-6466 Ext. 341 [REDACTED]
Robert Tourigny Executive Director	NeighborWorks Southern NH 801 Elm Street, 2 nd Floor Manchester, NH 03101	Work Phone: (603) 626-4663 Ext. 17 [REDACTED]
Patrick Tufts President & CEO Assistant: Kathy Scanlon	Granite United Way 22 Concord St, Floor 2 Manchester, NH 03101	Phone: (603) 625-6939 ext 111 [REDACTED]
Jeremy Veilleux Principal <i>Treasurer</i> Assistant: Kim Janelle	Baker Newman Noyes 650 Elm Street Suite 302 Manchester, NH 03101	Work Phone: (603) 626-2214 [REDACTED]
Cass Walker (Catherine) <i>Central Region Community Impact Chair</i>	LRGHealthcare 80 Highland Street Laconia, NH 03246	Work Phone: (603) 527-2815 [REDACTED]

2017 Board of Directors



BOARD MEMBER	ADDRESS	PHONE/FAX/CELL/EMAIL
Steven C. Webb (Steve) Market President – New Hampshire <i>Governance Chair</i> Assistant: Sonja Sfameni	TD Bank 300 Franklin Street Manchester, NH 03101	Work Phone: (603) 695-3456 [REDACTED]
Richard E. Wyman (Rick) President Assistant: Claudette Ball	Meredith Village Savings Bank P.O. Box 177 Meredith, NH 03256	Work Phone: (603) 279-9104 [REDACTED]

Updated: 4/25/2017

SHANNON SWETT BRESAW, MSW

EDUCATION

Master of Social Work

2002 – 2004

University of New Hampshire

Durham, NH

Bachelor of Arts - Clinical Counseling Psychology

1999 – 2002

Keene State College

Keene, NH

EXPERIENCE

2007 - Present

Granite United Way

Concord, NH

Vice President of Public Health

Accomplishments:

- Provides contract management and oversight to 3 out of the 13 Regional Public Health Networks in NH, including the Capital Area Public Health Network, the Carroll County Coalition for Public Health and the South Central Public Health Network
- Oversees scopes of work in Substance Misuse Prevention, Continuum Of Care for Substance Use Disorders development, Public Health Emergency Preparedness, Public Health Advisory Council development, and School-Based Influenza Clinics
- Provides direction and leadership towards achievement of each Network's philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, and community/public relations
- Coordinates all aspects of federal, state, and local grants and contracts, including resource development/grant-writing, financial oversight, progress reports, work plan goals/objectives
- Oversees the Strategic Prevention Framework process (assessment, capacity building, planning, implementation, evaluation, cultural competency, and sustainability) for regional public health and prevention efforts
- Develops community health improvement plans, evaluation plans, and other data-driven, research-informed strategic plans for the Networks
- Works with community impact committees and volunteers through Granite United Way to align funding streams to support collective impact initiatives
- Provides technical assistance and support to community stakeholders in the areas of grant writing, evaluation, community organizing, research/best practices, substance misuse prevention, and coalition development
- Supervises full and part-time staff

2005 – 2007

Community Response (CoRe) Coalition

Belknap County, NH

Outreach Coordinator, Project Director

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with 10 community sectors, including government, schools, businesses, healthcare, and safety
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005

Caring Community Network of the Twin Rivers (CCNTR)

Franklin, NH

Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues including substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

Prevention Task Force of the Governor's Commission (Co-Chair): 2017 - Current

NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Prevention Representative): 2016 – Current

NH Drug Overdose Fatality Review Committee (Prevention Representative): 2016-Current

NH Alcohol and Other Drug Service Providers Association: Treasurer 2007-2011, 2014-2015

NH Prevention Certification Board's Peer Review Committee: 2009-2011

Professional Profile

- Coalition Building
- Plan Development
- Resource Coordination
- Logistics
- Time management
- Budgeting
- Volunteer Management
- Grant/Proposal Writing
- Organization
- Leadership

Professional Accomplishments

Public Health

- Provide direction and leadership towards achievement of the Public Health Regions' philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, human resource management, and community and public relations

Regional Resource Coordination

- Collected and disseminated data on available resources critical for response to public health emergency.
- Developed working relationship with stakeholders in Public Health Region.

Public Health Coalition

- Regional Public Health Emergency Response Annex development
- Resource Coordination and Development
- Healthcare Coalition Building
- Regional Partner Development
- Clinic Operation Development
- Medical reserve Corps Volunteer Management and Training
- Policy Development
- Team Building

Captain of Operations

- Developed staff and operational procedures for full time staff
- Oversee Training Program
- Facilitate QA/QI
- Facilitated and maintained data entry system and procedures for all of Fire departments operations and patient tracking
- Created Personnel Manual and operational guidelines
- Secured grant funding
- Volunteer Management

Work History

Senior Director of Public Health	Granite United Way	2016 -present
Public Health Region Emergency Preparedness Director	Capital Area Public Health Network / GUW Concord NH	2013 - 2016
Executive Director	Carroll County Coalition for Public Health, Ossipee NH	2011 - 2013
Public Health Region Coordinator	Carroll County Coalition for Public Health,	2011 - 2013

	Ossipee NH	
Preparedness Planner	Capital Area Public Health Network/Concord Hospital, Concord NH	2009 - 2011
Regional Resource Coordinator	New England Center for Emergency Preparedness/ Dartmouth College, Lebanon NH	2009
Captain/Supervisor of Operations	Barnstead Fire Rescue, Barnstead NH	2001-2010

Certifications

- FEMA 29, 100, 120.a, 130, 200, 244, 250, 250.7, 300, 546.12, 547a, 700, 701, 702a, 704, 800.B, 806, 808
- Department of Homeland Security Exercise and Evaluation Program (HSEEP)
- CDC SNS/ Mass Dispensing Course, Atlanta GA
- ICS, WebEOC, SNS 101
- DHHS Inventory Management System Training
- Institute for Local Public Health Practices
Manchester Public Health Department
 - Local Public Health emergency Preparedness and Response
 - Principles of Environmental Health
 - Applied Communicable Disease Investigation, Control, and Microbiology
 - Principles of Epidemiology
 - Core Public Health Concepts
- HAZMAT Awareness and Operations
- CPR, Blood borne Pathogens
- EMS Field Training Officer
- Fire Fighter C2F2
- CDL B
- Amateur Radio Operator – General Class
- STEP program instructor, Are You Ready instructor
- Local Government Leadership Institute
- Local Government Center - Antioch New England Institute
 - Leadership in the 21st Century
 - Principles of Employment Law
 - Understanding our Diverse Workforce and Community
 - Stepping Up To Supervisor
 - Resolving Conflict Creatively
 - Managing the Multi-Generational Workforce
 - Is Time Managing You or Are You Managing It
 - Ethics
 - Municipal Budget & Finance
 - Performance Evaluation, and Beyond
 - How to Hire Smart
 - Bringing it All Together

Rachel M. O'Neil

Summary

A background in resource development and community collaboration has been instrumental in learning how communities can best improve their overall culture of health.

Experience

Director of Development & Public Health June 2016 - Present
Granite United Way, Concord NH

Continuing the role of fundraising in Merrimack County (shown below) with an added role within the Capital Area Public Health Network. Working to implement strategies from the Community Health Improvement Plan created by the Network in 2013. Assisting a variety of community coalitions and workforces to ensure we are addressing the priority areas outlined in the improvement plan. Facilitating the Public Health Advisory Council Executive Committee meetings to see what we should be focusing on while also working through what current issues arise within the community.

Director of Resource Development May 2015 – June 2016
Granite United Way, Concord NH

Managed 55 workplace campaigns and was responsible for fundraising within Merrimack County. Administered the 2016 State Employees Charitable Campaign that raised \$350K. Oversaw planning and organization of the Run United 5k.

Student Internship September 2014 – May 2015
Schenectady County Public Health Services, Schenectady NY

Worked on a comprehensive cancer grant to decrease cancer rates in the community. Aided the Schenectady Asthma Support Collaborative and wrote their interim grant report as well as assisted in gaining Institutional Review Board (IRB) approval.

Research Assistant/ Intern January 2014 - August 2014
University at Albany SPH, Rensselaer NY

Evaluated New York State Breastfeeding laws for a Robert Wood Johnson Foundation grant. Coordinated and administered interviews to hospital staff and analyzed qualitative data using Nvivo 8 software.

Education

MPH, Social Behavior and Community Health May 2015
School of Public Health, University at Albany, Albany, NY

BS, Community Health May 2013
State University of New York (SUNY) Potsdam, Potsdam, NY

Awards/Honors

Outstanding Community Health Student, SUNY Potsdam - Potsdam, NY 2013
Eta Sigma Gamma (Community Health Honor Society) - Potsdam, NY 2012
Community Health Internship Scholarship, SUNY Potsdam- Potsdam, NY 2012

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Granite United Way - South Central Public Health Network

Name of Contract: Regional Public Health Services

BUDGET PERIOD:		SFY 18		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shannon Bresaw	Vice President of Public Health	\$75,000	0.00%	\$0.00
Mary Reed	Senior Director of Public Health	\$68,000	0.00%	\$0.00
Rachel O'Neil	Director of Public Health & Resource Development	\$50,000	30.67%	\$15,335.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$15,335.00

BUDGET PERIOD:		SFY 19		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shannon Bresaw	Vice President of Public Health	\$75,000	0.00%	\$0.00
Mary Reed	Senior Director of Public Health	\$68,000	0.00%	\$0.00
Rachel O'Neil	Director of Public Health & Resource Development	\$50,000	30.67%	\$15,335.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$15,335.00

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-07

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

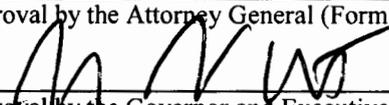
44.7

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Lamprey Health Care		1.4 Contractor Address 128 State Route 27 Raymond, NH 03077	
1.5 Contractor Phone Number 603-895-1514 ext 1	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$753,734
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Audrey Ashton-Savage, President	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Rockingham</u> On <u>May 4, 2017</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  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace Michelle Gaudet, Notary		MICHELLE L. GAUDET, Notary Public My Commission Expires August 22, 2017	
1.14 State Agency Signature  Date: <u>5/23/17</u>	1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By:  On: <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

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

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials ATS
Date 5/4/17

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.

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- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.

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Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively



lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.

4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.



5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
 - 5.1.4.1.5. Submit annual report
 - 5.1.4.1.6. Provide additional reports or data as required by the Department.
 - 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care



- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU .Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledge, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.



Exhibit A

- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

- 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
- 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.

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7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use



- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

- 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
 - 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.



Exhibit A

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2018

	Direct Amount	Indirect Fee	Total	
1. Total Salary/Wages	\$ 20,865.37	\$ 2,086.54	\$ 22,951.91	
2. Employee Benefits	\$ 4,746.87	\$ 474.69	\$ 5,221.56	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 200.00	\$ 20.00	\$ 220.00	
6. Travel	\$ 800.00	\$ 80.00	\$ 880.00	
7. Occupancy	\$ 60.00	\$ 6.00	\$ 66.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 400.53	\$ 40.00	\$ 440.53	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 200.00	\$ 20.00	\$ 220.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 27,272.77	\$ 2,727.23	\$ 30,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: HCS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Indirect	Indirect Fixed	Total	Allocation Method
1. Total Salary/Wages	\$ 20,947.89	\$ 2,094.79	\$ 23,042.68	
2. Employee Benefits	\$ 4,765.64	\$ 476.56	\$ 5,242.20	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 200.00	\$ 20.00	\$ 220.00	
6. Travel	\$ 700.00	\$ 70.00	\$ 770.00	
7. Occupancy	\$ 60.00	\$ 6.00	\$ 66.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 399.12	\$ 40.00	\$ 439.12	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 200.00	\$ 20.00	\$ 220.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 27,272.65	\$ 2,727.35	\$ 30,000.00	

Indirect As A Percent of Direct

\$ -

10.0%

Contractor Initials: AMS

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2018

	Direct Budget	Indirect Budget	Total	
1. Total Salary/Wages	\$ 56,218.64	\$ 5,621.86	\$ 61,840.50	
2. Employee Benefits	\$ 12,789.74	\$ 1,278.97	\$ 14,068.71	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 200.00	\$ 20.00	\$ 220.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 436.88	\$ 43.69	\$ 480.57	
6. Travel	\$ 1,800.00	\$ 180.00	\$ 1,980.00	
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,900.36	\$ 290.03	\$ 3,190.39	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 600.75	\$ 60.08	\$ 660.83	
12. Subcontracts/Agreements	\$ 3,000.00	\$ 300.00	\$ 3,300.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 78,246.37	\$ 7,824.63	\$ 86,071.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: AAS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2019

	Direct	Indirect	TOTAL
1. Total Salary/Wages	\$ 56,307.00	\$ 5,630.70	\$ 61,937.70
2. Employee Benefits	\$ 12,809.84	\$ 1,280.98	\$ 14,090.82
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 200.00	\$ 20.00	\$ 220.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 336.00	\$ 33.60	\$ 369.60
6. Travel	\$ 1,800.00	\$ 180.00	\$ 1,980.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,893.55	\$ 289.33	\$ 3,182.88
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 600.00	\$ 60.00	\$ 660.00
12. Subcontracts/Agreements	\$ 3,000.00	\$ 300.00	\$ 3,300.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 78,246.39	\$ 7,824.61	\$ 86,071.00

Indirect As A Percent of Direct 10.0%

Contractor Initials: AAS

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

	Direct Budget	Indirect Budget	Total	Allocation Budget
1. Total Salary/Wages	\$ 44,453.27	\$ 4,445.33	\$ 48,898.60	
2. Employee Benefits	\$ 10,113.12	\$ 1,011.31	\$ 11,124.43	
3. Consultants	\$ 2,500.00	\$ 250.00	\$ 2,750.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,341.50	\$ 134.15	\$ 1,475.65	
6. Travel	\$ 2,000.00	\$ 200.00	\$ 2,200.00	
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,907.00	\$ 290.70	\$ 3,197.70	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,934.00	\$ 193.40	\$ 2,127.40	
11. Staff Education and Training	\$ 1,405.00	\$ 140.22	\$ 1,545.22	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 66,953.89	\$ 6,695.11	\$ 73,649.00	

Indirect As A Percent of Direct

\$

10.0%

Contractor Initials: HAS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2019

	Direct Fundamental	Indirect Fixed	Total	
1. Total Salary/Wages	\$ 45,549.16	\$ 4,554.92	\$ 50,104.08	
2. Employee Benefits	\$ 10,362.43	\$ 1,036.24	\$ 11,398.67	
3. Consultants	\$ 2,500.00	\$ 250.00	\$ 2,750.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 824.00	\$ 82.40	\$ 906.40	
6. Travel	\$ 2,000.00	\$ 200.00	\$ 2,200.00	
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,933.05	\$ 293.30	\$ 3,226.35	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,080.00	\$ 108.00	\$ 1,188.00	
11. Staff Education and Training	\$ 1,405.00	\$ 140.50	\$ 1,545.50	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 66,953.64	\$ 6,695.36	\$ 73,649.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: AAS

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

	Direct Budget	Indirect Budget	Total Budget
1. Total Salary/Wages	\$ 57,411.67	\$ 5,741.17	\$ 63,152.84
2. Employee Benefits	\$ 13,061.16	\$ 1,306.00	\$ 14,367.16
3. Consultants	\$ 600.00	\$ 60.00	\$ 660.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 700.00	\$ 70.00	\$ 770.00
6. Travel	\$ 2,400.00	\$ 240.00	\$ 2,640.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 800.00	\$ 80.00	\$ 880.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 580.00	\$ 58.00	\$ 638.00
11. Staff Education and Training	\$ 970.00	\$ 97.00	\$ 1,067.00
12. Subcontracts/Agreements	\$ 450.00	\$ 45.00	\$ 495.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 77,272.83	\$ 7,727.17	\$ 85,000.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: ATS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Budget Request for: Regional Public Health Network Services - CoC
(Name of RFP)

Budget Period: SFY 2019

	Direct	Indirect	Total
1. Total Salary/Wages	\$57,537.06	\$ 5,753.70	\$ 63,290.76
2. Employee Benefits	\$13,089.67	\$ 1,308.97	\$ 14,398.64
3. Consultants	\$ 400.00	\$ 40.00	\$ 440.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 746.00	\$ 74.60	\$ 820.60
6. Travel	\$ 2,500.00	\$ 250.00	\$ 2,750.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 800.00	\$ 80.00	\$ 880.00
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 780.00	\$ 78.00	\$ 858.00
11. Staff Education and Training	\$ 670.00	\$ 67.00	\$ 737.00
12. Subcontracts/Agreements	\$450.00	\$ 45.00	\$ 495.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 77,272.73	\$ 7,727.27	\$ 85,000.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: AAZ

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2018

	Direct	Indirect	Total
1. Total Salary/Wages	\$ 3,867.10	\$ 386.71	\$ 4,253.81
2. Employee Benefits	\$ 879.77	\$ 87.98	\$ 967.75
3. Consultants	\$ 200.00	\$ 20.00	\$ 220.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 142.00	\$ 14.20	\$ 156.20
6. Travel	\$ 350.00	\$ 35.00	\$ 385.00
7. Occupancy	\$ 60.00	\$ 6.00	\$ 66.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 483.00	\$ 48.24	\$ 531.24
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 200.00	\$ 20.00	\$ 220.00
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 18,181.87	\$ 1,818.13	\$ 20,000.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: HHS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	\$ 3,982.71	\$ 398.27	\$ 4,380.98	
2. Employee Benefits	\$ 906.07	\$ 90.61	\$ 996.68	
3. Consultants	\$ 200.00	\$ 20.00	\$ 220.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 100.00	\$ 10.00	\$ 110.00	
6. Travel	\$ 350.00	\$ 35.00	\$ 385.00	
7. Occupancy	\$ 60.00	\$ 6.00	\$ 66.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 483.00	\$ 48.34	\$ 531.34	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 100.00	\$ 10.00	\$ 110.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 18,181.78	\$ 1,818.22	\$ 20,000.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: MAS

Date: 5/4/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

	Direct Amount	Indirect Fee	Total	
1. Total Salary/Wages	\$ 14,069.64	\$ 1,406.96	\$ 15,476.60	
2. Employee Benefits	\$ 3,200.84	\$ 320.08	\$ 3,520.92	
3. Consultants	\$ 500.00	\$ 50.00	\$ 550.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ 50.00	\$ 550.00	
6. Travel	\$ 800.00	\$ 80.00	\$ 880.00	
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,050.48	\$ 105.00	\$ 1,155.48	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 400.00	\$ 40.00	\$ 440.00	
11. Staff Education and Training	\$ 600.00	\$ 60.00	\$ 660.00	
12. Subcontracts/Agreements	\$ 50,000.00	\$ 5,000.00	\$ 55,000.00	
13. Other (specific details mandatory):	\$ 3,000.00	\$ 300.00	\$ 3,300.00	
Incentives	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 74,420.96	\$ 7,442.04	\$ 81,863.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: AAS

Date: 5/4/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

	Direct	Indirect	Total
1. Total Salary/Wages	\$ 14,490.69	\$ 1,449.07	\$ 15,939.76
2. Employee Benefits	\$ 3,296.63	\$ 329.66	\$ 3,626.29
3. Consultants	\$ 500.00	\$ 50.00	\$ 550.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ 50.00	\$ 550.00
6. Travel	\$ 800.00	\$ 80.00	\$ 880.00
7. Occupancy	\$ 300.00	\$ 30.00	\$ 330.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,050.00	\$ 104.95	\$ 1,154.95
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 400.00	\$ 40.00	\$ 440.00
11. Staff Education and Training	\$ 600.00	\$ 60.00	\$ 660.00
12. Subcontracts/Agreements	\$50,000.00	\$ 5,000.00	\$ 55,000.00
13. Other (specific details mandatory):	\$ 3,000.00	\$ 300.00	\$ 3,300.00
Incentives	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 74,937.32	\$ 7,493.68	\$ 82,431.00

Indirect As A Percent of Direct

10.0%

Contractor Initials: MMS

Date: 5/4/17



SPECIAL PROVISIONS

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

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



- 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 (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) 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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

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

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Contractor Name: Lamprey Health Care

5/4/17
Date

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
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.

Contractor Name: Lamprey Health Care

5/4/17
Date

Audrey Ashton Savage
Name: Audrey Ashton - Savage
Title: President



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: Lamprey Health Care

5/4/17
Date

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President



**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

WAS

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



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: Lamprey Health Care

5/4/17
Date

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Lamprey Health Care

5/4/17
Date

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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

AAAS

5/4/17



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

<u>Department of Health and Human Services</u>	<u>Lamprey Health Center</u>
<u>The State</u>	<u>Name of the Contractor</u>
<u><i>Lisa Morris</i></u>	<u><i>Audrey Ashton-Savage</i></u>
<u>Signature of Authorized Representative</u>	<u>Signature of Authorized Representative</u>
<u>Lisa Morris, MSSW</u>	<u><i>Audrey Ashton-Savage</i></u>
<u>Name of Authorized Representative</u>	<u>Name of Authorized Representative</u>
<u>Director</u>	<u><i>President</i></u>
<u>Title of Authorized Representative</u>	<u>Title of Authorized Representative</u>
<u>5/23/17</u>	<u>5/4/17</u>
<u>Date</u>	<u>Date</u>



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

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

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

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

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

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

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

Contractor Name: Lamprey Health Care

5/4/17
Date

Audrey Ashton-Savage
Name: Audrey Ashton-Savage
Title: President



FORM A

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

1. The DUNS number for your entity is: 04-025-4401
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

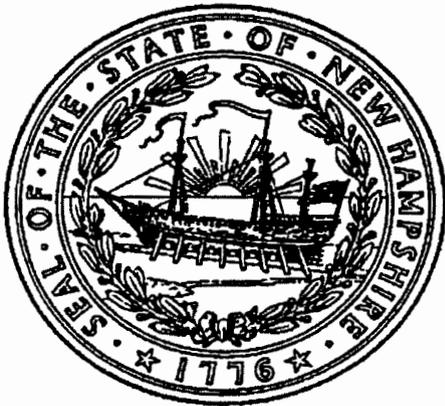
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LAMPREY HEALTH CARE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 16, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 66382



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of May A.D. 2017.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE
(Corporation without Seal)

I, Frank Goodspeed, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)

1. I am a duly elected Clerk of Lamprey Health Care.
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on February 22, 2017:
(Date)

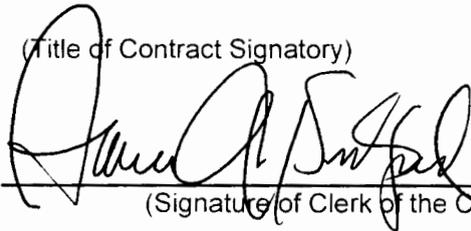
RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, DPHS, for the provision of
Regional Public Health Network services.

RESOLVED: That the President
(Title of Contract Signatory)

is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 4th day of May, 2017.
(Date Contract Signed)

4. Audrey Ashton Savage is the duly elected
President
(Name of Contract Signatory)

(Title of Contract Signatory)

(Signature of Clerk of the Corporation)

of the Corporation.

STATE OF NEW HAMPSHIRE

County of Rockingham

The forgoing instrument was acknowledged before me this 4th day of May, 2017.

By Frank Goodspeed
(Name of Clerk of the Corporation)


(Notary Public/Justice of the Peace)

(NOTARY SEAL)

MICHELLE L. GAUDET, Notary Public
Commission Expires: August 22, 2017

LAMPREY HEALTH CARE

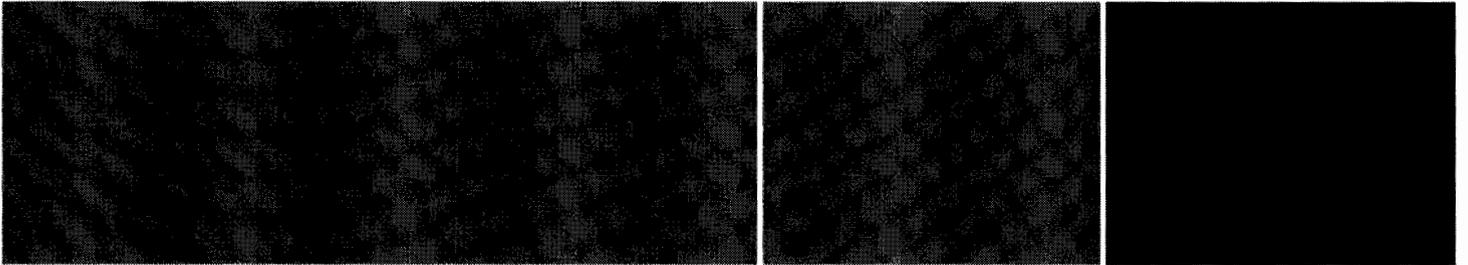
Where Excellence and Caring go Hand in Hand

Mission

Lamprey Health Care's Mission is to provide high quality primary medical care and health related services with an emphasis on prevention and lifestyle management to all individuals regardless of ability to pay.

Seacoast Public Health Network Mission

The mission of Seacoast PHN is to strengthen public health partnerships in emergency preparedness, community health, and substance misuse prevention in order to better serve our communities.



LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

September 30, 2016 and 2015

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc., which comprise the consolidated balance sheets as of September 30, 2016 and 2015, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. 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 auditor's 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 financial position of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. as of September 30, 2016 and 2015, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Emphasis of a Matter

As discussed in Note 1 to the financial statements, the Organization has restated the 2015 financial statements to reclassify non-material monies contributed to the Organization for specific purposes from deferred revenue to temporarily restricted contributions in accordance with generally accepted accounting principles.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets as of September 30, 2016 and 2015, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis rather than to present the financial position and changes in net assets of the individual entities, and are 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 audits 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 U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 14, 2016

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Balance Sheets

September 30, 2016 and 2015

ASSETS

	<u>2016</u>	Restated <u>2015</u>
Current assets		
Cash and cash equivalents	\$ 1,297,839	\$ 2,461,145
Patient accounts receivable, less allowance for uncollectible accounts of \$278,061 in 2016 and \$319,715 in 2015	1,078,036	1,051,734
Grants receivable	230,153	499,372
Other receivables	62,111	4,390
Other current assets	<u>91,072</u>	<u>102,762</u>
Total current assets	2,759,211	4,119,403
Investment in limited liability company	16,204	500
Assets limited as to use	3,576,001	2,006,756
Property and equipment, net	<u>7,995,234</u>	<u>7,784,826</u>
Total assets	<u>\$14,346,650</u>	<u>\$13,911,485</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 227,044	\$ 303,554
Accrued payroll and related expenses	816,452	1,032,843
Current maturities of long-term debt	<u>87,270</u>	<u>85,947</u>
Total current liabilities	1,130,766	1,422,344
Long-term debt, less current maturities	2,345,388	2,434,164
Market value of interest rate swap	<u>44,773</u>	<u>37,711</u>
Total liabilities	<u>3,520,927</u>	<u>3,894,219</u>
Net assets		
Unrestricted	10,343,967	9,565,383
Temporarily restricted	<u>481,756</u>	<u>451,883</u>
Total net assets	<u>10,825,723</u>	<u>10,017,266</u>
Total liabilities and net assets	<u>\$14,346,650</u>	<u>\$13,911,485</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Operations

Years Ended September 30, 2016 and 2015

	<u>2016</u>	Restated <u>2015</u>
Operating revenue		
Patient service revenue	\$ 8,559,018	\$ 8,483,003
Provision for bad debts	<u>(245,051)</u>	<u>(476,517)</u>
Net patient service revenue	8,313,967	8,006,486
Grants, contracts and contributions	5,254,946	4,234,422
Equity in earnings of limited liability company	15,704	-
Other operating revenue	1,167,306	1,094,861
Net assets released from restrictions for operations	<u>48,277</u>	<u>12,072</u>
Total operating revenue	<u>14,800,200</u>	<u>13,347,841</u>
Operating expenses		
Payroll and related expenses	10,608,269	9,417,784
Other operating expenses	3,175,390	2,695,714
Depreciation	359,456	368,782
Interest expense	<u>113,562</u>	<u>116,522</u>
Total operating expenses	<u>14,256,677</u>	<u>12,598,802</u>
Operating income and excess of revenue over expenses	543,523	749,039
Change in fair value of financial instrument	(7,062)	(31,306)
Grants for capital acquisition	232,894	17,106
Net assets released from restrictions for capital acquisition	<u>9,229</u>	<u>11,411</u>
Increase in unrestricted net assets	<u>\$ 778,584</u>	<u>\$ 746,250</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2016 and 2015

	<u>2016</u>	Restated <u>2015</u>
Unrestricted net assets		
Excess of revenue over expenses	\$ 543,523	\$ 749,039
Change in fair value of financial instrument	(7,062)	(31,306)
Grants for capital acquisition	232,894	17,106
Net assets released from restrictions for capital acquisition	<u>9,229</u>	<u>11,411</u>
Increase in unrestricted net assets	<u>778,584</u>	<u>746,250</u>
Temporarily restricted net assets		
Provision for uncollectible pledges	-	(11,000)
Contributions	87,379	84,925
Net assets released from restrictions for operations	(48,277)	(12,072)
Net assets released from restrictions for capital acquisition	<u>(9,229)</u>	<u>(11,411)</u>
Increase in temporarily restricted net assets	<u>29,873</u>	<u>50,442</u>
Change in net assets	808,457	796,692
Net assets, beginning of year	<u>10,017,266</u>	<u>9,220,574</u>
Net assets, end of year	<u>\$10,825,723</u>	<u>\$10,017,266</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Cash Flows

Years Ended September 30, 2016 and 2015

	<u>2016</u>	Restated <u>2015</u>
Cash flows from operating activities		
Change in net assets	\$ 808,457	\$ 796,692
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	245,051	476,517
Depreciation	359,456	368,782
Equity in earnings of limited liability company	(15,704)	-
Change in fair value of financial instrument	7,062	31,306
Grants for capital acquisition	(232,894)	(17,106)
Provision for uncollectible pledges	-	11,000
(Increase) decrease in the following assets:		
Patient accounts receivable	(271,353)	(538,693)
Grants receivable	269,219	(401,851)
Other receivable	(57,721)	87,343
Other current assets	11,690	(8,531)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	(76,510)	129,099
Accrued payroll and related expenses	(216,391)	85,595
Due to third-party payers	-	(73,250)
Net cash provided by operating activities	<u>830,362</u>	<u>946,903</u>
Cash flows from investing activities		
Investment in limited liability company	-	(500)
Increase in designated funds	(2,276,818)	(71,215)
Release of designated funds	707,573	-
Capital expenditures	<u>(569,864)</u>	<u>(123,051)</u>
Net cash used by investing activities	<u>(2,139,109)</u>	<u>(194,766)</u>
Cash flows from financing activities		
Grants for capital acquisition	232,894	17,106
Principal payments on long-term debt	<u>(87,453)</u>	<u>(83,435)</u>
Net cash provided (used) by financing activities	<u>145,441</u>	<u>(66,329)</u>
Net (decrease) increase in cash and cash equivalents	(1,163,306)	685,808
Cash and cash equivalents, beginning of year	<u>2,461,145</u>	<u>1,775,337</u>
Cash and cash equivalents, end of year	<u>\$ 1,297,839</u>	<u>\$ 2,461,145</u>
Supplemental disclosure of cash flow information		
Cash paid for interest	\$ 113,562	\$ 116,522

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

Organization

Lamprey Health Care, Inc. (LHC) is a non-stock, non-profit corporation organized in the State of New Hampshire. LHC is a Federally Qualified Health Center (FQHC) whose primary purpose is to provide quality-based family health and medical services to residents of southern New Hampshire without regard to the patient's ability to pay for these services.

Subsidiary

Friends of Lamprey Health Care, Inc. (FLHC) is a non-stock, non-profit corporation organized in the State of New Hampshire. FLHC's primary purpose is to support LHC. FLHC is also the owner of the property occupied by LHC's administrative and program offices in Newmarket. LHC is the sole member of FLHC.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

Both LHC and FLHC are public charities under Section 501(c)(3) of the Internal Revenue Code. As public charities, the entities are exempt from state and federal income taxes on income earned in accordance with their tax-exempt purposes. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds and exclude assets limited as to use.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past history and identifies trends for all funding sources in the aggregate. In addition, balances in excess of one year are 100% reserved. Management regularly reviews data about revenue and payer mix in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for doubtful accounts during 2016 or 2015.

A reconciliation of the allowance for uncollectible accounts follows:

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$ 319,715	\$ 231,834
Provision	245,051	476,517
Write-offs	<u>(286,705)</u>	<u>(388,636)</u>
Balance, end of year	<u>\$ 278,061</u>	<u>\$ 319,715</u>

The decrease in the provision and the allowance is a result of improved collections.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Investment in Limited Liability Company

The Organization is one of eight partners who each made a capital contribution of \$500 to Primary Health Care Partners (PHCP) during 2015. The purposes of PHCP are: (i) to engage and contract directly with the payers of health care to influence the design and testing of emerging payment methodologies; (ii) to achieve the three part aim of better care for individuals, better health for populations and lower growth in expenditures in connection with both governmental and non-governmental payment systems; (iii) to undertake joint activities to offer access to high quality, cost effective medical, mental health, oral health, home care and other community-based services, based upon the Patient-Centered Medical Home model of primary care delivery, that promote health and well-being by developing and implementing effective clinical and administrative systems in a manner that is aligned with the FQHC model; and to lead collaborative efforts to manage costs and improve the quality of primary care services delivered by health centers operated throughout the state of New Hampshire; and (iv) to engage in any and all lawful activities, including without limitation the negotiation of contracts, agreements and/or arrangements (with payers and other parties). The Organization's investment in PHCP is reported using the equity method and the investment amounted to \$16,204 and \$500 at September 30, 2016 and 2015, respectively.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

Assets Limited as To Use

Assets limited as to use include assets set aside under loan agreements for repairs and maintenance on the real property collateralizing the loan, assets designated by the board of directors for specific projects or purposes and donor-restricted contributions.

Property and Equipment

Property and equipment acquisitions are recorded at cost, less accumulated depreciation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that 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 temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Temporarily Restricted Net Assets

Temporarily restricted net assets include contribution and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor. Restricted grants received prior to 2000 and restricted for capital acquisition are released from restriction over the life of the related acquired assets, matching depreciation expense.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. The cost of drug replenishments and contracted expenses incurred related to the program are included in other operating expenses.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received and the conditions are met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services follows:

	<u>2016</u>	<u>2015</u>
Program services	\$ 12,177,340	\$ 10,555,584
Administrative and general	<u>2,079,337</u>	<u>2,043,218</u>
Total	<u>\$ 14,256,677</u>	<u>\$ 12,598,802</u>

Excess of Revenue over Expenses

The consolidated statements of operations reflect the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and changes in fair value of an interest rate swap.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

Prior Period Adjustment for Temporarily Restricted Net Assets

Through the Organization's review of the deferred revenue as of September 30, 2016 and 2015, it has determined that certain non-material balances were donated to the Organization for specified purposes and, therefore, should be classified as temporarily restricted net assets rather than deferred revenue in accordance with U.S. generally accepted accounting principles. As part of the prior period restatement, the Organization also reclassified deferred revenue for grants and other contracts for which a notice of award had been received, but not yet paid to offset the receivable recorded for the notice of award.

As a result of this adjustment, the following amounts previously reported have been restated as of and for the year ended September 30, 2015:

	Balance as of September 30, 2015, as Previously Reported	Reclassification of Donor Restricted Contributions	Balance as of September 30, 2015, as Restated
Cash	\$ 2,546,070	\$ (84,925)	\$ 2,461,145
Assets limited as to use	1,921,831	84,925	2,006,756
Grants receivable	3,908,669	(3,409,297)	499,372
Other receivables	239,474	(235,084)	4,390
Deferred revenue	3,729,307	(3,729,307)	-
Temporarily restricted net assets	366,958	84,925	451,883
Grants, contracts and contribution	4,251,528	(17,106)	4,234,422
Grants for capital acquisition	-	17,106	17,106
Restricted contributions	-	84,925	84,925

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through December 14, 2016, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Assets Limited as to Use

Assets limited as to use is composed of cash and cash equivalents and consist of the following:

	<u>2016</u>	<u>2015</u>
United States Department of Agriculture Rural Development loan agreement	\$ 142,495	\$ 142,427
Designated by the governing board	3,076,599	1,546,525
Donor restricted, temporarily	<u>356,907</u>	<u>317,804</u>
Total	<u>\$ 3,576,001</u>	<u>\$ 2,006,756</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

3. **Property and Equipment**

Property and equipment consists of the following:

	<u>2016</u>	<u>2015</u>
Land	\$ 1,146,784	\$ 1,146,784
Building and improvements	10,960,899	10,418,055
Furniture, fixtures and equipment	<u>1,909,686</u>	<u>1,892,906</u>
Total cost	14,017,369	13,457,745
Less accumulated depreciation	<u>6,022,135</u>	<u>5,672,919</u>
Property and equipment, net	<u>\$ 7,995,234</u>	<u>\$ 7,784,826</u>

In 2011, the Organization made renovations to certain buildings with federal grant funding under the ARRA – Facility Improvement Program. In accordance with the grant agreement, a Notice of Federal Interest (NFI) is required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management, Health Resources and Services Administration (OFAM, HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

4. **Line of Credit**

The Organization has an available \$1,000,000 revolving line of credit from a local bank through May 2017, with an interest rate of 3.50%. The line of credit is collateralized by all business assets. There was no outstanding balance at September 30, 2016 and 2015.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

5. Long-Term Debt

Long-term debt consists of the following:

	<u>2016</u>	<u>2015</u>
Promissory note payable to TD Bank, N.A.; see terms outlined below.	\$ 914,652	\$ 933,736
A 4.375% promissory note payable to U.S. Department of Agriculture, Rural Development (Rural Development), paid in monthly installments of \$5,000, which includes interest, through December 2036. The note is collateralized by all tangible property owned by the Organization.	802,850	827,148
A 5.375% promissory note payable to Rural Development, paid in monthly installments of \$4,949, which includes interest, through June 2026. The note is collateralized by all tangible property owned by the Organization.	449,728	483,956
A 4.75% promissory note payable to Rural Development, paid in monthly installments of \$1,892, which includes interest, through November 2033. The note is collateralized by all tangible property owned by the Organization.	<u>265,428</u>	<u>275,271</u>
Total long-term debt	2,432,658	2,520,111
Less current maturities	<u>87,270</u>	<u>85,947</u>
Long-term debt, less current maturities	<u>\$ 2,345,388</u>	<u>\$ 2,434,164</u>

The Organization has a promissory note with TD Bank, N.A. which is a ten-year balloon note to be paid at the amortization rate of 30 years, with monthly principal payments of \$1,345 plus interest at 85% of the one-month LIBOR rate plus 2.125% through January 2022 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2022 that limits the potential interest rate fluctuation and essentially fixes the rate at 4.13%. The fair market value of the interest rate swap agreement was a liability of \$44,773 and \$37,711 at September 30, 2016 and 2015, respectively.

New Hampshire Health and Educational Facilities Authority (NHHEFA) participated in the lending for 30% of the promissory note, amounting to \$300,000 through May 2016. Under the NHHEFA program, the interest rate on that portion was not subject to the swap agreement and was a variable rate based on 50% of the interest rate charged by the local banking institution, which was 85% of the one-month LIBOR rate plus 2.125%.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

The Organization is required to meet certain administrative and financial covenants under various loan agreements included above. The Organization is in compliance with all loan covenants at September 30, 2016.

Maturities of long-term debt for the next five years are as follows:

2017	\$	87,270
2018		91,294
2019		95,514
2020		99,940
2021		104,581
Thereafter		<u>1,954,059</u>
Total	\$	<u>2,432,658</u>

6. Temporarily Restricted Net Assets

Temporarily restricted net assets consisted of the following:

	<u>2016</u>	<u>2015</u>
Temporarily restricted for:		
Diabetes	\$ -	\$ 85
Capital improvements (expended)	124,850	134,079
Dental	8,998	10,715
Community programs	289,037	294,511
Education	10,636	12,493
Substance abuse prevention	<u>48,235</u>	<u>-</u>
Total	<u>\$ 481,756</u>	<u>\$ 451,883</u>

The composition of assets comprising temporarily restricted net assets at September 30, 2016 and 2015 is as follows:

	<u>2016</u>	<u>2015</u>
Assets limited as to use	\$ 356,906	\$ 317,804
Property and equipment	<u>124,850</u>	<u>134,079</u>
Total	<u>\$ 481,756</u>	<u>\$ 451,883</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

7. Patient Service Revenue

Patient service revenue follows:

	<u>2016</u>	<u>2015</u>
Gross charges	\$12,266,368	\$12,465,956
340B pharmacy revenue	<u>1,031,373</u>	<u>752,378</u>
Total gross revenue	13,297,741	13,218,334
Contractual adjustments	(3,813,058)	(3,798,443)
Sliding fee scale discounts	(921,474)	(933,619)
Other discounts	<u>(4,191)</u>	<u>(3,269)</u>
Total patient service revenue	<u>\$ 8,559,018</u>	<u>\$ 8,483,003</u>

The Organization has agreements with the Centers for Medicare & Medicaid Services (Medicare) and New Hampshire Medicaid. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through September 30, 2014.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately \$942,628 and \$865,778 for the years ended September 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

8. **Retirement Plan**

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed \$326,988 and \$334,365 for the years ended September 30, 2016 and 2015, respectively.

9. **Concentration of Risk**

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Following is a summary of accounts receivable, by funding source, at June 30:

	<u>2016</u>	<u>2015</u>
Medicare	22 %	17 %
Medicaid	17 %	34 %
Other payers	<u>61 %</u>	<u>49 %</u>
	<u>100 %</u>	<u>100 %</u>

10. **Medical Malpractice**

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended September 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2016

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2016 Consolidated
	<u> </u>	<u> </u>	<u> </u>
Current assets			
Cash and cash equivalents	\$ 752,675	\$ 545,164	\$ 1,297,839
Patient accounts receivable, net	1,078,036	-	1,078,036
Grants receivable	230,153	-	230,153
Other receivables	62,111	-	62,111
Other current assets	<u>91,072</u>	<u>-</u>	<u>91,072</u>
Total current assets	2,214,047	545,164	2,759,211
Investment in limited liability company	16,204	-	16,204
Assets limited as to use	3,271,814	304,187	3,576,001
Property and equipment, net	<u>5,936,064</u>	<u>2,059,170</u>	<u>7,995,234</u>
Total assets	<u>\$11,438,129</u>	<u>\$ 2,908,521</u>	<u>\$ 14,346,650</u>

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	\$ 227,044	\$ -	\$ 227,044
Accrued payroll and related expenses	816,452	-	816,452
Current maturities of long-term debt	<u>51,570</u>	<u>35,700</u>	<u>87,270</u>
Total current liabilities	1,095,066	35,700	1,130,766
Long-term debt, less current maturities	1,312,810	1,032,578	2,345,388
Market value of interest rate swap	<u>44,773</u>	<u>-</u>	<u>44,773</u>
Total liabilities	<u>2,452,649</u>	<u>1,068,278</u>	<u>3,520,927</u>
Net assets			
Unrestricted	8,503,724	1,840,243	10,343,967
Temporarily restricted	<u>481,756</u>	<u>-</u>	<u>481,756</u>
Total net assets	<u>8,985,480</u>	<u>1,840,243</u>	<u>10,825,723</u>
Total liabilities and net assets	<u>\$11,438,129</u>	<u>\$ 2,908,521</u>	<u>\$ 14,346,650</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2015

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Restated 2015 Consolidated
	<u> </u>	<u> </u>	<u> </u>
Current assets			
Cash and cash equivalents	\$ 1,812,429	\$ 648,716	\$ 2,461,145
Patient accounts receivable, net	1,051,734	-	1,051,734
Grants receivable	499,372	-	499,372
Other receivables	4,390	-	4,390
Other current assets	<u>102,762</u>	<u>-</u>	<u>102,762</u>
Total current assets	3,470,687	648,716	4,119,403
Investment in limited liability company	500	-	500
Assets limited as to use	1,932,485	74,271	2,006,756
Property and equipment, net	<u>5,625,714</u>	<u>2,159,112</u>	<u>7,784,826</u>
Total assets	<u>\$11,029,386</u>	<u>\$ 2,882,099</u>	<u>\$ 13,911,485</u>

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	\$ 303,554	\$ -	\$ 303,554
Accrued payroll and related expenses	1,032,843	-	1,032,843
Current maturities of long-term debt	<u>51,861</u>	<u>34,086</u>	<u>85,947</u>
Total current liabilities	1,388,258	34,086	1,422,344
Long-term debt, less current maturities	1,365,831	1,068,333	2,434,164
Market value of interest rate swap	<u>37,711</u>	<u>-</u>	<u>37,711</u>
Total liabilities	<u>2,791,800</u>	<u>1,102,419</u>	<u>3,894,219</u>
Net assets			
Unrestricted	7,785,788	1,779,595	9,565,383
Temporarily restricted	<u>451,798</u>	<u>85</u>	<u>451,883</u>
Total net assets	<u>8,237,586</u>	<u>1,779,680</u>	<u>10,017,266</u>
Total liabilities and net assets	<u>\$11,029,386</u>	<u>\$ 2,882,099</u>	<u>\$ 13,911,485</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2016

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2016 Consolidated
Operating revenue and support				
Patient service revenue	\$ 8,559,018	\$ -	\$ -	\$ 8,559,018
Provision for bad debts	<u>(245,051)</u>	<u>-</u>	<u>-</u>	<u>(245,051)</u>
Net patient service revenue	8,313,967	-	-	8,313,967
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	5,254,946	-	-	5,254,946
Equity in earnings of limited liability company	15,704	-	-	15,704
Other operating revenue	1,167,228	78	-	1,167,306
Net assets released from restriction for operations	<u>48,192</u>	<u>85</u>	<u>-</u>	<u>48,277</u>
Total operating revenue	<u>14,800,037</u>	<u>228,079</u>	<u>(227,916)</u>	<u>14,800,200</u>
Operating expenses				
Salaries and benefits	10,608,269	-	-	10,608,269
Other operating expenses	3,384,380	18,926	(227,916)	3,175,390
Depreciation	259,514	99,942	-	359,456
Interest expense	<u>64,999</u>	<u>48,563</u>	<u>-</u>	<u>113,562</u>
Total operating expenses	<u>14,317,162</u>	<u>167,431</u>	<u>(227,916)</u>	<u>14,256,677</u>
Operating income and excess of revenue over expenses	482,875	60,648	-	543,523
Change in fair value of financial instrument	(7,062)	-	-	(7,062)
Grants for capital acquisition	232,894	-	-	232,894
Net assets released from restrictions for capital acquisition	<u>9,229</u>	<u>-</u>	<u>-</u>	<u>9,229</u>
Increase in unrestricted net assets	<u>\$ 717,936</u>	<u>\$ 60,648</u>	<u>\$ -</u>	<u>\$ 778,584</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2015

	<u>Lamprey Health Care, Inc.</u>	<u>Friends of Lamprey Health Care, Inc.</u>	<u>Eliminations</u>	<u>Restated 2015 Consolidated</u>
Operating revenue and support				
Patient service revenue	\$ 8,483,003	\$ -	\$ -	\$ 8,483,003
Provision for bad debts	<u>(476,517)</u>	<u>-</u>	<u>-</u>	<u>(476,517)</u>
Net patient service revenue	8,006,486	-	-	8,006,486
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	4,234,422	-	-	4,234,422
Other operating revenue	1,094,794	67	-	1,094,861
Net assets released from restriction for operations	<u>-</u>	<u>12,072</u>	<u>-</u>	<u>12,072</u>
Total operating revenue	<u>13,335,702</u>	<u>240,055</u>	<u>(227,916)</u>	<u>13,347,841</u>
Operating expenses				
Salaries and benefits	9,417,784	-	-	9,417,784
Other operating expenses	2,890,324	33,306	(227,916)	2,695,714
Depreciation	271,677	97,105	-	368,782
Interest expense	<u>66,465</u>	<u>50,057</u>	<u>-</u>	<u>116,522</u>
Total operating expenses	<u>12,646,250</u>	<u>180,468</u>	<u>(227,916)</u>	<u>12,598,802</u>
Operating income and excess of revenue over expenses	689,452	59,587	-	749,039
Change in fair value of financial instrument	(31,306)	-	-	(31,306)
Grants for capital acquisition	17,106	-	-	17,106
Net assets released from restrictions for capital acquisition	<u>11,411</u>	<u>-</u>	<u>-</u>	<u>11,411</u>
Increase in unrestricted net assets	<u>\$ 686,663</u>	<u>\$ 59,587</u>	<u>\$ -</u>	<u>\$ 746,250</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Changes in Net Assets

Year Ended September 30, 2016

	<u>Lamprey Health Care, Inc.</u>	<u>Friends of Lamprey Health Care, Inc.</u>	<u>2016 Consolidated</u>
Unrestricted net assets			
Excess of revenue over expenses	482,875	60,648	543,523
Change in fair value of financial instrument	(7,062)	-	(7,062)
Grants for capital acquisition	232,894	-	232,894
Net assets released from restrictions for capital acquisition	<u>9,229</u>	<u>-</u>	<u>9,229</u>
Increase in unrestricted net assets	<u>717,936</u>	<u>60,648</u>	<u>778,584</u>
Temporarily restricted net assets			
Contributions	87,379	-	87,379
Net assets released from restrictions for operations	(48,192)	(85)	(48,277)
Net assets released from restrictions for capital acquisition	<u>(9,229)</u>	<u>-</u>	<u>(9,229)</u>
Increase (decrease) in temporarily restricted net assets	<u>29,958</u>	<u>(85)</u>	<u>29,873</u>
Change in net assets	747,894	60,563	808,457
Net assets, beginning of year	<u>8,237,586</u>	<u>1,779,680</u>	<u>10,017,266</u>
Net assets, end of year	<u>\$ 8,985,480</u>	<u>\$ 1,840,243</u>	<u>\$ 10,825,723</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Changes in Net Assets

Year Ended September 30, 2015

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Restate 2015 Consolidated
	<u> </u>	<u> </u>	<u> </u>
Unrestricted net assets			
Excess of revenue over expenses	689,452	59,587	749,039
Change in fair value of financial instrument	(31,306)	-	(31,306)
Grants for capital acquisition	17,106	-	17,106
Net assets released from restrictions for capital acquisition	<u>11,411</u>	<u>-</u>	<u>11,411</u>
Increase in unrestricted net assets	<u>686,663</u>	<u>59,587</u>	<u>746,250</u>
Temporarily restricted net assets			
Provision for uncollectible pledges	(11,000)	-	(11,000)
Contributions	84,925	-	84,925
Net assets released from restrictions for operations	-	(12,072)	(12,072)
Net assets released from restrictions for capital acquisition	<u>(11,411)</u>	<u>-</u>	<u>(11,411)</u>
Increase (decrease) in temporarily restricted net assets	<u>62,514</u>	<u>(12,072)</u>	<u>50,442</u>
Change in net assets	749,177	47,515	796,692
Net assets, beginning of year	<u>7,488,409</u>	<u>1,732,165</u>	<u>9,220,574</u>
Net assets, end of year	<u>\$ 8,237,586</u>	<u>\$ 1,779,680</u>	<u>\$ 10,017,266</u>

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2016-2017 Board of Directors

Audrey Ashton-Savage
(Chair/President)

Frank Goodspeed (Vice President)

Mark E. Howard, Esq. (Treasurer)

Thomas "Chris" Drew (Secretary)

Amanda Pears Kelly

Arvind Ranade

Carol LaCross

Elizabeth Crepeau
Immediate Past President

Heather Long

Raymond Goodman, III

Rev. W. Allan Knight

Robert S. Woodward

Non-Voting Board Member

Michael Merenda,
Board Member *Emeritus*

Summary

Senior Level Executive with extensive hands-on experience in management, business leadership, and working with boards, banks and other external stake holders. A CPA with an established record of success in Community Health Center management. Strong in budgets, cash forecasts, grants, and team leadership.

Professional Experience**Lamprey Health Care – Newmarket, NH****2013 to present**

Chief Executive Officer

- Responsible for the leadership, operation and overall strategic direction of New Hampshire's largest Federally Qualified Health Center.
- Ensuring continuity and high quality primary medical care in three sites, both urban rural, serving over 16,000 patients in 40 communities.
- Leading a high performing senior management team in the direction of over 150 staff and providers.
- Engaging with leaders and stakeholders at the local, state and national levels to ensure that Lamprey is at the forefront of innovative, high quality health care delivery.

Lowell Community Health Center – Lowell, MA**2009 to 2013**

Chief Financial Officer

- Responsible for the integrity of financial information and systems for this Federally Qualified Health Center, employing 315 staff and providing over 120,000 visits annually. Upgraded financial and administrative infrastructure to meet requirements during a time of rapid expansion.
- Lead the financing and budget development for a \$42 million capital facility project to include: traditional debt, multiple tax credit sources, federal grants, loan guarantees, and private funds.
- Directed key projects for: 340(b) pharmacy implementation; 403(b) tax deferred savings plan; multiple federal stimulus grants; and revised operating budget development.
- Representative to the Lowell General PHO for managed care contract negotiation
- Recruited and managed a team of five directors to oversee and manage four support and one programmatic department

Manchester Community Health Center – Manchester, NH**1998 to 2009**

Chief Financial Officer

- Recruited by the CEO to bring structure and process to the functional areas of the Center's financial operations. Provided direction and oversight to key business areas; General Administration, Patient Registration, Human Resources, FTCA/Legal and Medical Records.
- Responsible for the development of key programs, Corporate Compliance, HIPAA, selection of a new practice management system. Supported Joint Commission accreditation and the implementation of an electronic medical record system.

Home:

Gregory A. White, CPA

Work:

NH Health Access Network – Administrative & Training Committee

Community Health Access Network – Board of Directors

Bi-State Primary Care Association – Board of Directors. Treasurer 2017

Primary Health Care Partners, LLC – Board of Management

The Way Home – Manchester, NH - Board of Trustees – Treasurer

Manchester Sustainable Access Project – Data Sub-group

Kaley Foundation – Allocation Committee

Milford Ambulance Service – Volunteer EMT, Staff Officer, Treasurer, Building Advisory Committee

Milford Historical Society –Treasurer

Milford Educational Foundation – Treasurer

Heritage United Way – Manchester – Community Investment Committee

Milford Community Athletic Association - Coach

Lasell College – Co-Resident Director

Paula K. Smith

EDUCATION

Rivier University, Nashua NH, Doctoral Program in Education, Leadership and Learning
Expected date of graduation 2018

American Evaluation Association/Centers for Disease Control, Summer Institute, June 2012

The Dartmouth Institute of Health Policy and Clinical Practice, Coach the Coach: The Art of Coaching and Improving Quality, Microsystems Process Improvement Training, 2009

American Society of Training & Development, Professional Trainer Certificate Program, Concord, NH, 2002.

Cultural Competency; Training of Trainers Program, CCHCP Training Institute, Seattle, WA, 2000

University of Massachusetts, Boston, Harbor Campus, Boston, MA 02125
Masters in Business Administration, 1991

Boston University School of Public Health, Boston, MA
Negotiation and Conflict Resolution for Health Care Management
(Training Program), 1991

University of New Hampshire, Durham, NH
Bachelor of Science, Health Administration and Planning, 1985

PROFESSIONAL EXPERIENCE

February 1998 **Director, Southern New Hampshire Area Health Education Center (AHEC)**
Present **Lamprey Health Care, Raymond, NH**

- Coordinates, plans and supervises the establishment and operation of a new AHEC center and programs designed to increase access to quality health care in southern NH.
- Partners with community-based providers and academic institutions to improve the supply and distribution of primary health care professionals and facilitates student placements in the community with an emphasis on medically underserved areas.
- Provides training opportunities for residents, nurse practitioners, social worker, physician assistant, nursing and medical students, as well as practicing providers.
- Develops and coordinates health care awareness programs for high school students with a focus on minority and disadvantaged populations.
- Coaches health center microteams in quality improvement initiatives.
- Oversees implementation of "Better Choices, Better Health" Chronic Disease Self-Management Program, including marketing, reporting, recruitment and management of leaders, and coordination of NH CDSMP Network, a learning community of leaders.

October 1995 to **Regional Services Coordinator**
February 1998 **New England Community Health Center Association, Woburn, MA**

- Provided technical assistance, policy analysis, and other membership services to state primary care associations in New England and the community health centers they serve;
- Coordinated educational sessions for primary care clinicians and administrators on a variety of health care topics; assisted in developing program for two community health conferences a year, as well as one-day programs;
- Acted as liaison for members of MIS/Fiscal Directors and other regional committees;
- Wrote grants, including concept development, implementation plans and budget, for government and foundation proposals;
- Designed survey instruments, analyzed data, and wrote reports for region-wide surveys of community health centers, including compensation survey, needs assessment for locum tenens, survey on management information systems, and survey on productivity and staffing ratios;
- Acted as Project Director of Phase III of the Mammography Access Project;
- Wrote and distributed quarterly newsletter to health centers and public health organizations throughout New England.

February 1992 to **Program Director**
October 1995 **Department of Medical Security, Boston, MA**

- Managed the Labor Shortage Initiative, a \$23 million state-wide program providing education and training opportunities in health care occupations; oversaw the allocation of funds to participating hospitals, colleges and universities, and community organizations; supervised the development of contracts; monitored program achievements.
- Developed, implemented, and managed the *Children's Medical Security Plan*, a health insurance program for uninsured children under the age of 13; negotiated and monitored contracts totaling nearly \$12 million with participating insurers; coordinated public relations and outreach activities related to the program; acted as a liaison with various advocacy groups.
- Managed *CenterCare*, a \$4 million managed care program providing services through contracts with 30 community health centers across the state; allocated resources to participating centers; developed and conducted training sessions on *CenterCare* program operations for health center staff; analyzed demographic and utilization data of participants.

May 1990 to February 1992 **Contract Manager**
Department of Medical Security, Boston, MA

- Coordinated the procurement process for both *CenterCare* and the Labor Shortage Initiative, which included writing Requests for Proposals (RFPs), reviewing and analyzing proposals, monitoring the contracting and administration of funded proposals, and acting as a liaison between interested parties;
- Monitored *CenterCare* by coordinating payments to contractors, conducting site visits at participating community health centers, and reporting on program status; managed administrative procedures and acted as a liaison between agencies for all contracts in accordance with regulations.

October 1988 to May 1990 **Contract Specialist**
Office of the State Comptroller, Boston, MA

- Assisted and instructed departments in the process of contract approval, as well as utilization of the state-wide automated accounting systems (MMARS);
- Developed policies in support of state regulations pertaining to contract approval.
- Supervised contract officers in the review and approval of statewide consultant contracts; created reports to monitor departmental activities; organized special projects.

January 1988 to October 1988 **Contract Officer**
Office of the State Comptroller, Boston, MA

- Reviewed and approved transactions on MMARS submitted by departments throughout the Commonwealth;
- Managed Tax Exempt Lease Purchase program of all departments in the Commonwealth;
- Utilized word processing and spreadsheet programs.

September 1985 to January 1988 **Administrative Assistant**
Joseph M. Smith Community Health Center, Alston, MA

- Provided assistance to the Executive Director in overall administration of health center,
- Assisted Finance Director in management of accounts, and prepared monthly invoices for all grant reimbursement, utilizing word processing and spreadsheet programs.
- Supervised the payroll system and managed personnel files for 60 employees;
- Acted as liaison between outside vendors and health center;
- Interviewed candidates for support staff positions.

AFFILIATIONS

Endowment for Health Board of Advisors, 2013
 Recipient of 2007 NH Office of Minority Health Women's Health Recognition Award
 Leadership Board: American Lung Association of New Hampshire
 Recipient of 2006 National AHEC Center for Excellence Award in Community Programming
 Leadership New Hampshire 2003 Associate
 Advisory Board Member- New Hampshire Minority Health Coalition
 Member of National AHEC Organization
 Member of the American Society of Training and Development
 Organizational Recipient of 2002 Champions in Diversity Award for Education

References Available Upon Request

MARY R. COOK, M.Ed, CHES

WORK EXPERIENCE:

July 2015 to Present

**Public Health Emergency Preparedness Manager
Seacoast Public Health Network/ a program of Lamprey
Health Care Inc.**

- A. Responsible for the management and implementation of grant-funded work plans/scopes of services associated with the Public Health Network, Pandemic Planning, and related emergency response as well as public health grants, on schedule and within budget; serves as the conduit between funders and planning partners on plan requirements and ensures compliance with state and federal regulations as appropriate.
- B. Schedules, convenes and facilitates regular meetings of the Seacoast Emergency Preparedness Team. Prepares meeting minutes and provides follow-up.
- C. Provides requisite planning activity reports, budget submissions, and/or other required documentation for federal and state emergency response funding sources. Attends in-state meetings of grantors as appropriate.
- D. Engages community partners in public health improvement process; develops and implements communications plan for public health and emergency response preparation initiatives.
- E. Manages and Updates the Regional Public Health Emergency Annex to meet Centers for Disease Control planning guidelines and local standard operating guidelines.
- F. Prepares and manages an annual Medical Countermeasure Operational Readiness Review (MCM ORR) as required by the CDC Division of Strategic National Stockpile (DSNS). The MCM ORR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the MCM ORR.

May 1, 2011 to June 2015

**Public Health Emergency Preparedness Coordinator
Exeter Fire Department and the Seacoast Public Health
Network**

- Responsible for providing Regional Public Health Preparedness, Response, and Recovery for the Seacoast Public Health Region
- Medical Reserve Corps Director
- Seacoast Public Health Advisory Council co-facilitator

December 2008 to April 2011

**York Hospital and the Healthy Maine Partnerships
District Tobacco Coordinator**

Provided support and guidance to the York District Healthy Maine Partnerships assuring that a coordinated,

comprehensive, systematic, and evidence based approach to tobacco prevention and control is implemented throughout the district.

**February 2005 to
December 2008**

City of Portsmouth, NH
Public Health Coordinator

Provided coordination of the Greater Portsmouth Public Health Network that includes the towns of New Castle, Rye, Newington, Greenland and the City of Portsmouth in assessment, policy development, and assurance of the Ten Essential Services of Public Health. Responsible for development of All Health Hazard Community Response Plan, Pandemic Plan, Isolation and Quarantine, Point of Distribution, Risk Communication, Medical Surge and Volunteer plans for the Greater Portsmouth Emergency Planning Response Team. Designed, conducted, and evaluated a series of workshops, table tops and full scale exercises to test the region's communications, command and control, emergency operation center and response to all health hazards.

June 2003-February 2005

American Red Cross Great Bay Chapter
Director of Health and Safety Services

Provided coordinated planning, implementation, and evaluation of Health and Safety Services within the chapter's jurisdiction. Responsibilities included needs assessment, marketing, program and human resources development, managed a \$200,000 budget.

November 2003-June 2003

American Red Cross Great Bay Chapter
**Tobacco Prevention Director for The
Rochester Tobacco Free Coalition:**

Developed and coordinated a coalition whose mission was to promote and advocate for a tobacco free lifestyle by providing education, awareness and support to youth and families in Rochester.

Supervised two youth coordinators who coordinated youth mentoring programs at the Rochester Middle School.

Established goals and objectives with coalition members.

Tobacco Grant Administrator

Developed measurable outcomes and Performance Measures

2000-November 2003

Dover Police Department, Dover, N.H.
Substance Abuse Prevention Coordinator:

Youth Advisor for a 250-member coalition

Instructor for tobacco education classes

Coordinator of educational activities/programs

related to substance abuse issues

Representative for state and local tobacco advisory committees

1991-1999

Franklin Regional Hospital, Franklin, N.H.
Health Educator

Safety and Wellness Instructor for adults and teens

Smoking Cessation Specialist

Women's Health Educator

Outreach Coordinator for community events

Coordinated youth tobacco-free coalition

Coordinated annual Health and Safety Fairs

Designed, promoted, and evaluated health and wellness programs at schools and businesses

EDUCATION:

Notre Dame College, Manchester, N.H.
Bachelor of Arts Degree in Business Education, 1984

Plymouth State College, Plymouth, N.H.
Masters Degree in Education/ Health Promotion and Wellness Management, 2002

MARIA REYES

PROFESSIONAL SUMMARY

Innovative senior level director with over 15 years of versatile non-profit management experience. Demonstrated track record of managing financially sustainable federal, state and private foundation programs with measurable outcomes and community impact. Resourceful experience overseeing youth and adult community programs in a variety of settings including health, social services, public schools, libraries and other institutions. Additional leadership experience includes board of director's service, appointed to local government positions and community coalition building.

Skills and Knowledge:

- Public Health and Strategic planning/Logic model
 - Health/cultural competency training
 - Bilingual Spanish/English
 - Substance Misuse/SUD counseling and prevention educator
 - Community mobilization in diverse communities
 - Government, state and private grant management
 - Versatile clinical experience across the continuum of care from Acute care, Inpatient and Outpatient settings, residential care, case management and recovery support
 - Grant Program design and implementation
 - Marketing and public relations
-

**Seacoast Public Health Network-Lamprey HealthCare
Continuum of Care Coordinator (COC-F)**

**Raymond, NH
October 2016-Current**

Promoted to COC position and supervision of SMP program.

- Responsibilities include assess services availability within the continuum of care: prevention, intervention, treatment and recovery support services, including the regions' current assets and capacity for regional level services
- Oversee and convene stakeholders to establish a plan, based on the assessment, to address the gaps and build the capacity to increase substance use disorder services across the continuum

Community Highlights Include:

- Over 150 Naloxone kits distributed at community distribution events
- Co-Trained "Train the Trainer " Narcan administration to over 50 participants Seacoast mental health professionals and other social service agencies.
- Enlisted technical support from the Center for Excellence to evaluate data collection instruments and evaluation of program content. Data instruments approved by state
- Provide technical support to Granite Youth Alliance which helped expand program from five schools to seven in two years.

MARIA REYES

**Seacoast Public Health Network-Lamprey HealthCare
Substance Misuse Prevention Coordinator (SMP)**

**Raymond NH
October 2015-October 2016**

SMP'S primary role is working with stakeholders throughout the 23 towns of the NH seacoast and East Rockingham County in conjunction with the NH Bureau of Drugs and Alcohol Services to develop and maintain a network of partners and coordinate the networks efforts to fulfill the regions three year substance misuse prevention plan.

Community Highlights Include:

- Successful coordination of ten local community forums on the opiate epidemic/Substance misuse prevention with over 500 participants.
- Member of the local hospital steering committee for community health needs assessment. Coordinated largest forum with over 110 senior citizens-Provide over 75 handouts to inform community of SUD/community resources
- Successful coordination of 9 Narcan educational distribution events in several Seacoast communities
- Assisted local community coalition to build infrastructure and governance to address community substance misuse by educating coalition members.
- Assisted to identify GAPS and Resources. Outcomes include 4 additional recovery support groups, one Family NAMI evening support group, New Future Advocacy training to over 18 coalition members, Recovery Coach training with 4 coalition members trained.
- Local law enforcement became a Safe Station.
- Coordinated SPHN National DEA take back event-Over ½ ton of unused medications collected in several participating seacoast communities.

YWCA Tulsa

**Tulsa, Oklahoma
2000-April 2015**

Director of Immigrant and Refugee Program

Responsible for the direct oversight of a team of 35+ diverse professionals from over 10 countries and all operations and systems. Diversified agency funding portfolio thru fee for service, augmented new foundation dollars thru solid community/donor relationships, and generated state/local government funding from \$450,000 to 1 million plus. Responsible for direct oversight of core program services to underserved communities. Forged solid partnerships and collaborations to implement community projects that address community health issues such as substance misuse/abuse, diabetes prevention, American Heart Association-"Vestido Rojo" Campaign, Mental Health Center Parenting skills, HIV/Aids, Alzheimer's awareness and others.

Highlights:

- Instituted first medical Spanish elective course at Oklahoma State University Osteopathic College of Medicine for first and second year medical students.
- Reputation as skilled collaborator with strong partnerships-key member of community wide coalition that helped facilitate a one million dollar Robert Wood Johnson Foundation grant for Latino diabetes prevention health program.
- Spearheaded diabetes prevention academy of health for first generation Spanish speakers.
- Coordinated health screenings for seniors through the American Heart Association, and American Arthritis Foundation.
- Member of the Oklahoma Methamphetamine Prevention Task force
- Key designer of promising practice "Project Citizenship" "Naturalization Program" funded by Homeland Security Office of Immigration and Naturalization Services.

MARIA REYES

**Parkside Behavioral Health, Inc.
Oklahoma Certified Drug and Alcohol Counselor**

**Tulsa, Oklahoma
1990-2000**

- First mental health professional in Tulsa to create and implement community depression screenings to limited English proficiency populations.
- Launched the first Spanish-speaking case management caseload in the hospital's history.
- Trained agency staff on developing culturally competent practices for Limited English Proficiency populations.
- Facilitated group and individual Substance Use Disorder counseling to adults in inpatient and outpatient care.
- Crucial member of multidisciplinary team that assisted with court order evaluations.

**Tulsa Community College
Adjunct Instructor, Part-Time**

**Tulsa, Oklahoma
2003-2006**

- Taught Substance Abuse Course to community college students.

CREDENTIALS

EDUCATION	Plymouth State University, Plymouth New Hampshire-B.A. Spanish, Latin American Studies University of Valencia Spain-Junior Year Abroad program
CERTIFICATION	Certified Oklahoma Drug and Alcohol Counselor since 1990, (current) #226 (Maintain 20 CEU's yearly in addiction/mental health)
SKILLS	Oklahoma Non-Profit Management Training Proficient in Microsoft products, bilingual in Spanish and English Public Speaking, Teaching
ACHIEVEMENTS	YWCA Tulsa Community Outstanding Service Award-2015 Tulsa Partners-Language Cultural Bank Volunteer of the Year 2011 Tulsa Mental Health Association Education Award 2005 Parkside Hospital Employee of the Year Plymouth State University, New Hampshire- Foreign Language Award
COMMUNITY	Vice President of Coalition of Hispanic Organizations Board member of Tulsa Mental Health Association Board member and Co-President of Tulsa Language Cultural Bank Appointed Commissioner for the Tulsa Mayor's Commission on the Status of Women

References available upon request

Karen S. Morton-Clark

**Substance Misuse Prevention Coordinator ~ Certified Recovery Coach
Program Manager ~ Event Manager ~ Administrative Coordinator
Certified Mediator ~ Resilience Trainer ~ Community Builder
Passionate Insightful Leader ~ Difference Maker**

I am known for building strong, trusting and lasting professional and collaborative relationships that lead to positive change with stakeholders in the community, corporate, government, and non-profit arenas.

Career Highlights and Professional Experience

Seacoast NH Regional Public Health Network

Jan 2017 –Present

➤ ***Substance Misuse Prevention Coordinator***

- Provide infrastructure, leadership, and coordination to increase the number and reach of evidence-based substance misuse prevention programs, policies, and practices implemented in the region. Utilizing an asset-based public health approach, the network coordinator, the Seacoast Public Health Advisory Committee, and partners engage and support the business, education, health, safety, government, community and family supports sectors in the implementation of the region's strategic plan.

**New Hampshire Air National Guard - Contractor (IIF Data Solutions)
Air Wing Integrator (Confidential Security Clearance)
NHANG – 157th Air Refueling Wing
Pease Air National Guard Base**

2013 - 2017

➤ ***Yellow Ribbon Reintegration Program Manager - NH***

- Planned, managed and executed regular events for Airmen & Families, connecting them to support resources in all deployment phases
- Provided assistance to NH National Guard, Airmen and Family Readiness Program Managers and military units with events and activities focused on resilience
- State subject matter expert for the NH Air National Guard on Pre/Post Deployment resources supporting wellbeing, including substance misuse and suicide prevention
- Vetted venues, caterers, vendors, presenters & keynotes specific to the target audience
- Data collection, tracking, evaluation and reporting of trends
- Responded to high intensity situations with effective problem solving

➤ ***National Events Manager and Contract Negotiator***

- Orchestrated over 100 conferences and training events
- Served 34 locations nationwide
- Managed budgets of up to \$1M per event
- Successfully managed large staff, volunteers, sub-contractors, presenters and keynote speakers, including celebrities
- Conducted post-event analysis, budget recaps and participant surveys
- Substantially increased ROI by negotiating discounts up to 35% below standard costs while maintaining event caliber
- Prepared RFP's, conducted site inspections, and managed contracting process with all venues, vendors and services
- Managed all requirements for event agendas, hotel rooms and conference space, food and beverage, invoicing, registration, training materials, A/V, travel, on-site support and VIP's

➤ ***Training and Development Consultant***

- Adjunct faculty member responsible for training adult staff members representing 34 NGYCP programs nationwide
- Needs assessment lead for both NGYCP and Department of Defense STARBASE/2.0 programs
- Benchmarking lead for capturing promising practices and facilitating problem solving with program leadership and staff
- Facilitated team building and experiential learning exercises
- E-learning and webinar development, management and execution
- Data Analysis culminating in White Paper

➤ ***Substance Abuse Prevention Coalition Director and Outreach Coordinator***

- Provided oversight for substance abuse prevention and health education initiatives
- Conducted policy review and survey analysis
- Provided quality assurance for consistency in messaging and branding
- Delivered presentations to community members, the business community, civic organizations, law enforcement and fire service personnel, parents, high risk youth, grade 5-12 students, and teachers
- Assisted in all federal and state grant writing efforts, including grant award for "Project Promise" at Dover High School
- Brought community partners and resources together to improve the quality of life for youth and families, including use of Ropes Course

➤ **Event Manager**

- Managed annual signature Dover-National Night Out community event
- Managed all logistical aspects and content, including talent, vendors, demonstrations, entertainment, musical performances, health tent, children's games, awards, and fireworks
- Increased attendance from 300 up to 10,000 attendees over 5 years, thus increasing prevention awareness, sponsorships and financial contributions

High Velocity Events

2007- 2013

➤ **Owner and Event Manager**

- Event Coordinator for first Annual UNH Sales Club Competition, Peter T. Paul College of Business and Economics
- Concert Event Manager for live and worldwide broadcast of Tenley Westbrook's Christmas for the Troops
- Event Manager for "Be the Star They Wish Upon", a fund raising gala to benefit the Child Advocacy Center of Rockingham County
- Event Manager for An Evening by the Sea, a gala cocktail party to raise funds to support breast cancer patients in the Seacoast area of NH
- Fund Raising and Event Consultant for Racing for Recovery, a national 501 (c) 3 Foundation to prevent substance abuse
- Event Coordinator for Greatness Group, Corporate Team Building Events

VOLUNTEER WORK

- **Safe Harbor Recovery Center Volunteer**
- **Military Awareness and Education Sub Committee Member for NH Legislative Commission on PTSD and TBI**
- **CCAR Nationally Certified Independent Recovery Coach**
- **NH Military and Civilian Alcohol and Drug Committee**
- **Military Culture Training NH**
- **New Futures Advocate**

ACADEMIC HISTORY

- **BA, Communications** University of Southern Maine
- **AS, Retail Management** New England/Westbrook College
- **Certified Mediator** University of Southern Maine

Kristyn R. LaFleur

Executive Summary

Excellent organization, communication and leadership skills. 10+ years of operations management experience assisting high-level executives in fast-paced environments. Versatile, reliable and efficient office professional with skills ranging from client relations, vendor negotiations, recruiting, accounting, marketing and project management.

Core Proficiencies

- Exceptional communicator with solid verbal and written skills
- Demonstrated talent for identifying, scrutinizing, improving, and streamlining complex work processes
- highly analytical thinking and analysis – make this a new bullet and note your analytical skills
- Computer-literate performer with extensive software proficiency covering a wide variety of applications
- Flexible team player who thrives in environments requiring ability to effectively prioritize and juggle multiple concurrent projects.
- Proven relationship-builder with unsurpassed interpersonal skills

Professional Experience

Seacoast Public Health Network, Raymond, NH
Public Health Advisory Council Coordinator
September 2016-Present

The Public Health Advisory Council (PHAC) Coordinator supports the organization, facilitation, and planning of Regional PHAC meetings and serves as the primary point of contact for administrative communication with PHAC member agencies regarding PHAC meetings, initiatives and business. The PHAC Coordinator supports initiatives in the PHAC workplan including but not limited to organizing and attending workgroup meetings and community education and engagement events based on Community Health Improvement Plan priorities.

Womenade of Greater Squamscott, Stratham, NH
President January 2017 - Present
Board Member 2013-Present

Solely responsible for processing requests for financial assistance from local validators (social services, schools, churches, town welfare departments, etc.). Successfully process requests with flexibility, empathy, high-level problem-solving, relationship-building, strong written communication, superior organization and a high level of attention to detail

- Created a management system that allows the request process to run smoothly and efficiently
- Facilitated meetings with validators regarding our process and mission

East Kingston Elementary School PTO, East Kingston, NH
Board Member 2010-2016

Acted as a key member of the board, improving the relationships between the parents and teachers and enhancing activities and events for the students. Held various board positions such as chair, treasurer, secretary and event Manager.

- Presided at monthly general and executive board meetings, acted as a liaison with the principal, and would oversee the work of the PTO board.

Kristyn R. LaFleur

- Acted as purchaser and collection agent for fundraising events. Completed bank reconciliation, monthly book close, financial reporting and auditing.
- Managed communication for board meetings and publications through the school website.
- Successfully planned, organized and managed multiple school events each year. Events ranged from 20 to 150 participants in size.

The Bigelow Company, Portsmouth, NH Director of Operations 2006-2007

Managed all aspects of the operation from administration, vendor relations, marketing, event planner and IT administration. Acted as the go-to person for all office requests.

- Implemented and managed the Broker Dealer entity for an M&A consulting firm. Set-up and maintained all regulatory, financial and client files and processes. Solely responsible for all accounting procedures through Quickbooks. Previously NASD 8, 7, 63 & 65 Registered.
- Solely responsible for managing high profile management meetings. Negotiated contracts, created menus, and ensured that every detail complete and accurate.
- Managed all vendor contracts and relationships including all company insurance programs, building-related issues and office management functions.
- Implemented and managed marketing campaign, including company website. Proof-read presentations and Descriptive Memorandums ranging from 20 to 100 pages in length.
- Managed all aspects of onsite IT functions. Tasks included basic file server, terminal server and exchange server maintenance as well as basic networking for 9 laptop, 3 servers, printers, and wireless and wired routers and firewalls. Maintained phone system and implemented and maintained a customized Outlook contact database. Resolved day-to-day "help desk" types of issues.

Stonewall Kitchen Corporate Office, York, ME Sales Operations Manager 2004-2006

Managed all aspects of sales organization, including training, sales targets and reporting. Engaged with other areas of the organization to improve sales and move the organization forward. Add more at a high-level about the job

- Hired, managed and provided training for permanent, seasonal, and holiday customer service staff on-site and remotely to guarantee the highest level in customer service.
- Assessed service levels to help organizations establish and improve current standards, procedures, productivity levels including volume quotas.
- Created manuals and documentation on customer service training, day-to-day processes and procedures and overall general practices.
- Managed all aspects of web & catalog retail operations including the following: credits and returns, customer database maintenance, and order analysis.
- Acted as liaison to distribution, finance, merchandising, marketing and quality assurance departments by working on special task forces to develop and implement better processes and procedures.
- Strategically planned business growth and forecasted staffing needs, technology resources and solutions.

References Available Upon Request

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Lamprey Health Care, Inc.

Name of Contract: RFP-2018-DPHS-01-REGION: Seacoast Public Health Network

BUDGET PERIOD	SPY	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
	CEO	\$0	0.00%	
	Contract Administrator	\$104,853	10.50%	
	PHEP Manager	\$58,271	100.00%	
	Continuum of Care Facilitator	\$60,201	100.00%	
	SMP Coordinator	\$47,487	100.00%	
	PHAC Coordinator	\$24,151	87.00%	
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				

BUDGET PERIOD	SPY	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
	CEO	\$0	0.00%	
	Contract Administrator	\$106,950	10.50%	
	PHEP Manager	\$59,436	100.00%	
	Continuum of Care Facilitator	\$60,201	100.00%	
	SMP Coordinator	\$47,487	100.00%	
	PHAC Coordinator	\$24,151	87.00%	
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				

44.8

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-08

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Lakes Region Partnership for Public Health, Inc.		1.4 Contractor Address 67 Water Street, Suite 105 Laconia, NH 03246	
1.5 Contractor Phone Number 603-528-2145	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$777,024
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature <i>Alida Miccittam</i>		1.12 Name and Title of Contractor Signatory ALIDA MICCITTAM, ^{BOD} President	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Belknap</u> On <u>5/5/17</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 [Seal: JENNIFER BROBEAU, COMMISSIONER, EXPIRES JAN. 13, 2021]			
1.13.2 Name and Title of Notary Public or Justice of the Peace <i>Jennifer Brobeau</i> Administrative and technical support ASST.			
1.14 State Agency Signature <i>Lisa Morris</i> Date: <u>5/23/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By: <i>[Signature]</i> On: <u>8/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

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

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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

Contractor Initials KH
Date 5-5-16



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.

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Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

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Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.

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Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.

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Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.

4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

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Exhibit A

5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:

- 1) Number of individuals served or reached
- 2) Demographics
- 3) Strategies and activities per IOM by the six (6) activity types.
- 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5) Percentage evidence based strategies

5.1.4.1.5. Submit annual report

5.1.4.1.6. Provide additional reports or data as required by the Department.

5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

5.1.5.1. Submit updated regional assets and gaps assessments as indicated.

5.1.5.2. Submit updated regional CoC development plans as indicated.

5.1.5.3. Submit quarterly reports as indicated.

5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.

5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:

- a) Number of individuals served
- b) Demographics of individuals served
- c) Types of strategies or interventions implemented
- d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions

5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

5.1.7.1. Attend Summer Start up meeting with NHIP staff.

5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

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- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated, as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,

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Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.

6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance

6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.

6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.

6.1.6. School-Based Clinics

6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).

7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.

7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.

7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.

7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.

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- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.



Exhibit A

- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

- 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
 - 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

- 7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
 - 7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
 - 7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).
- 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

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Exhibit B

Method and Conditions Precedent to Payment

1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

1.1. This contract is funded with funds from the:

1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037

1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds

1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds

1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796

1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757

1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

2) Payment for said services shall be made monthly as follows:

2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.

2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.

2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services
Lakes Region Partnership for Public
Bidder/Contractor Name: Health
Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 14,904.00	\$ 3,079.00	\$ 17,983.00
2. Employee Benefits	\$ 3,335.00	\$ 454.00	\$ 3,789.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 335.00	\$ -	\$ 335.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 270.00	\$ -	\$ 270.00
6. Travel	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 2,038.00	\$ -	\$ 2,038.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,916.00	\$ -	\$ 1,916.00
9. Software	\$ 33.00	\$ -	\$ 33.00
10. Marketing/Communications	\$ 650.00	\$ -	\$ 650.00
11. Staff Education and Training	\$ 1,886.00	\$ -	\$ 1,886.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ 600.00	\$ -	\$ 600.00
Meetings	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 26,467.00	\$ 3,533.00	\$ 30,000.00

Indirect As A Percent of Direct

13.3%

Contractor Initials: *AA*

Date: 5.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lakes Region Partnership for Public Health

Budget Request for: Regional Public Health Network Services - PHAC
(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$ 15,045.00	\$ 3,079.00	\$ 18,124.00
2. Employee Benefits	\$ 3,346.00	\$ 454.00	\$ 3,800.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 335.00	\$ -	\$ 335.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 270.00	\$ -	\$ 270.00
6. Travel	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 2,038.00	\$ -	\$ 2,038.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,916.00	\$ -	\$ 1,916.00
9. Software	\$ 33.00	\$ -	\$ 33.00
10. Marketing/Communications	\$ 650.00	\$ -	\$ 650.00
11. Staff Education and Training	\$ 1,734.00	\$ -	\$ 1,734.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ 600.00	\$ -	\$ 600.00
Meetings	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 26,467.00	\$ 3,533.00	\$ 30,000.00

Indirect As A Percent of Direct

13.3%

\$ -

Contractor Initials: _____

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Date: _____

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Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lakes Region Partnership for Public Health

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$ 47,457.00	\$ 7,177.00	\$ 54,634.00
2. Employee Benefits	\$ 10,287.00	\$ 1,285.00	\$ 11,572.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 558.00	\$ -	\$ 558.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 404.00	\$ -	\$ 404.00
6. Travel	\$ 630.00	\$ -	\$ 630.00
7. Occupancy	\$ 3,732.00	\$ -	\$ 3,732.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,729.00	\$ -	\$ 2,729.00
9. Software	\$ 54.00	\$ -	\$ 54.00
10. Marketing/Communications	\$ 250.00	\$ -	\$ 250.00
11. Staff Education and Training	\$ 200.00	\$ -	\$ 200.00
12. Subcontracts/Agreements	\$ 4,000.00	\$ -	\$ 4,000.00
13. Other (specific details mandatory):	\$ 100.00	\$ -	\$ 100.00
Meetings	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 70,401.00	\$ 8,462.00	\$ 78,863.00

Indirect As A Percent of Direct

12.0%

Contractor Initials: ALY

Date: J.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services
Lakes Region Partnership for Public
Bidder/Contractor Name: Health
Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)
Budget Period: SFY 2019

1. Total Salary/Wages	\$ 47,508.00	\$ 7,177.00	\$ 54,685.00
2. Employee Benefits	\$ 10,291.00	\$ 1,285.00	\$ 11,576.00
3. Consultants	\$ 4,000.00	\$ -	\$ 4,000.00
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 558.00	\$ -	\$ 558.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 404.00	\$ -	\$ 404.00
6. Travel	\$ 630.00	\$ -	\$ 630.00
7. Occupancy	\$ 3,732.00	\$ -	\$ 3,732.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,674.00	\$ -	\$ 2,674.00
9. Software	\$ 54.00	\$ -	\$ 54.00
10. Marketing/Communications	\$ 250.00	\$ -	\$ 250.00
11. Staff Education and Training	\$ 200.00	\$ -	\$ 200.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ 100.00	\$ -	\$ 100.00
Meetings	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 70,401.00	\$ 8,462.00	\$ 78,863.00

Indirect As A Percent of Direct

12.0%

Contractor Initials: _____

MS

Date: _____

5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lakes Region Partnership for Public Health

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct	Indirect	Total
	Amount	Flt	
1. Total Salary/Wages	\$40,321.00	\$7,655.00	\$ 47,976.00
2. Employee Benefits	\$10,485.00	\$1,233.00	\$ 11,718.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$732.00	\$-	\$ 732.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$531.00	\$-	\$ 531.00
6. Travel	\$1,200.00	\$-	\$ 1,200.00
7. Occupancy	\$3,057.00	\$-	\$ 3,057.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,637.00	\$-	\$ 2,637.00
9. Software	\$71.00	\$-	\$ 71.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$500.00	\$-	\$ 500.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 445.00	\$-	\$ 445.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 60,479.00	\$ 8,888.00	\$ 69,367.00

Indirect As A Percent of Direct

14.7%

\$ -

Contractor Initials: _____

AM

Date: _____

5.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$40,321.00	\$7,655.00	\$ 47,976.00
2. Employee Benefits	\$10,485.00	\$1,233.00	\$ 11,718.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$732.00	\$-	\$ 732.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$531.00	\$-	\$ 531.00
6. Travel	\$1,800.00	\$-	\$ 1,800.00
7. Occupancy	\$2,457.00	\$-	\$ 2,457.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$2,637.00	\$-	\$ 2,637.00
9. Software	\$71.00	\$-	\$ 71.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$500.00	\$-	\$ 500.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 445.00	\$-	\$ 445.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 60,479.00	\$ 8,888.00	\$ 69,367.00

Indirect As A Percent of Direct

14.7%

Contractor Initials:

Date:

Handwritten initials

5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$50,219.00	\$9,631.00	\$ 59,850.00
2. Employee Benefits	\$11,938.00	\$1,530.00	\$ 13,468.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$806.00	\$-	\$ 806.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$525.00	\$-	\$ 525.00
6. Travel	\$1,000.00	\$-	\$ 1,000.00
7. Occupancy	\$5,048.00	\$-	\$ 5,048.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$4,007.00	\$-	\$ 4,007.00
9. Software	\$78.00	\$-	\$ 78.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$2,000.00	\$-	\$ 2,000.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$2,000.00	\$-	\$ 2,000.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 78,121.00	\$11,161.00	\$ 89,282.00

Indirect As A Percent of Direct

14.3%

Contractor Initials:

Date:

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$51,725.00	\$9,631.00	\$ 61,356.00
2. Employee Benefits	\$12,053.00	\$1,530.00	\$ 13,583.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$806.00	\$-	\$ 806.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$525.00	\$-	\$ 525.00
6. Travel	\$500.00	\$-	\$ 500.00
7. Occupancy	\$5,048.00	\$-	\$ 5,048.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,586.00	\$-	\$ 3,586.00
9. Software	\$78.00	\$-	\$ 78.00
10. Marketing/Communications	\$400.00	\$-	\$ 400.00
11. Staff Education and Training	\$1,400.00	\$-	\$ 1,400.00
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 2,000.00	\$-	\$ 2,000.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 78,121.00	\$ 11,161.00	\$ 89,282.00

Indirect As A Percent of Direct

14.3%

Contractor Initials: *AW*

Date: 5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services
Lakes Region Partnership for Public
Bidder/Contractor Name: Health
Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)
Budget Period: SFY 2018

	Direct	Indirect	Total
1. Total Salary/Wages	\$2,748.00	\$2,178.00	\$ 4,926.00
2. Employee Benefits	\$774.00	\$372.00	\$ 1,146.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$87.00	\$-	\$ 87.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$70.00	\$-	\$ 70.00
6. Travel	\$250.00	\$-	\$ 250.00
7. Occupancy	\$489.00	\$-	\$ 489.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$474.00	\$-	\$ 474.00
9. Software	\$8.00	\$-	\$ 8.00
10. Marketing/Communications	\$225.00	\$-	\$ 225.00
11. Staff Education and Training	\$300.00	\$-	\$ 300.00
12. Subcontracts/Agreements	\$12,000.00	\$-	\$ 12,000.00
13. Other (specific details mandatory):	\$ 25.00	\$-	\$ 25.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 17,450.00	\$ 2,550.00	\$ 20,000.00

Indirect As A Percent of Direct

14.6%

Contractor Initials: AAH

Date: 5.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$2,831.00	\$2,178.00	\$ 5,009.00
2. Employee Benefits	\$781.00	\$372.00	\$ 1,153.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$87.00	\$-	\$ 87.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$70.00	\$-	\$ 70.00
6. Travel	\$250.00	\$-	\$ 250.00
7. Occupancy	\$489.00	\$-	\$ 489.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$474.00	\$-	\$ 474.00
9. Software	\$8.00	\$-	\$ 8.00
10. Marketing/Communications	\$135.00	\$-	\$ 135.00
11. Staff Education and Training	\$300.00	\$-	\$ 300.00
12. Subcontracts/Agreements	\$12,000.00	\$-	\$ 12,000.00
13. Other (specific details mandatory):	\$ 25.00	\$-	\$ 25.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 17,450.00	\$ 2,550.00	\$ 20,000.00

Indirect As A Percent of Direct

14.6%

Contractor Initials: *AMH*

Date: 5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

Item	Direct	Indirect	Total
1. Total Salary/Wages	\$40,574.00	\$9,767.00	\$ 50,341.00
2. Employee Benefits	\$11,852.00	\$1,548.00	\$ 13,400.00
3. Consultants	\$-	\$-	-
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$1,768.00	\$-	\$ 1,768.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,050.00	\$-	\$ 1,050.00
6. Travel	\$500.00	\$-	\$ 500.00
7. Occupancy	\$5,243.00	\$-	\$ 5,243.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,814.00	\$-	\$ 3,814.00
9. Software	\$84.00	\$-	\$ 84.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$500.00	\$-	\$ 500.00
12. Subcontracts/Agreements	\$12,500.00	\$-	\$ 12,500.00
13. Other (specific details mandatory):	\$ 300.00	\$-	\$ 300.00
Meetings	\$0.00	\$-	-
	\$-	\$-	-
	\$-	\$-	-
TOTAL	\$ 72,200.00	\$11,191.00	\$ 90,000.00

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____

ASL

Date: _____

5-5-17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

1. Total Salary/Wages	\$40,574.00	\$9,767.00	\$ 50,341.00
2. Employee Benefits	\$11,852.00	\$1,548.00	\$ 13,400.00
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$1,768.00	\$-	\$ 1,768.00
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,050.00	\$-	\$ 1,050.00
6. Travel	\$500.00	\$-	\$ 500.00
7. Occupancy	\$5,243.00	\$-	\$ 5,243.00
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$3,814.00	\$-	\$ 3,814.00
9. Software	\$84.00	\$-	\$ 84.00
10. Marketing/Communications	\$500.00	\$-	\$ 500.00
11. Staff Education and Training	\$500.00	\$-	\$ 500.00
12. Subcontracts/Agreements	\$12,500.00	\$-	\$ 12,500.00
13. Other (specific details mandatory):	\$ 300.00	\$-	\$ 300.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 78,685.00	\$11,315.00	\$ 90,000.00

Indirect As A Percent of Direct

14.4%

Contractor Initials: *AK*

Date: 5.5.17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2018

1. Total Salary/Wages	\$7,306.10	\$-	\$ 7,306.10
2. Employee Benefits	\$950.57	\$-	\$ 950.57
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,150.00	\$-	\$ 1,150.00
6. Travel	\$900.00	\$-	\$ 900.00
7. Occupancy	\$-	\$-	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$-	\$-	\$ -
9. Software	\$-	\$-	\$ -
10. Marketing/Communications	\$-	\$-	\$ -
11. Staff Education and Training	\$-	\$-	\$ -
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 693.33	\$-	\$ 693.33
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 11,000.00	\$ -	\$ 11,000.00

Indirect As A Percent of Direct

0.0%

Contractor Initials: AA

Date: 5.5.17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Lakes Region Partnership for Public

Bidder/Contractor Name: Health

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

Item	Amount	FTE	Total
1. Total Salary/Wages	\$7,415.69	\$-	\$ 7,415.69
2. Employee Benefits	\$950.57	\$-	\$ 950.57
3. Consultants	\$-	\$-	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$1,033.74	\$-	\$ 1,033.74
6. Travel	\$900.00	\$-	\$ 900.00
7. Occupancy	\$-	\$-	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$-	\$-	\$ -
9. Software	\$-	\$-	\$ -
10. Marketing/Communications	\$-	\$-	\$ -
11. Staff Education and Training	\$-	\$-	\$ -
12. Subcontracts/Agreements	\$-	\$-	\$ -
13. Other (specific details mandatory):	\$ 700.00	\$-	\$ 700.00
Meetings	\$0.00	\$-	\$ -
	\$-	\$-	\$ -
	\$-	\$-	\$ -
TOTAL	\$ 11,000.00	\$ -	\$ 11,000.00

Indirect As A Percent of Direct

0.0%

Contractor Initials: AA

Date: 5/5/17



SPECIAL PROVISIONS

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

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



- 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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

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

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

New Hampshire Department of Health and Human Services
Exhibit D



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

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

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

Contractor Name: Lakes Region Partnership for Public Health

5.5.17
Date

Alida J. Millham
Name: ALIDA MILLHAM
Title: Pres BOD



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: *Lakes Region Partnership for Public Health*

5.5.17
Date

Alida I. Millham
Name: *ALIDA I. MILLHAM*
Title: *PROG BOB*



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

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

INSTRUCTIONS FOR CERTIFICATION

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

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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Lakes Region Partnership for
Public Health

Contractor Name:

5.5.17
Date

Arcida I. McLean
Name: Arcida I. McLean
Title: PRES BOB

Contractor Initials

AM
Date 5.5.17



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

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

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

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

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

Exhibit G

Contractor Initials

Handwritten initials in black ink, appearing to be 'MH'.

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

5.5.17

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name:

Lake Region Partnership
for Public Health

Date

5.5.17

Name:
Title:

Alida I. Millham

ALIDA I. MILLHAM

PRES BOD

Exhibit G

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

Contractor Initials

AM

Date

5.5.17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Lakes Region Partnership
for Public Health

5.5.17
Date

Name: ACIDA I. MILLHAM
Title: PRES BOD



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Department of Health and Human Services
The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Partnership for Public Health
Name of the Contractor

Alida I. Millham
Signature of Authorized Representative

ALIDA I. MILLHAM
Name of Authorized Representative

Pres BOD
Title of Authorized Representative

5.5.17
Date



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

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

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

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

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

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

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

Contractor Name:

*Lakes Region Partnership
for Public Health.*

5.5.17
Date

Acida I. Milham
Name: ACIDA I. MILHAM
Title: PRE BOB



FORM A

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

1. The DUNS number for your entity is: 786707856
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

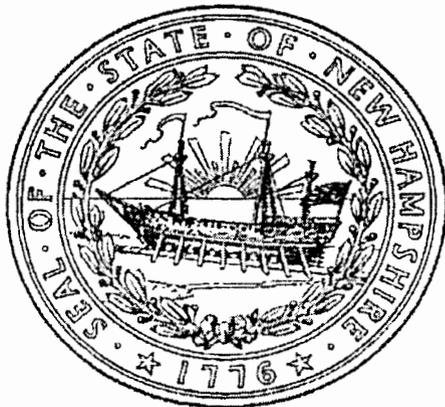
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 21, 2005. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 534847



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of April A.D. 2017.

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Judith LaFrance, of Lakes Region Partnership for Public Health, Inc., do hereby certify that:

1. I am the duly elected Secretary of the Lakes Region Partnership for Public Health, Inc;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on September 22, 2016;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services;

RESOLVED: That the President and/or Vice President is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Alida Millham is the duly elected President and Karin Salome is the duly elected Vice President of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 5th, 2017.

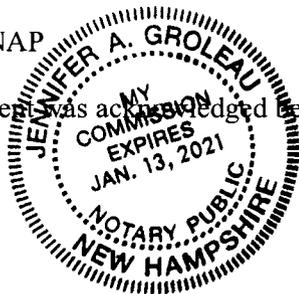
IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this day of May 15, 2017.

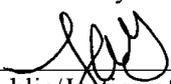


Secretary, Board of Directors

(CORPORATE SEAL)
STATE OF NH
COUNTY OF BELKNAP

The foregoing instrument was acknowledged before me this 15th day of May, 2017 by Judith LaFrance.





Notary Public/Justice of the Peace
My Commission Expires: Jan 13, 2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2017

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

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

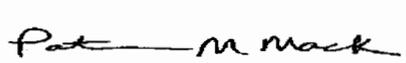
PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Pat Mack PHONE (A/C, No, Ext): (603) 293-2791 E-MAIL ADDRESS: pat@esinsurance.com FAX (A/C, No): (603) 293-7188
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Great American Ins Group INSURER B: Twin City Fire Insurance Co 29459 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 2017 Certificate **REVISION NUMBER:**

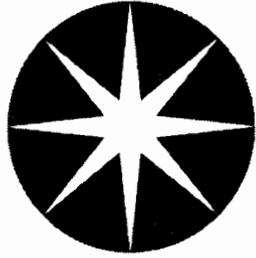
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						
A	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MAC3793453-11	3/10/2017	3/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability- each \$ 1,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY						
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAP1898681-07	3/10/2017	3/10/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
<input checked="" type="checkbox"/>	UMBRELLA LIAB						
A	<input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> CLAIMS-MADE			UMB3793454-11	3/10/2017	3/10/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	04WECRJ0009	1/1/2017	1/1/2018	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER NH 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 Pat Mack/PAT 

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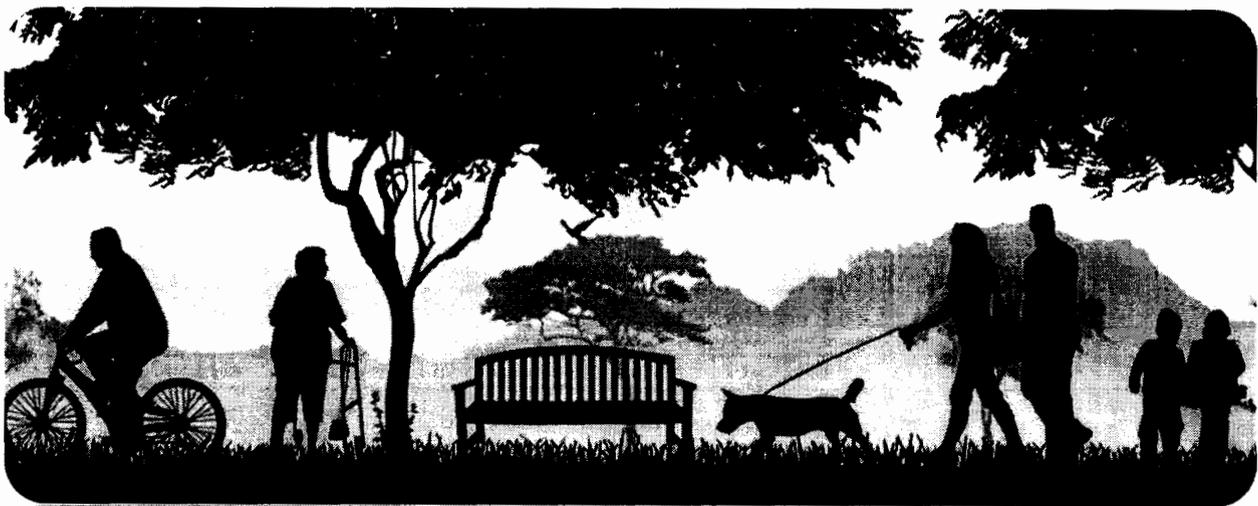


PARTNERSHIP FOR PUBLIC HEALTH

CELEBRATING
Years

Mission Statement

To improve the health and well being of the region
through inter-organizational collaboration and
community and public health improvement activities.



**Lakes Region Partnership for Public Health, Inc.
D/B/A Partnership for Public Health**

Financial Statements

With Schedule of Expenditures of Federal Awards

June 30, 2016 and 2015

and

Independent Auditor's Report

**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***

**Report on Compliance for Each Major Federal Program
and Report on Internal Control Over Compliance
Required by the Uniform Guidance**

Schedule of Findings and Questioned Costs

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
FINANCIAL STATEMENTS
June 30, 2016 and 2015

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

Report on the Financial Statements

We have audited the accompanying financial statements of Lakes Region Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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 financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Lakes Region Partnership for Public Health, Inc. as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of functional expenses are presented for purposes of additional analysis and are not a required part of the financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and is also not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 4, 2016, on our consideration of Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results 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 Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting and compliance.



Manchester, New Hampshire
November 4, 2016

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENTS OF FINANCIAL POSITION
June 30, 2016 and 2015

ASSETS	<u>2016</u>	<u>2015</u>
CURRENT ASSETS:		
Cash	\$ 370,922	\$ 184,022
Investments	10,031	30,033
Contracts receivable	222,295	411,275
Prepaid expenses	15,045	17,300
TOTAL CURRENT ASSETS	<u>618,293</u>	<u>642,630</u>
PROPERTY AND EQUIPMENT:		
Leasehold improvements	4,561	4,561
Furniture and equipment	14,510	14,510
Office equipment	15,470	17,808
	<u>34,541</u>	<u>36,879</u>
Less accumulated depreciation	(26,343)	(25,675)
PROPERTY AND EQUIPMENT, NET	<u>8,198</u>	<u>11,204</u>
OTHER NONCURRENT ASSETS:		
Investment in LLC	1,000	-
Deposit	3,486	3,236
TOTAL OTHER NONCURRENT ASSETS	<u>4,486</u>	<u>3,236</u>
TOTAL ASSETS	<u>\$ 630,977</u>	<u>\$ 657,070</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 127,164	\$ 222,022
Accrued payroll	28,247	20,222
Accrued compensated absences	23,144	20,215
Accrued other expenses	20,952	15,000
Deferred contract revenue	125,769	119,979
Fiduciary funds	13,740	26,045
TOTAL CURRENT LIABILITIES	<u>339,016</u>	<u>423,483</u>
TOTAL LIABILITIES	<u>339,016</u>	<u>423,483</u>
NET ASSETS:		
Temporarily restricted	13,550	9,047
Unrestricted	278,411	224,540
TOTAL NET ASSETS	<u>291,961</u>	<u>233,587</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 630,977</u>	<u>\$ 657,070</u>

See notes to financial statements

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENTS OF ACTIVITIES
For the Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
CHANGES IN UNRESTRICTED NET ASSETS:		
SUPPORT AND REVENUE		
Contributions	\$ 4,650	\$ 48,050
In-kind support	54,094	44,943
Federal funds	1,543,603	1,565,608
State funds	188,178	223,253
Private grants and awards	102,163	83,078
Special events	1,764	7,054
Agent fees	165,295	147,392
Miscellaneous income	2,484	1,181
Interest income	303	77
TOTAL UNRESTRICTED SUPPORT AND REVENUE	<u>2,062,534</u>	<u>2,120,636</u>
NET ASSETS RELEASED FROM RESTRICTIONS:		
Satisfaction of donor restrictions	<u>2,051</u>	<u>6,390</u>
TOTAL NET ASSETS RELEASED FROM RESTRICTIONS	<u>2,051</u>	<u>6,390</u>
TOTAL UNRESTRICTED REVENUES AND OTHER SUPPORT	<u>2,064,585</u>	<u>2,127,026</u>
EXPENSES:		
Program services	1,794,219	1,783,369
Management and general	216,093	245,549
Fundraising and development	402	-
TOTAL EXPENSES	<u>2,010,714</u>	<u>2,028,918</u>
TOTAL INCREASE IN UNRESTRICTED NET ASSETS	<u>53,871</u>	<u>98,108</u>
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	6,554	7,249
Net assets released from restrictions	<u>(2,051)</u>	<u>(6,390)</u>
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	<u>4,503</u>	<u>859</u>
CHANGE IN NET ASSETS	58,374	98,967
NET ASSETS, JULY 1	<u>233,587</u>	<u>134,620</u>
NET ASSETS, JUNE 30	<u>\$ 291,961</u>	<u>\$ 233,587</u>

See notes to financial statements

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENTS OF CASH FLOWS
For the Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 58,374	\$ 98,967
Adjustments to Reconcile Increase in Net Assets to to Net Cash Provided (Used) by Operating Activities:		
Depreciation	3,006	3,926
Change in assets and liabilities:		
Accounts receivable	188,980	(220,651)
Prepaid expenses	2,255	3,175
Deposit	(250)	(737)
Accounts payable	(94,858)	60,947
Accrued liabilities	16,906	350
Deferred contract revenue	5,790	3,403
Fiduciary passthrough	<u>(12,305)</u>	<u>(2,794)</u>
Net Cash Provided (Used) by Operating Activities	<u>167,898</u>	<u>(53,414)</u>
 Cash Flows From Investing Activities:		
Sale of investments	20,002	-
Purchase of investments	(1,000)	(30,033)
Purchase of property and equipment	<u>-</u>	<u>(5,280)</u>
Net Cash Provided (Used) by Investing Activities	<u>19,002</u>	<u>(35,313)</u>
 Net increase (decrease) in cash	186,900	(88,727)
 Cash, beginning of year	<u>184,022</u>	<u>272,749</u>
Cash, ending of year	<u>\$ 370,922</u>	<u>\$ 184,022</u>
 Supplemental Disclosures:		
In-kind donations received	\$ 54,094	\$ 83,098
In-kind expenses	<u>(54,094)</u>	<u>(83,098)</u>
	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS
For the Years Ended June 30, 2016 and 2015**

NOTE 1--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Purpose

Lakes Region Partnership for Public Health, Inc. (the Entity) was organized on May 21, 2005 to improve the health and well-being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities.

Accounting Policies

The accounting policies of the Entity conform to accounting principles generally accepted in the United States of America as applicable to non-profit entities. The following is a summary of significant accounting policies.

Basis of Presentation

The financial statements have been prepared in accordance with the reporting pronouncements pertaining to Not-for-Profit Entities included within the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the Entity is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, based upon the existence or absence of donor-imposed restrictions.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Revenues from program services are recorded when earned. Other miscellaneous revenues are recorded upon receipt.

Contributions

The Entity accounts for contributions received in accordance with FASB ASC 958-605, *Accounting for Contributions Received and Contributions Made*. Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Recognition of Donor Restrictions

Contributions are recognized when the donor makes a promise to give to the Entity that is, in substance, unconditional. Contributions that are restricted by the donor are 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.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2016 and 2015**

Cash and Cash Equivalents

For the purpose of the statement of cash flows, cash and equivalents consists of demand deposits, cash on hand and all highly liquid investments with a maturity of 90 days or less.

Investments

Investments, which consist principally of certificates of deposit, are carried at their market value at June 30, 2016 and 2015.

Property and Equipment

Property and equipment are stated at cost. Donated property and equipment is recorded at fair value determined as of the date of the donation. The Entity's policy is to capitalize expenditures for equipment and major improvements and to charge to operations currently for expenditures which do not extend the lives of related assets in the period incurred. Depreciation is computed using the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives as follows:

	<u>Years</u>
Leasehold improvements	10-15
Furniture and equipment	5-15
Office equipment	5-10

Depreciation expense was \$3,006 and \$3,926 for the years ended June 30, 2016 and 2015, respectively.

Compensated Absences

Employees of the Entity working full-time and part-time employees working at least 20 hours per week are entitled to paid time off. Vacation time is earned from the first day of work. A maximum of 160 hours can be earned based on years of service while 80 hours can be carried over and accumulated to the next year. Accumulated vacation time is payable upon termination of employment with proper notice. The Entity accrues accumulated vacation wages accordingly.

Donated Services, Materials and Facilities

The Entity receives significant volunteer time and efforts. The value of these volunteer efforts, while critical to the success of its mission, is not reflected in the financial statements since it does not meet the criteria necessary for recognition according to generally accepted accounting principles. Donated goods and professional services are recorded as both revenues and expenses at estimated fair value, see Note 9.

Functional Allocation of Expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis. Accordingly, certain costs have been allocated on the statement of functional expenses

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2016 and 2015**

among the programs and supporting services based on percentage allocations determined by the Entity's management.

Bad Debts

The Entity uses the reserve method for accounting for bad debts. No allowance has been recorded as of June 30, 2016 and 2015, because management of the Entity believes that all outstanding receivables are fully collectible.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Taxes

The Entity has received a determination letter from the Internal Revenue Service stating that it qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code for any exempt function income. In addition, the Entity is not subject to state income taxes. Accordingly, no provision has been made for Federal or State income taxes.

The FASB adopted Accounting Standards Codification Topic 740 entitled *Accounting for Income Taxes* which requires the Entity to report uncertain tax positions for financial reporting purposes. FASB ASC 740 prescribes rules regarding how the Entity should recognize, measure and disclose in its financial statements, tax positions that were taken or will be taken on the Entity's tax returns that are reflected in measuring current or deferred income tax assets and liabilities. Differences between tax positions taken in a tax return and amounts recognized in the financial statements will generally result in an increase in a liability for income tax payable or a reduction in a deferred tax asset or an increase in a deferred tax liability. The Entity does not have any material unrecognized tax benefits. As of June 30, 2016, the tax years ending June 30, 2015, 2014 and 2013 remain subject to possible examination by major tax jurisdictions.

Fair Value of Financial Instruments

Cash and equivalents, accounts receivable, accounts payable and accrued expenses are carried in the financial statements at amounts which approximate fair value due to the inherently short-term nature of the transactions. The fair values determined for financial instruments are estimates, which for certain accounts may differ significantly from the amounts that could be realized upon immediate liquidation.

NOTE 2--CONCENTRATION OF CREDIT RISK

The Entity maintains bank deposits at local financial institutions located in New Hampshire. The Entity's demand deposits are insured by the Federal Deposit Insurance Corporation (FDIC) up to a total of \$250,000. The balances in excess of federally insured limits for the Entity were \$53,871 and \$0 at June 30, 2016 and 2015, respectively.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2016 and 2015**

NOTE 3--INVESTMENT IN LLC

In January 2016, the Entity became a member of a newly-established limited liability corporation, Community Health Services Network, LLC ("CHSN"), to support the enhancement of behavioral health services integration in the region. The Entity will provide financial and administrative services to CHSN.

NOTE 4--INVESTMENTS

Fair Value Measurements

The Entity reports under the Fair Value Measurements pronouncements of the FASB Accounting Standards Codification (FASB ASC 820-10) which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs of valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below.

Level 1 - Inputs to the valuation methodology are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Inputs to the valuation include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities that are not active;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs at the closing price reported on the active market on which the individual securities are traded.

Following is a description of the valuation methodologies used for assets measured at fair value.

Certificates of Deposit: Valued at acquisition cost plus accrued interest which approximates fair value.

Investment in LLC: Valued at acquisition cost which approximates fair value.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2016 and 2015**

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Entity believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Entity's assets at fair value:

Assets at Fair Value as of June 30, 2016				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Certificates of Deposit	\$ 10,031	\$ -	\$ -	\$ 10,031
Investment in LLC	-	-	1,000	1,000
Total assets at fair value	<u>\$ 10,031</u>	<u>\$ -</u>	<u>\$ 1,000</u>	<u>\$ 11,031</u>

Assets at Fair Value as of June 30, 2015				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Certificates of Deposit	<u>\$ 30,033</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 30,033</u>

Income Recognition

Interest income is recorded on the accrual basis.

The following table reconciles the opening balance to the closing balance of the Level 3 asset. Note that during the year ended June 30, 2016 this asset was purchased at acquisition cost which approximates fair value.

Assets at Fair Value as of June 30, 2016	
	<u>Level 3</u>
Opening Balance	\$ -
Purchase	1,000
Gain (Loss)	-
Closing Balance	<u>\$ 1,000</u>

NOTE 5--DEFERRED CONTRACT REVENUE

Deferred contract revenue of \$125,769 and \$119,979 as of June 30, 2016 and 2015, respectively, represents unearned grant revenue on contracts from various funding agencies.

NOTE 6--LINE OF CREDIT

The Entity has a \$125,000 line of credit with Bank of New Hampshire with an interest rate of 3.50%. The interest rate is based on the Wall Street Journal Prime Rate as published in the Wall Street Journal, which was 3.50% at June 30, 2016. At June 30, 2016 and 2015, the balance of the line of credit was \$0.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2016 and 2015**

NOTE 7--TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of the following donor restricted funding at June 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Family Caregivers Network	\$ 2,495	\$ 2,323
Volunteer CERT	135	873
N4A	1,006	1,006
CERT	9,680	4,611
Other	234	234
	<u>\$ 13,550</u>	<u>\$ 9,047</u>

NOTE 8--CONCENTRATION OF REVENUE RISK

The Entity's primary source of revenues is fees and grants received from the State of New Hampshire and directly from the federal government. During the years ended June 30, 2016 and 2015, the Entity recognized revenue of \$1,731,781 (84.0%) and \$1,788,861 (84.4%), respectively, from fees and grants from governmental agencies. Revenue is recognized as earned under the terms of the grant contracts and is received on a cost reimbursement basis. Other support originates from other program services, contributions, in-kind donations, and other income.

NOTE 9--LEASE COMMITMENTS

The Entity entered into a lease for office space located in Tamworth, NH with monthly lease payments of \$1,533 through December 2015, and \$1,578 thereafter. Lease expense for the years ended June 30, 2016 and June 30, 2015 was \$18,711 and \$19,449, respectively.

The Entity also has two leases for office spaces in Laconia, NH. The first lease has monthly payments of \$2,030 through August 31, 2015 and \$2,051 thereafter. The second lease for additional office space was entered into on June 1, 2015 for a 3-year term. Monthly lease payments are \$737 through May 31, 2016 and \$744 thereafter. Lease expense for the years ended June 30, 2016 and June 30, 2015 for these two leases was \$35,662 and \$25,209, respectively.

The following is a schedule, by years, of the future minimum payments for operating leases:

Year Ended <u>June 30,</u>	Annual <u>Lease Commitments</u>
2017	\$ 45,466
2018	14,578

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Years Ended June 30, 2016 and 2015**

NOTE 10--DONATED SERVICES, MATERIALS AND FACILITIES

The Entity receives various donated services. For the year ended June 30, 2016 there has been \$54,094 and \$44,943, respectively, of donated services recognized as revenue. The following amounts of donated services have been included as functional expenses in these financial statements.

	<u>2016</u>	<u>2015</u>
Supplies	\$ 11,270	\$ 4,082
Contract Services	6,853	6,440
Occupancy	6,000	-
Travel and Meetings	7,200	-
Operations	10,950	10,950
Contract and grant subcontractors	<u>11,821</u>	<u>23,471</u>
	<u>\$ 54,094</u>	<u>\$ 44,943</u>

NOTE 11--CONTINGENCIES

The Entity participates in a number of federally assisted grant programs. These programs are subject to financial and compliance audits by the grantors or their representatives. The amounts, if any, of additional expenses which may be disallowed by the granting agency cannot be determined at this time, although the Entity expects such amounts, if any, to be immaterial.

NOTE 12--SUBSEQUENT EVENTS

In August, 2016, NH DHHS entered into a five-year contract with the Entity as administrative lead for the regional integrated delivery network covered by CHSN.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
SCHEDULE OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2016

	<u>Supporting Services</u>			<u>Total Supporting Services</u>	<u>Total Expenses</u>
	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>		
SALARIES AND RELATED EXPENSES:					
Salaries	\$ 612,171	\$ 156,011	\$ -	\$ 156,011	\$ 768,182
Employee benefits	71,781	8,965	-	8,965	80,746
Payroll taxes	49,614	12,886	-	12,886	62,500
	<u>733,566</u>	<u>177,862</u>	<u>-</u>	<u>177,862</u>	<u>911,428</u>
OTHER EXPENSES:					
Contract services	7,180	15,005	-	15,005	22,185
Contract and grant subcontractors	818,273	4,750	-	4,750	823,023
Insurance	9,038	2,084	-	2,084	11,122
Fundraising	-	-	390	390	390
Occupancy	69,830	5	-	5	69,835
Operations	60,436	7,355	-	7,355	67,791
Supplies	46,526	1,423	-	1,423	47,949
Travel and meetings	48,707	2,254	-	2,254	50,961
Miscellaneous	663	2,349	12	2,361	3,024
Depreciation	-	3,006	-	3,006	3,006
Total	<u>\$ 1,794,219</u>	<u>\$ 216,093</u>	<u>\$ 402</u>	<u>\$ 216,495</u>	<u>\$ 2,010,714</u>

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
SCHEDULE OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2015

	Program Services	Management and General	Total Expenses
SALARIES AND RELATED EXPENSES:			
Salaries	\$ 556,944	\$ 152,786	\$ 709,730
Employee benefits	71,445	8,527	79,972
Payroll taxes	44,726	12,513	57,239
	<u>673,115</u>	<u>173,826</u>	<u>846,941</u>
OTHER EXPENSES:			
Professional fees	13,714	15,075	28,789
Office expense	16,819	929	17,748
Program supplies	9,453	32	9,485
Contract service	898,068	44,939	943,007
Occupancy	57,219	1,672	58,891
Communications expense	17,125	520	17,645
Staff education/meetings	39,009	652	39,661
Repair and maintenance	25,943	-	25,943
Miscellaneous	2,587	5,366	7,953
Insurance	8,003	2,538	10,541
Equipment purchase/rent	13,659	-	13,659
Postage	3,766	-	3,766
Depreciation	3,926	-	3,926
Dues	963	-	963
Total	<u>\$ 1,783,369</u>	<u>\$ 245,549</u>	<u>\$ 2,028,918</u>

SCHEDULE I

Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2016

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Federal Catalogue Number	Expenditures	Expenditures to Subrecipients
DEPARTMENT OF AGRICULTURE			
Pass Through Payments from the University of New Hampshire State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	\$ 6,205	\$ -
Total Department of Agriculture		<u>6,205</u>	<u>-</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Received directly from U.S. Treasury Department Medical Reserve Corps Small Grant Program #5MRCSG101005-04	93.008	<u>557</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Special Programs for the Aging Title IV and Title II Discretionary Projects #90MP0176	93.048	31,589	-
Pass Through Payments from the New Hampshire Department of Health and Human Services through the New Hampshire Easter Seals Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	<u>1,350</u> <u>32,939</u>	<u>-</u> <u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services National Family Caregiver Support, Title III, Part E #14AANHT3FC	93.052	<u>60,483</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Public Health Emergency Preparedness #U90TP000535	93.069	<u>67,388</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Environmental Public Health and Emergency Response #UEIEH001046	93.070	<u>38,087</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Medicare Enrollment Assistance Program #IX0CMS331283	93.071	<u>16,263</u>	<u>-</u>

See notes to schedule of expenditures of federal awards

SCHEDULE I

Lakes Region Partnership for Public Health, Inc.

d/b/a Partnership for Public Health

Schedule of Expenditures of Federal Awards (Continued)

For the Year Ended June 30, 2016

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Federal Catalogue Number	Expenditures	Expenditures to Subrecipients
DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)			
Pass Through Payments from the New Hampshire Department of Health and Human Services			
Substance Abuse and Mental Health Services - Projects of Regional and National Significance #36875-2016.0001	93.243	\$ 2,107	\$ -
Pass Through Payments from the New Hampshire Department of Health and Human Services through the National Alliance on Mental Illness			
Substance Abuse and Mental Health Services - Projects of Regional and National Significance #1U79SM061481-03	93.243	12,287	-
		<u>14,394</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services			
Immunization Cooperative Agreements #H23IP000757	93.268	<u>11,000</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services			
Affordable Care Act - Aging and Disability Resource Center #90R00028	93.517	<u>72,836</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services			
State Planning and Establishment Grants for the Affordable Care Act Exchanges	93.525	<u>292,805</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services			
Social Services Block Grant #G-1301NHSOSR	93.667	<u>9,139</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services			
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds #US8DP003930	93.752	<u>5,000</u>	<u>1,500</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services			
Preventive Health and Health Services Block Grant funded solely with Preventive and Public Health Funds (PPHF) #B01OT009037	93.758	58,321	39,317

See notes to schedule of expenditures of federal awards

SCHEDULE I

Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2016

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Federal Catalogue Number	Expenditures	Expenditures to Subrecipients
Pass Through Payments from the New Hampshire Department of Health and Human Services through the National Alliance on Mental Illness Preventive Health and Health Services Block Grant funded solely with Preventive and Public Health Funds (PPHF) #B01OT009037	93.758	\$ 4,333 <u>62,654</u>	\$ - <u>39,317</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)			
Pass Through Payments from the New Hampshire Department of Health and Human Services Medical Assistance Program #618055050039B	93.778	59,040	-
Pass Through Payments from the New Hampshire Department of Health and Human Services through the New Hampshire Easter Seals Medical Assistance Program		<u>50,981</u> <u>110,021</u>	<u>-</u> <u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations #1N0CMS020220-21-009	93.779	<u>46,976</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services National Bioterrorism Hospital Preparedness Program #05-95-90-902510-5171	93.889	<u>10,000</u>	<u>-</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Block Grants for Prevention and Treatment of Substance Abuse #T1010035-14	93.959	165,160 <u>7,854</u> <u>173,014</u>	- <u>-</u> <u>-</u>
Total Department of Health and Human Services		<u>1,023,556</u>	<u>40,817</u>
DEPARTMENT OF HOMELAND SECURITY			
Pass Through Payments from the New Hampshire Department of Safety Homeland Security Grant Program	97.067	<u>4,984</u>	<u>-</u>
Total Department of Homeland Security		<u>4,984</u>	<u>-</u>
Total Federal Financial Assistance		<u>\$ 1,034,745</u>	<u>\$ 40,817</u>

See notes to schedule of expenditures of federal awards

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
For the Year Ended June 30, 2016

NOTE 1--GENERAL

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal award activity of Lakes Region Partnership for Public Health, Inc. under programs of the federal government for the year ended June 30, 2016.

The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Lakes Region Partnership for Public Health, Inc, it is not intended to and does not present the net assets, changes in net assets, or cash flows of the Lakes Region Partnership for Public Health, Inc.

NOTE 2--BASIS OF ACCOUNTING

The accompanying Schedule of Expenditures of Federal Awards is presented using the accrual basis of accounting, which is described in Note 1 to the Entity's financial statements.

Such expenditures are recognized following, as applicable, either the cost principles in OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

The Lakes Region Partnership for Public Health, Inc. has not elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 3--RELATIONSHIP TO FINANCIAL STATEMENTS

The recognition of expenditures of federal awards is included in fees and grants from governmental agencies.

**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***

Independent Auditor's Report

To the Board of Directors
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

We have audited, 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, the financial statements of Lakes Region Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2016, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 4, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Lakes Region Partnership for Public Health, Inc.'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 Lakes Region Partnership for Public Health, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Lakes Region Partnership for Public Health, Inc.'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 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. 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.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Lakes Region Partnership for Public Health, Inc.'s 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 results 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.

Uachon Chulay & Company PC

Manchester, New Hampshire
November 4, 2016

**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM
AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE**

Independent Auditor's Report

To the Board of Directors
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

Report on Compliance for Each Major Federal Program

We have audited Lakes Region Partnership for Public Health, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on Lakes Region Partnership for Public Health, Inc.'s major federal program for the year ended June 30, 2016. Lakes Region Partnership for Public Health, Inc.'s major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for Lakes Region Partnership for Public Health, Inc.'s major federal program 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 the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance 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 Lakes Region Partnership for Public Health, Inc.'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 the major federal program. However, our audit does not provide a legal determination of Lakes Region Partnership for Public Health, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Lakes Region Partnership for Public Health, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2016.

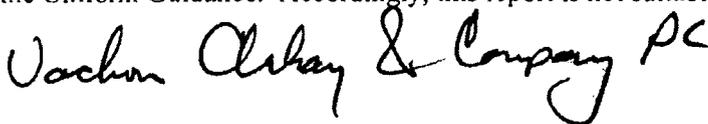
Report on Internal Control Over Compliance

Management of Lakes Region Partnership for Public Health, Inc. 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 Lakes Region Partnership for Public Health, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, 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 Lakes Region Partnership for Public Health, Inc.'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 results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Manchester, New Hampshire
November 4, 2016

**Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Findings and Questioned Costs
Year Ended June 30, 2016**

Section I--Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified
 Internal control over financial reporting:
 Material weakness(es) identified? _____ yes X no
 Significant deficiency(ies) identified
 not considered to be material weaknesses? _____ yes X none reported
 Noncompliance material to financial statements noted? _____ yes X no

Federal Awards

Internal Control over major programs:
 Material weakness(es) identified? _____ yes X no
 Significant deficiency(ies) identified
 not considered to be material weaknesses? _____ yes X none reported
 Type of auditor's report issued on compliance
 for major programs: Unmodified
 Any audit findings disclosed that are required
 to be reported in accordance with
 2 CFR §200.516(a)? _____ yes X no

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.525	State Planning and Establishment Grants for the Affordable Care Act Exchanges

Dollar threshold used to distinguish
 between Type A and Type B program: \$ 750,000

Auditee qualified as low-risk auditee? X yes _____ no

Section II--Financial Statement Findings

There were no findings relating to the financial statements required to be reported by GAGAS.

Section III—Federal Award Findings and Questioned Costs

There were no findings and questioned costs as defined under 2 CFR §200.516(a).

**Partnership for Public
Board of Directors
March, 2017**

Director
Alida Millham, President
Karin Salome, Vice President
David Emberley, Treasurer
Judith Lafrance, Secretary
Astha Joshi
Kate Miller
Kathy Berman
Liane Clairmont
Richard Crocker
Sandy McLaughlin
Denise Hubbard
Shawn Riley

Shelley M. Carita, CFRE

Highly motivated leader with over 20 years successful leadership experience in individual and corporate fundraising, marketing, corporate, foundation and federal grant writing, program development, volunteer recruitment, strategic planning and organizational development.

Professional Experience

EXECUTIVE DIRECTOR

Partnership for Public Health, Laconia, NH

Jan 2017 – Present

Organization Leader for a regional public health agency serving New Hampshire's Lakes Region. Responsible for resource development, grants/contracts management, program development and implementation, strategic planning and community relations. Provides staff supervision and all human resource activities.

VICE PRESIDENT FOR DEVELOPMENT

New Hampshire Association for the Blind Concord, NH

June 2006 – Jan 2017

Fundraising and marketing leader for a statewide organization serving the blind and visually impaired. Develops and manages a comprehensive development program raising over \$1.2 million dollars annually. Works closely with Board of Directors and Regional Advisory Committees to organize fundraising and awareness events across the state. Identifies opportunities for foundation and corporate support. Cultivates and stewards major gift and planned giving prospects. Supervises professional fundraising and marketing staff.

Notable Accomplishments:

- Created state-wide marketing and public education plan that provides broad outreach to service clubs, retirement communities, eye care professionals, the media, and the community at large.
- Created a sustainable revenue source for Agency by developing project introducing occupational therapy as a sustainable revenue source.
- Secured foundation grant funding of over \$500,000 annually including two awards in excess of \$100,000.
- Identified key major/planned giving donor prospects and initiated a successful donor cultivation strategy resulting in the receipt of significant gifts and gift expectancies.
- Recruited and motivated volunteers across the state to establish regional advisory committees in Manchester, Portsmouth, Concord and Lakes Region. Committees raise money in their respective regions through "Dinners in the Dark" and other third party fundraising events.

EXECUTIVE DIRECTOR

DEVELOPMENT AND MARKETING DIRECTOR

2001-2006

American Red Cross

Laconia and Concord, New Hampshire

Developed and managed a comprehensive fund development and marketing program for two merging Red Cross chapters. Coordinated all fund development programs including planned giving, direct mail, major gifts, special events, grant writing and marketing. Developed and monitored agency budget. Supervised staff and coordinated volunteers for disaster response as well as public relations and special event assignments.

Notable Accomplishments:

- Promoted to Executive Director from Fund Development Director
- Decreased operating budget while expanding service delivery level.
- Doubled municipal revenue allocations by educating communities about Red Cross services.

Summary of Prior Non-Profit Management Experience

Case Management Supervisor, (1998-2000) Lakes Region Community Services Council, Laconia, NH - Provided training and supervision to case managers and family home providers serving adults with developmental disabilities. Worked closely with public guardians to ensure services were carried out according to ISP. Negotiated contracts with vendors.

Director of Social Services, (1996-1998) Dover Housing Authority, Dover, NH
Developed and implemented all social service programs for seniors and families living in Dover's public housing community. Supervised program staff and volunteers. Negotiated contracts with service agencies. Raised over 1 million dollars in federal funding. Worked collaboratively with agencies throughout Strafford County.

Manager of Housing Services, (1993-1996) Strafford Guidance Center, Dover, NH
Established intensive supported housing programs for adults with severe mental illness. Worked closely with doctors and treatment teams to ensure smooth transition from state hospital to community based model. Supervised department with over 30 direct service providers. Secured funding through federal grants and state Medicaid program. Served as HUD's administrator of federal homeless housing funds for Strafford County.

Director of Family Services, (1991-1993) Manchester Housing and Redevelopment Authority, Manchester, NH – Developed and managed all family empowerment and drug prevention programs in Manchester's 3 family public housing communities. Created State's first small business training program for public housing residents. Secured federal grant funding for all programs including a model after-school program.

Education**Master of Business Administration (MBA) - 1996**

Southern New Hampshire University, Graduate School of Business Manchester, NH

M.S. Community Economic Development - 1993

Southern New Hampshire University, Graduate School of Business, Manchester, NH

B.A. Marketing - 1984

New Hampshire College, Manchester, NH

Volunteer Activities/ Memberships

- Certified Fundraising Executive -CFRE
- Reviewer, National Accreditation Council for Agencies Serving People with Blindness or Visual Impairment (NAC) - 2009 to present
- American Red Cross – Trainer - Lakes Region Disaster Action Team, 2006 to 2009
- Board of Directors - Lakes Region Partnership for Public Health 2005-2006
- Past President- Gifford Rotary Club, Paul Harris Fellow
- Past Officer, Horseshoe Pond Toastmasters International, Concord, NH
- PGNNE –Planned Giving Council of Northern New England
- Upper Valley Planned Giving Council

Susan M. Laverack

EXPERIENCE

- 2006- **Associate Director, Public Health Coordinator, Lakes Region Partnership for Public Health, Inc., Laconia.** Responsible for coordination of public health activities within the Lakes Region including: coordination and development of emergency preparedness and response plans, coordination of public and private partnership to perform community needs assessments, planning and implementation of public health initiatives, collecting, analyzing and reporting community health data, advising in planning, development, implementation and monitoring of population-based health promotion and disease prevention activities.
- 2000-2006 **Career Development Facilitator, Working Futures Program, Second Start, Concord.** Responsible for conducting academic and vocational assessments, career counseling and guidance, intensive case management, client records management, teaching vocational development classes, collaborating with partner agencies, developing business sites for job training and placement, teaching job search techniques, monitoring state-mandated client participation and progress and evaluating program efficacy.
- 1998-2000 **Program Coordinator, Parent-Child Program, Whole Village Family Resource Center, Plymouth.** Responsible for program design and administration, personnel management, project evaluation, grant writing, financial reports, fund allocations, fiscal management, development, public relations, annual report preparation, integration of services, and fostering collaboration between member agencies and with the larger service community.
- 1997- **Fitness Instructor, Health and Human Performance Department, Plymouth State University.** Responsible for designing and teaching fitness classes for students of all abilities, and counseling students majoring in Physical Education.
- 1989-1998 **Resources Director, Task Force Against Domestic & Sexual Violence, Plymouth.** Responsible for assisting clients with navigating the court system, developing legal advocacy program, community outreach, public and professional education, curricula design and implementation, reviewing organization programs and policies, maintaining and reporting service statistics for local, state and federal grant programs, program design and implementation, supervision of Americorps Victim Assistance participants, interns and volunteers, technical assistance to service providers, meeting and support group facilitation, collaborating with court personnel, legislative lobbying, public policy-making, and media relations.

EDUCATION

- 2005 **M Ed. – Health and Physical Education with a concentration in Integrative Health and Healing,** Plymouth State University. University System of New Hampshire. Plymouth.
- 1995 **B.P.S. Behavioral Science, Cum Laude.** College of Lifelong Learning, University System of New Hampshire, Concord.

CERTIFICATIONS

- 2005 **Certified Workforce Development Professional**, National Association of Workforce Development Professionals, Washington, DC.
- 2002 **Certified Rape Aggression Defense Instructor**. R.A.D. Systems, Poquoson, Virginia.
- 2002 **Certified Job and Career Transition Coach**, The Career Planning and Adult Development Network, California.
- 2001 **Certified Career Development Facilitator**. College for Lifelong Learning, Bow.
- 2000 **Certified Parent Educator**. University System of New Hampshire, Durham.
- 1997, 2000 **Certified Aerobic Instructor**. Aerobics and Fitness Association of America, California.
- 1998 **Certified Instructor**. Police Standards & Training Council, Concord.
- 1991 **Certified Paralegal**. New Hampshire Technical College, Laconia.
- 1990 **Certified Service Provider to victims of domestic & sexual violence**. Task Force Against Domestic & Sexual Violence, Plymouth.

PUBLICATIONS

- 1997 **Domestic Violence, A Legal Handbook for Women in New Hampshire**, New Hampshire Commission on the Status of Women, June.

HONORS & AWARDS

- 1998 **Honoree, Calendar of Outstanding Women**. Plymouth.
- 1991 **Certificate of Special Recognition for Outstanding Contribution to the Organization and its Mission**. Task Force Against Domestic & Sexual Violence, Plymouth.

COMMUNITY ACTIVITIES

- 2000- **Member, Personnel Committee**, Plymouth Congregational Church.
- 1998-2003 **Trustee, Board of Trustees**, White Mountain Youth Hockey, Holderness.
- 1997, 1998 **Presenter**, Statewide Conferences on Domestic & Sexual Violence, Nashua.
- 1996-2003 **Member, Board of Directors**, New Hampshire Coalition Against Domestic & Sexual Violence, Concord. Held offices of Treasurer for two years and Clerk for two years.

- 1996-2003 **Member, Finance, Grants and Personnel Committees**, New Hampshire Coalition Against Domestic & Sexual Violence, Concord.
- 1994-1998 **Member, Plymouth Area Domestic Violence Coordinating Council.**
- 2008- **Member, Board of Directors**, Genesis Behavioral Health, Laconia.

Marie L. Tule, CPA, MSA

Educational Experience

CPA –continuing professional education – 40 hours annually

Bentley University – MS in Accountancy

University of Vermont – BA degree

Work Experience

Lakes Region Partnership for Public Health, Laconia, NH 2013 – Current
Finance Director

- Prepare and analyze monthly financial statements
- Develop budgets and forecasts, and manage cash flow
- Responsible for contract billing and reporting
- Responsible for annual financial statement and compliance audits
- Supervise accounting staff.

Melanson Heath & Company, PC, Nashua, NH 1994 – 2013
Manager

- Planned, supervised, and prepared audited GAAP financial statements and compliance reports for nonprofit and commercial clients.
- Performed financial statement and data analytics, reconciled general ledger accounts, prepared audit schedules and adjusting entries.
- Documented accounting systems, evaluated client internal controls, and prepared management letters of recommendations.
- Proficient in Microsoft Excel, Word, PowerPoint, QuickBooks, and Fixed Asset software.
- Conducted presentations to Boards and audit committees of financial statements and compliance audit results.

Price Waterhouse Coopers, LLP, Manchester, NH 1989 – 1994
Senior Accountant

- Planned, supervised, and performed audits, reviews, and compilations of financial statements.
- Clients included manufacturing, financial, and higher educational institutions.
- Performed Federal compliance (A-133) audits of sponsored research programs.

The Donoghue Organization, Holliston, MA 1986 – 1988
Controller/Financial Analyst

- Prepared and analyzed monthly financial statements for newsletter publishing company.
- Supervised accounting staff including general ledger, accounts receivables, payroll, and accounts payables functions.
- Prepared budgets and forecasts, and managed cash flow.

- Responsible for human resource function.

Dennison Computer Supplies, Waltham, MA

1984 - 1986

Payroll Administrator

- Responsible for payroll function including filing monthly and quarterly tax reports (Forms 940,941)

Billing Coordinator

- Responsible for invoicing all shipments, rentals, and maintenance contracts. Filed sales & use tax returns.

Senior Accounts Payable

- Processed invoices and prepared vendor checks.

Accounts Receivable

- Applied cash receipts to AR ledger and researched discrepancies.

Volunteer Experience

NH Society of Certified Public Accountants

May, 2010 – Present

Committee Chair

Greater Nashua Mental Health Center – Treasurer

March, 2011 - Present

Audit & Finance Committee Chair

Various local nonprofits – Treasurer, Trustee

2001 – 2013

References - Available upon request.

Kerri A. Lowe

Substance Misuse Prevention Coordinator

Partnership for Public Health

November 28, 2016-Present

- *Provide technical assistance and support to local coalitions*
- *Community outreach and education regarding substance use trends and prevention strategies and promotion of prevention campaigns*
- *Provide technical assistance to ensure model school policy implementation*

Manager of Resource Coordination

January 2016-November 2016

Lakes Region Community Services

- *Provide support to case managers in identifying appropriate services and resources available to individuals with developmental disabilities.*
- *Collaborate with local organizations to provide a best practices approach to supporting underserved populations in the community*
- *Supervise & support case managers to develop and implement individual service plans*

Family Support Specialist & Parent Educator

2013-2016

Lakes Region Community Services

- *Support families in their home to strengthen protective factors to solidify family unit & engagement in their communities, develop & increase career & education skills*
- *Assist families to develop goal plans & empower them to attain their goals*
- *Connect families to appropriate area resources to increase stability*
- *Facilitate parent education courses to increase parenting effectiveness and confidence*

Intake Coordinator/Quality Improvement Specialist

2011-2013

Lakes Region Community Services

- *Support families through the intake process for Developmental Disability services*
- *Familiarize families with the supports that LRCS provides*
- *Staff Development & Training*
- *Ensure safe, quality services are provided to individuals & their families*

Family Support Resource Coordinator

2007-2011

Lakes Region Community Services

- *Provide support and identify resources for families with children with disabilities*
- *Partner with schools to provide a best practices approach to children with disabilities*
- *Develop and implement service planning*
- *Person-centered futures planning using a variety of approaches*

Direct Support Professional

2002-2007

Lakes Region Community Services

- *Support adults with developmental disabilities to learn independent daily living skills*
- *Assist individuals with disabilities to be connected & engaged in their communities*
- *Empower adults with disabilities to achieve their hopes & dreams*

Correctional Officer

2000-2002

Belknap County Department of Corrections

- *Rehabilitation of inmates to promote success when re-entering the community*
- *Ensure safety & order in a correctional facility*
- *Maintain accurate records of personal information & enter into national database*

Preschool Teacher Assistant & Home Visitor

1998-2000

Early Head Start/Belknap-Merrimack CAP

- *Provide developmentally appropriate education to infants & children of diverse backgrounds*
- *Empower families to promote learning & safe environments for their children*
- *Create & maintain relationships with children & families to assess their strengths & needs*

Education:

Bachelor of Science, Human Services 2016

Granite State College

- *Summa Cum Laude*
- *2015 Recipient Merit Scholar & Community Volunteerism Award*

Associate in Science, Human Services 2009

Lakes Region Community College

- *Valedictorian*
- *Outstanding Freshman of the Year*
- *Member Phi Theta Kappa*

Relevant Experience:

- *Coaching Approach to Communication & Peer Mentor Trainer*
- *Certified Work Incentive Planning & Assistance Coordinator*
- *Certificate in Wrightslaw Special Education Law & Advocacy*

Current & Previous Civic/Community Leadership:

- *Board of Directors, Laconia Area Community Land Trust 2009-2015*
- *Better Together-Stand Up Laconia*
- *Family Violence Prevention Council*
- *Refugee Connections Committee/New American Collaborative*
- *Lakes Region Community College Advisory Committee*
- *Transition Community of Practice State Representative*
- *United Way & Carey House Homeless Shelter Volunteer*
- *Homeless Continuum of Care Committee*

KELLEEN GASPA

QUALIFICATION HIGHLIGHTS

- Experienced in working with and advocating for at-risk populations
- Strict adherence with organization confidentiality policies
- Exceptional communication, interviewing and assessment skills
- Demonstrated excellence in community outreach
- Excellent organizational and time management skills
- Accomplished public presenter

PROFESSIONAL EXPERIENCE

Partnership for Public Health, Laconia, NH

Director of Substance Use Disorder Systems Integration

11/2016-Present

- Support regional initiatives across the continuum of care
- Develop regional assets & gap analysis
- Promote evidence-based strategies for prevention, intervention, treatment & recovery
- Facilitate Regional Leadership Team meetings
- Advise Winnepesaukee Public Health Counsel
- Ensure access to resources and information

Regional Substance Misuse Prevention Coordinator

08/2015-11/2016

- Provide education, training & technical assistance to schools, organizations & local coalitions
- Facilitate Connect Suicide Prevention Trainings throughout the region
- Increase awareness of best practices in prevention, intervention, treatment & recovery
- Organize DEA Rx Drug Take Back and other various community events throughout the region
- Identify, build and maintain community partnerships in various sectors
- Support regional work across the Continuum of Care
- Supervise Regional Substance Misuse Prevention Coordinator & Community Health Educator
- Advise Partners in Community Wellness Team

Ascentria Care Alliance, Manchester, NH

2013-2015

Outreach/Employment Specialist, HPOP Program

- Recruitment and enrollment into the HPOP program
- Facilitate Information Sessions throughout New Hampshire
- Determine participant eligibility
- Assess participant need and provide links to community resources
- Identify, build and maintain community partnerships
- Design and facilitate participant professional development training
- Assist in employment placement of trained participants
- Maintain records and submit data for federal reporting

Project EXTRA/LMS Para, Laconia, NH

2006-2013

Site Director Pleasant Street School, Project EXTRA Program

- Managed daily operation of program
- Oversaw curriculum links to Common Core Standards
- Supervised 12 lead staff, junior staff, volunteers and subcontractors
- Handled case sensitive information including disclosures of abuse and neglect
- Developed and implemented behavior modification plans tailored to student needs
- Designed and facilitated professional development for staff and volunteers
- Provided 1:1 support to students with special needs

The Children's Exploratorium, Chester, NH

1999-2006

Assistant Director/Kindergarten Teacher

- Managed daily operation of the school
- Supervised all staff, volunteers and subcontractors
- Identified professional development pathways with educators
- Assessed family needs and provided links to community resources
- Planned and facilitated community events
- Provided technical assistance in marketing & promotion

EDUCATION

Southern New Hampshire University, Manchester, NH Anticipated 2017
M.S. Forensic Psychology

Granite State College, Concord, NH 2014
Bachelor of Science Psychology

Castle College, Windham, NH 1999
Associates Degree Early Childhood Education

CERTIFICATIONS/TRAINING

NH Certified Prevention Specialist 2017

DBHRT Volunteer Region III 2016

Ethics in Prevention 2015

HIV Trends and Treatment 2015

Substance Abuse Prevention Specialist Skills Training 2015

Connect Certified Suicide Prevention Trainer 2015

Counseling on Access to Lethal Means 2015

Bridges Out of Poverty Parts 1 & 2 2013-14

Restorative Practice and Conflict Resolution Session 1 2013

COMMUNITY LEADERSHIP

NH Youth Suicide Prevention Assembly 2015

NH Human Trafficking Taskforce Collaborative 2017

NHADACA Training Advisory Committee 2017

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Lakes Region Partnership for Public Health, Inc.

Name of Contract: Regional Public Health Network Services - Public Health Advisory Council

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	10.88%	\$9,166.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	4.63%	\$2,820.00
Marie Tule	Finance Director	\$73,549	1.23%	\$906.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$12,892.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	10.88%	\$9,166.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	4.63%	\$2,820.00
Marie Tule	Finance Director	\$73,549	1.23%	\$906.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$12,892.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Lakes Region Partnership for Public Health, Inc.

Name of Contract: Regional Public Health Network Services - Public Health Emergency Preparedness

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	1.13%	\$954.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	81.69%	\$49,752.00
Marie Tule	Finance Director	\$73,549	2.09%	\$1,540.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$52,246.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	1.13%	\$954.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	81.69%	\$49,752.00
Marie Tule	Finance Director	\$73,549	2.09%	\$1,540.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$52,246.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Lakes Region Partnership for Public Health, Inc.

Name of Contract: Regional Public Health Network Services-Substance Misuse Prevention

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	5.17%	\$4,357.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	1.54%	\$938.00
Marie Tule	Finance Director	\$73,549	1.97%	\$1,449.00
Kerri Lowe	Substance Misuse Prevention Coordinator	\$45,656	84.50%	\$38,581.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$45,325.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	5.17%	\$4,357.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	1.54%	\$938.00
Marie Tule	Finance Director	\$73,549	1.97%	\$1,449.00
Kerri Lowe	Substance Misuse Prevention Coordinator	\$47,026	82.04%	\$38,581.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$45,325.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Lakes Region Partnership for Public Health, Inc.

Name of Contract: Regional Public Health Network Services - Continuum of Care

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	6.66%	\$5,608.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	1.54%	\$938.00
Marie Tule	Finance Director	\$73,549	2.96%	\$2,174.00
Kelley Gaspa	Director, Substance Use Disorder Systems Integration	\$55,016	79.14%	\$43,542.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$52,262.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	6.66%	\$5,608.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	1.54%	\$938.00
Marie Tule	Finance Director	\$73,549	2.96%	\$2,174.00
Kelley Gaspa	Director, Substance Use Disorder Systems Integration	\$56,666	79.14%	\$44,848.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$53,568.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Lakes Region Partnership for Public Health, Inc.

Name of Contract: Regional Public Health Network Services - Young Adult Leadership

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	1.49%	\$1,256.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	0.77%	\$469.00
Marie Tule	Finance Director	\$73,549	0.62%	\$453.00
Kelley Gaspa	Director, Substance Use Disorder Systems Integration	\$55,016	1.00%	\$551.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$2,729.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	1.49%	\$1,256.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	0.77%	\$469.00
Marie Tule	Finance Director	\$73,549	0.62%	\$453.00
Kelley Gaspa	Director, Substance Use Disorder Systems Integration	\$56,666	1.00%	\$568.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$2,746.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Lakes Region Partnership for Public Health, Inc.

Name of Contract: Regional Public Health Network Services - Young Adult Substance Misuse Prevention Strategies

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	6.71%	\$5,653.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	1.54%	\$938.00
Marie Tule	Finance Director	\$73,549	3.08%	\$2,265.00
Kelley Gaspa	Director, Substance Use Disorder Systems Integration	\$55,016	20.04%	\$11,023.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$19,879.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	6.71%	\$5,653.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	1.54%	\$938.00
Marie Tule	Finance Director	\$73,549	3.08%	\$2,265.00
Kelley Gaspa	Director, Substance Use Disorder Systems Integration	\$56,666	20.04%	\$11,354.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$20,210.00

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Lakes Region Partnership for Public Health, Inc.

Name of Contract: Regional Public Health Network Services - School-Based Vaccination Clinics

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	0.82%	\$691.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	4.74%	\$2,888.00
Marie Tule	Finance Director	\$73,549	0.62%	\$453.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$4,032.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shelley Carita	Executive Director	\$84,240	0.82%	\$691.00
Susan Laverack	Associate Director/PHEP Director	\$60,902	4.74%	\$2,888.00
Marie Tule	Finance Director	\$73,549	0.62%	\$453.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$4,032.00

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-09

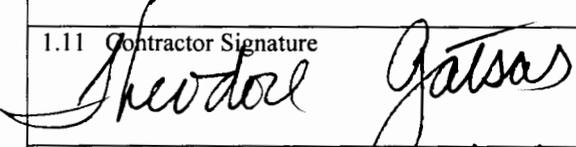
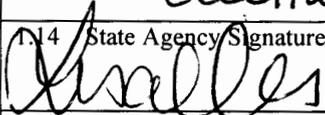
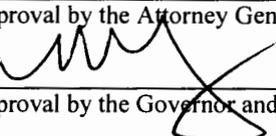
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Manchester Health Department		1.4 Contractor Address 1528 Elm Street Manchester, NH 03101	
1.5 Contractor Phone Number 603-624-6466 ext 301	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$1,167,744
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Theodore Gatsas, Mayor	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Hillsborough</u> On <u>5-17-17</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 [Seal] <u>Cecelia Buckley</u>		CECELIA BUCKLEY Notary Public - Justice of the Peace My Commission Expires October 16, 2018	
1.13.2 Name and Title of Notary or Justice of the Peace <u>Cecelia Buckley, Justice of the Peace</u>			
1.14 State Agency Signature  Date: <u>5/25/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By:  <u>Megan A. Johnson</u> Attorney General On: <u>6/5/16</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

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

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials JG
Date 5/17/17

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A (*"Workers' Compensation"*).

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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

Contractor Initials J.G.
Date 5/17/17



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.



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- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.2.9. Develop and implement plans and protocols in the Greater Manchester and Greater Nashua Public Health Regions for rapid and appropriate public health actions, such as identifying cases of infectious diseases, managing disease outbreaks, and assist in maintaining isolation, quarantine, or public health orders pursuant to applicable statutes and regulations.

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Exhibit A

- 3.1.2.9.1. Increase interoperability and functionality by ensuring that properly functioning public health information systems are available. Such systems must be capable of supporting syndromic surveillance, integrated surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities.
- 3.1.2.9.2. Ensure the safety and health of public health department staff who respond to an incident, including a large-scale incident that may require significant personnel from outside the health department through the following activities.
 - 3.1.2.9.2.1. Support fit testing and maintain respiratory protection programs for both public health and health care sector workforce.
 - 3.1.2.9.2.2. Promote coordinated training and maintenance of competencies among public health first responders, health care providers (including EMS), and others as appropriate, on the use of PPE and environmental decontamination. Training should follow Occupational Safety and Health Administration (OSHA) guidelines and state regulations.
 - 3.1.2.9.2.3. Ensure infectious disease response planning to identify and manage potentially infected interstate and international travelers and acquisition and deployment of immunizations and prophylactic medication as appropriate.
 - 3.1.2.9.2.4. Establish key indicators, critical information requirements, and essential elements of information that will assist with the timing of notifications, alerting, and coordinating responses to emerging or re-emerging infectious disease outbreaks of significant public importance, including novel or high-consequence pathogens.
 - 3.1.2.9.2.5. Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes. Ensure the capacity to surge these systems and processes in response to incidents of public health significance.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.
- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.



Exhibit A

- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document. (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.
 - 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
 - 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
 - 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
 - 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
 - 3.1.4.6. Serve as direct liaison with BDAS throughout the project.



3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.
- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.



3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for



Exhibit A

such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.



5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
 - 5.1.4.1.5. Submit annual report
 - 5.1.4.1.6. Provide additional reports or data as required by the Department.
 - 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.



5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU .Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledge, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).



- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

- 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
- 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.



- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.



Exhibit A

7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

7.1.5.1. Annual update of regional substance use services assets and gaps assessment.

7.1.5.2. Annual update of regional CoC development plan.

7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.

7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B

2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

**Regional Public Health Network Services -
Budget Request for: PHAC**
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 14,297.34	\$ -	\$ 14,297.34	
2. Employee Benefits	\$ 5,678.91	\$ -	\$ 5,678.91	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 500.00	\$ -	\$ 500.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 2,023.75	\$ -	\$ 2,023.75	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	
12. Subcontracts/Agreements	\$ 5,000.00	\$ -	\$ 5,000.00	
13. Other (specific details mandatory):	\$ 1,500.00	\$ -	\$ 1,500.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

**Regional Public Health Network Services -
Budget Request for: PHAC**
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 14,297.34	\$ -	\$ 14,297.34	
2. Employee Benefits	\$ 5,678.91	\$ -	\$ 5,678.91	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 500.00	\$ -	\$ 500.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 2,023.75	\$ -	\$ 2,023.75	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	
12. Subcontracts/Agreements	\$ 5,000.00	\$ -	\$ 5,000.00	
13. Other (specific details mandatory):	\$ 1,500.00	\$ -	\$ 1,500.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

\$ -

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$182,383.00	\$ -	\$182,383.00	
2. Employee Benefits	\$99,490.00	\$ -	\$ 99,490.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,350.00	\$ -	\$ 3,350.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 285,223.00	\$ -	\$285,223.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: J.g

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 182,383.00	\$ -	\$182,383.00	
2. Employee Benefits	\$ 99,490.00	\$ -	\$ 99,490.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,350.00	\$ -	\$ 3,350.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 285,223.00	\$ -	\$285,223.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials:

J.G.

Date:

5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

**Regional Public Health Network Services -
Budget Request for: SMP**
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 62,400.00	\$ -	\$ 62,400.00	
2. Employee Benefits	\$ 11,918.40	\$ -	\$ 11,918.40	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 800.00	\$ -	\$ 800.00	
6. Travel	\$ 200.00	\$ -	\$ 200.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,050.00	\$ -	\$ 1,050.00	
11. Staff Education and Training	\$ 442.07	\$ -	\$ 442.07	
12. Subcontracts/Agreements	\$ 2,379.53	\$ -	\$ 2,379.53	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,040.00	\$ -	\$ 83,040.00	

Indirect As A Percent of Direct

\$ - 0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

**Regional Public Health Network Services -
Budget Request for: SMP**
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 62,400.00	\$ -	\$ 62,400.00	
2. Employee Benefits	\$ 11,918.40	\$ -	\$ 11,918.40	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 800.00	\$ -	\$ 800.00	
6. Travel	\$ 200.00	\$ -	\$ 200.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,050.00	\$ -	\$ 1,050.00	
11. Staff Education and Training	\$ 442.07	\$ -	\$ 442.07	
12. Subcontracts/Agreements	\$ 2,379.53	\$ -	\$ 2,379.53	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,040.00	\$ -	\$ 83,040.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: J.G.

Date: 5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,160.00	\$ -	\$ 56,160.00	
2. Employee Benefits	\$ 10,727.00	\$ -	\$ 10,727.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 800.00	\$ -	\$ 800.00	
6. Travel	\$ 200.00	\$ -	\$ 200.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,050.00	\$ -	\$ 1,050.00	
11. Staff Education and Training	\$ 442.07	\$ -	\$ 442.07	
12. Subcontracts/Agreements	\$ 2,379.93	\$ -	\$ 2,379.93	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 75,609.00	\$ -	\$ 75,609.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,160.00	\$ -	\$ 56,160.00	
2. Employee Benefits	\$ 10,727.00	\$ -	\$ 10,727.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 800.00	\$ -	\$ 800.00	
6. Travel	\$ 200.00	\$ -	\$ 200.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,050.00	\$ -	\$ 1,050.00	
11. Staff Education and Training	\$ 442.07	\$ -	\$ 442.07	
12. Subcontracts/Agreements	\$ 2,379.93	\$ -	\$ 2,379.93	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 75,609.00	\$ -	\$ 75,609.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

**Regional Public Health Network Services -
Budget Request for: YAL**
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,900.00	\$ -	\$ 3,900.00	
2. Employee Benefits	\$ 744.90	\$ -	\$ 744.90	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 100.00	\$ -	\$ 100.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ 755.10	\$ -	\$ 755.10	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,000.00	\$ -	\$ 1,000.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,500.00	\$ -	\$ 1,500.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

**Regional Public Health Network Services -
Budget Request for: YAL**
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,900.00	\$ -	\$ 3,900.00	
2. Employee Benefits	\$ 744.90	\$ -	\$ 744.90	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 100.00	\$ -	\$ 100.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ 755.10	\$ -	\$ 755.10	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,000.00	\$ -	\$ 1,000.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,500.00	\$ -	\$ 1,500.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

**Regional Public Health Network Services -
Budget Request for: YAS**
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,160.00	\$ -	\$ 56,160.00	
2. Employee Benefits	\$ 10,727.00	\$ -	\$ 10,727.00	
3. Consultants	\$ 13,063.00	\$ -	\$ 13,063.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,500.00	\$ -	\$ 2,500.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 600.00	\$ -	\$ 600.00	
6. Travel	\$ 600.00	\$ -	\$ 600.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 450.00	\$ -	\$ 450.00	
10. Marketing/Communications	\$ 900.00	\$ -	\$ 900.00	
11. Staff Education and Training	\$ 300.00	\$ -	\$ 300.00	
12. Subcontracts/Agreements	\$ 1,350.00	\$ -	\$ 1,350.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,200.00	\$11,191.00	\$ 90,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

**Regional Public Health Network Services -
Budget Request for: YAS**
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,160.00	\$ -	\$ 56,160.00	
2. Employee Benefits	\$ 10,727.00	\$ -	\$ 10,727.00	
3. Consultants	\$ 7,500.00	\$ -	\$ 7,500.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 750.00	\$ -	\$ 750.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 2,413.00	\$ -	\$ 2,413.00	
6. Travel	\$ 600.00	\$ -	\$ 600.00	
7. Occupancy	\$ 3,000.00	\$ -	\$ 3,000.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,000.00	\$ -	\$ 2,000.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 2,500.00	\$ -	\$ 2,500.00	
11. Staff Education and Training	\$ 2,500.00	\$ -	\$ 2,500.00	
12. Subcontracts/Agreements	\$ 1,350.00	\$ -	\$ 1,350.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 90,000.00	\$ -	\$ 90,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17



SPECIAL PROVISIONS

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

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

T.G.
9/17/17



- 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 (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) 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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

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

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

4. Insurance

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 against all claims of bodily injury, death or property damage, in amounts of not less than \$275,000 per claim and \$925,000 per occurrence.

T.G.

5/17/17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

New Hampshire Department of Health and Human Services
Exhibit D

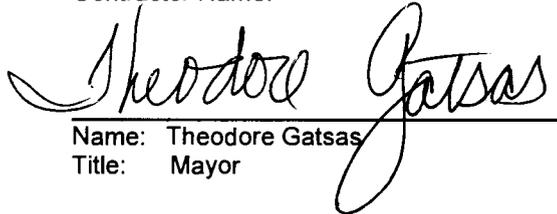


- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted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

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

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

5/17/17
Date

Contractor Name:

Name: Theodore Gatsas
Title: Mayor



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

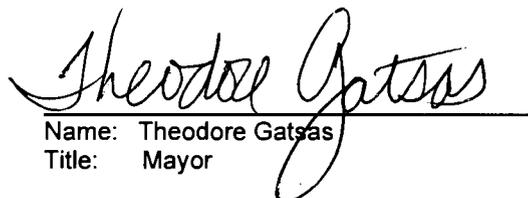
The undersigned certifies, to the best of his or her knowledge and belief, that:

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

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

Contractor Name:

5/17/2017
Date


Name: Theodore Gatsas
Title: Mayor



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

5/17/2017
Date

Contractor Name:

Theodore Gatsas
Name: Theodore Gatsas
Title: Mayor



**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

J.G.

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

5/17/17

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

5/17/2017
Date

Contractor Name:

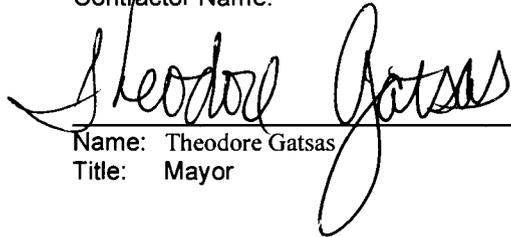

Name: Theodore Gatsas
Title: Mayor

Exhibit G

Contractor Initials T.G.

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

Date 5/17/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

5/17/2017
Date

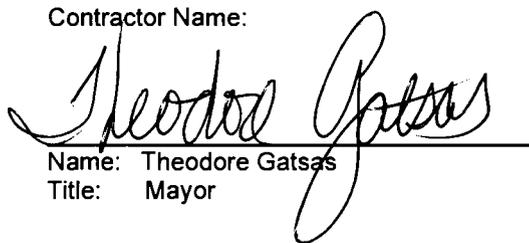
Contractor Name:

Name: Theodore Gatsas
Title: Mayor



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



Exhibit I

- I. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR Section 164.103.
- m. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. “Unsecured Protected Health Information” means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
 The State

Lisa Morris

 Signature of Authorized Representative

Lisa Morris, MSSW

 Name of Authorized Representative

Director

 Title of Authorized Representative

5/25/17

 Date

City of Manchester
 Name of the Contractor

Theodore Gatsas

 Signature of Authorized Representative

Theodore Gatsas

 Name of Authorized Representative

Mayor

 Title of Authorized Representative

5/17/2017

 Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

5/17/17
Date

Theodore Gatsas
Name: Theodore Gatsas
Title: Mayor



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: _790913636_____
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

___X___ NO _____ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO ___X___ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

CERTIFICATE OF VOTE

I, Matthew Normand, do hereby certify that:
(Name of the City Clerk of the Municipality)

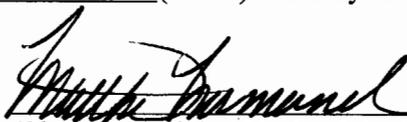
1. I am duly elected City Clerk of the City of Manchester
2. The following is a true copy of an action duly adopted at a meeting of the Board of Mayor and Aldermen duly held on May 17, 2017,

RESOLVED: That this Municipality enter into a contract with the State of New Hampshire, Department of Health and Human Services.

RESOLVED: That Theodore Gatsas,
(Mayor of the City of Manchester)

hereby is authorized on behalf of this municipality to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

3. The foregoing action on has not been amended or revoked and remains in full force and effect as of May 19, 2017
4. Theodore Gatsas (is/are) the duly elected Mayor of the City of Manchester.

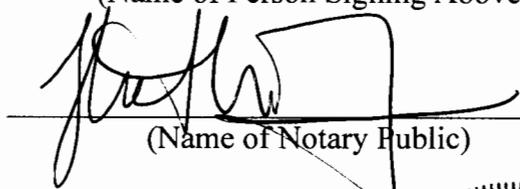

(Signature of the Clerk of the Municipality)

State of New Hampshire
County of Hillsborough

The foregoing instrument was acknowledge before me this 19th day of

May, 2017 by Matthew Normand.
(Name of Person Signing Above)

(NOTARY
SEAL)


(Name of Notary Public)

Title: Notary Public/Justice of the Peace
Commission Expires: _____





**City of Manchester
Office of Risk Management**

Harry G. Ntapalis
Risk Manager

One City Hall Plaza
Manchester, New Hampshire 03101
(603) 624-6503 Fax (603) 624-6528
TTY: 1-800-735-2964

CERTIFICATE OF COVERAGE
N.H. DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Public Health Services
29 Hazen Drive
Concord, New Hampshire 03301-6504

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage within the financial limits of RSA 507-B as follows:

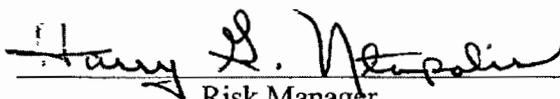
	Limits of Liability (in thousands 000)	
GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	975
WORKER'S COMPENSATION	Statutory Limits	

The City of Manchester, New Hampshire maintains a Self-Insured, Self-Funded Program and retains outside claim service administration. All coverages are continuous until otherwise notified. Effective on the date Certificate issued and expiring upon completion of contract. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the limits described herein is subject to all the terms, exclusions and conditions of RSA 507-B.

DESCRIPTION OF OPERATIONS/LOCATION/CONTRACT PERIOD

To cover State Case Management Services contract between the City of Manchester Health Department and the New Hampshire Division of Public Health Services.

Issued the 23rd day of April, 2013.



Risk Manager

Timothy M. Soucy, MPH, REHS
Public Health Director



Anna J. Thomas, MPH
Deputy Public Health Director

CITY OF MANCHESTER *Health Department*

Board of Mayor & Aldermen

Mayor

Theodore L. Gatsas

Ward 1 Alderman
Kevin J. Cavanaugh

Ward 2 Alderman
Ron Ludwig

Ward 3 Alderman
Patrick Long

Ward 4 Alderman
Christopher Herbert

Ward 5 Alderman
Anthony Sapienza

Ward 6 Alderman
Vacant

Ward 7 Alderman
William P. Shea

Ward 8 Alderman
Thomas Katsiantonis

Ward 9 Alderman
Barbara E. Shaw

Ward 10 Alderman
Bill Barry

Ward 11 Alderman
Normand Gamache

Ward 12 Alderman
Keith Hirschmann

At-Large Alderman
Daniel P. O'Neil

At-Large Alderman
Joseph Kelly Levasseur

Board of Health

Rosemary M. Caron, PhD, MPH, Chair

Elaine M. Michaud, Esquire, Clerk

Tanya A. Tupick, D.O.

Christopher N. Skaperdas, DMD

Stephanie P. Hewitt, MSN, FNP-BC

TIMOTHY M. SOUCY, MPH, REHS

SUMMARY OF QUALIFICATIONS

- 22-Year Manchester Health Department Employee, 18-Year Senior Manager
- Recognized Public Health Leader in City of Manchester and State of New Hampshire
- Experienced in Managing Employees and Budgets
- Lifelong Manchester, New Hampshire Resident

EDUCATION

- Master of Public Health Degree May 1998 Boston University School of Public Health, Boston, Massachusetts
Concentration: Environmental Health
- Bachelor of Science Degree May 1989 University of Vermont, Burlington, Vermont
Major: Biology

PROFESSIONAL PUBLIC HEALTH EXPERIENCE

02/90 – Present: Manchester Health Department

12/06 – Present: Public Health Director

As the Chief Administrative Officer provides administrative oversight to all operations and activities of the Manchester Health Department including exclusive personnel responsibility, supervisory authority and budgetary authority. The Manchester Health Department routinely assesses the health of the community and recommends appropriate policies, ordinances and programs to improve the health of the community. The Department investigates and controls communicable diseases, completes environmental inspections and investigations necessary to protect the public health and is also responsible for the provision of school health services for Manchester school children. The Public Health Director also serves as the Executive Director of the Health Care for the Homeless Program (330-h) and has overseen the AmeriCorps VISTA Program and Weed & Seed Strategy.

11/02 – 06/06: Public Health Preparedness Administrator

Carried out all functions of Chief of Environmental Health. In addition, planned, directed and supervised all activities to assure local readiness, interagency collaboration, and preparedness for bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. Secured over two million dollars (\$2,000,000) in federal public health preparedness funding for the City of Manchester since 2002. Experienced in Manchester Emergency Operations Center (EOC) operations.

08/94 – 11/02: Chief, Division of Environmental Health

Planned, directed and supervised all environmental health activities carried out within the City of Manchester. Evaluated and recommended public health standards, ordinances and legislation. Advised governmental leaders, community representatives, and the general public on environmental health issues. Planned and conducted professional public health training programs. Coordinated epidemiological investigations for specific disease outbreaks. Supervised division staff and evaluated personnel performance.

02/90 - 08/94: Environmental Health Specialist / Sanitarian

Performed duties related to a comprehensive environmental health program, including, but not limited to inspection of food service facilities, investigation of foodborne illnesses, inspection of institutional facilities, swimming pool inspections, indoor air quality investigations, inspections of septic systems, investigation of public health nuisances, and investigation of childhood lead poisoning cases.

PROFESSIONAL CERTIFICATIONS

- Registered Environmental Health Specialist, National Environmental Health Association, Number 85241 (Inactive)
- Designer of Subsurface Sewage Disposal Systems, State of New Hampshire, Permit number 1273 (Active)
- ServSafe Food Protection Manager Certification Course, National Restaurant Association, 1998 (Inactive)

PROFESSIONAL ORGANIZATIONS

- Member, National Association of County & City Health Officials (NACCHO)
- Member, American Public Health Association (APHA)
- Member, National Environmental Health Association, (NEHA)
- Member, New Hampshire Public Health Association (NHPHA)
- Member, New Hampshire Health Officer Association (NHHOA)

HONORS AND RECOGNITIONS

- Appointee, New Hampshire Health Exchange Advisory Board, 2012
- Poster Session, NACCHO Annual Conference, 2010
- Presenter, NALBOH Annual Conference, 2009
- Presented with Key to the City, Honorable Mayor Frank C Guinta, 2009
- Appointee, Survive & Thrive Workgroup, National Association of County & City Health Officials 2009 – Present
- Fellow, Survive & Thrive, National Association of County & City Health Officials 2008 – 2009
- Guest Lecturer, University of New Hampshire, MPH, MPA and Undergraduate Programs 2006- Present
- Associate, Leadership New Hampshire, Class of 2005
- 40 Under Forty, The Union Leader & Business and Industry Association of New Hampshire, Class of 2004
- Appointee, Legislative Study Committee for Public Health and the Environment, 2000-2003
- Inductee, Delta Omega, Public Health Honor Society, Boston University School of Public Health 1998

CONTINUING EDUCATION

- Reasonable Suspicion Supervisory Training, City of Manchester Human Resources, 2010
- New Hampshire Department of Environmental Services, Subsurface Bureau Educational Seminars, 2010
- Survive & Thrive, National Association of County & City Health Officials, 2009
- ICS 300, MGT 313, Incident Management/Unified Command, Texas A&M, 2008
- MGT -100 WMD Incident Management/Unified Command Concept, Texas A&M, 2008
- ICS 100, ICS 200, US Department of Homeland Security, 2008
- Bi-State Primary Care Association, Primary Care Conference, 2007
- Public Health Preparedness Summit, National Association of City & County Health Officials, 2006
- National Incident Management Systems (NIMS), US Department of Homeland Security, 2005
- Healthcare Leadership & Administrative Decision-Making in Response to Weapons of Mass Destruction (WMD) Incidents US Federal Emergency Management Agency, 2004
- Forensic Epidemiology, US Department of Justice & US Centers for Disease Control & Prevention, 2003
- BioDefense Mobilization Conference, University of Washington, School of Public Health, 2002
- Emergency Response to Domestic Biological Incidents, US Department of Justice & LSU, 2001
- Financial Skills for Non-Financial Managers, University of New Hampshire, 2001
- National Environmental Health Association Annual Education Conference, NEHA, 2000
- Management Perspectives for Public Health Practitioners, US Centers for Disease Control & Prevention, 2000
- Investigating Foodborne Illnesses, US Food & Drug Administration, 1999
- Environmental Health Risks to Children, US Environmental Protection Agency, 1998
- Food Microbiological Control, US Food & Drug Administration, 1998
- Computer Assisted Modeling for Emergency Operations (CAMEO), Harvard School of Public Health, 1997
- Local Radon Coordinators Network Training, National Association of City & County Health Officials, 1996
- Introduction to Indoor Air Quality, US Environmental Protection Agency & Harvard University, 1995
- Hazard Analysis & Critical Control Point (HACCP), US Food & Drug Administration, 1995
- Safety Measurement, Bloodborne Pathogens, Confined Space Entry, University of New Hampshire, 1994
- Environmental Health Sciences, US Centers for Disease Control & Prevention, 1992
- Field Description of Soils, University of New Hampshire, 1992
- Kentucky Lead Training Workshop, Jefferson County Health Department, 1991
- Foodborne Disease Control, US Centers for Disease Control & Prevention, 1991
- Lead Paint Inspectors Course, PCG PRO-Tech Services, Massachusetts, 1990

COMMUNITY ACTIVITIES

- Member, Board of Directors, Families in Transition, Housing Benefits, Inc., 2010 – Present
- Member, Board of Directors, Mental Health Center of Greater Manchester, 2008 – Present (Board Chair 2012 – Present)
- Leadership Greater Manchester Steering Committee, Greater Manchester Chamber of Commerce, 2008 – Present
- Volunteer, Dance Visions Network, 2007 - Present
- Member, Seniors Count Collaborating Council, Easter Seals of New Hampshire, 2006 - Present
- Member, Board of Directors, New Horizons for New Hampshire, 2004 – 2010 (Board President 2007-2009)
- Coach, Parker Varney Girls Basketball Team, 2004-2005
- Assistant Coach, Rising Stars Recreation Soccer League, 2002
- Assistant Coach, Manchester Angels Recreation Soccer League, 2001-2003
- Member, Advisory Council, Endowment for Health, Inc. 2000-2003
- Assistant Coach, Manchester West Junior Soccer League, 2000-2003
- Assistant Coach, Manchester West Junior Deb Softball League, 2000
- Member, Allocations Committee, United Way of Greater Manchester, 1998-2003
- Health Department Campaign Coordinator, Granite United Way, 1996, 2008 - 2012

CITY OF MANCHESTER ACTIVITIES

- Appointee, City of Manchester Labor / Management Committee, 2011 – Present
- Appointee, City of Manchester Local Emergency Planning Committee, 2011 – Present
- Appointee, City of Manchester Refugee and Immigrant Integration Task Force, 2010 - Present
- Appointee, City of Manchester 10-Year Plan to End Homelessness, 2010 - Present
- Appointee, City of Manchester Quality Council, 2008 – Present
- Appointee, City of Manchester AFSCME Sick Leave Bank, 2006- Present

PHILOSOPHY

Results Oriented Leader Pursuing Innovative Approaches to Measurably Improving Community Health and Quality of Life.
Strong Interpersonal Skills Combined with Independence, Adaptability and Ability to Make and Implement Difficult Decisions.

HONORS AND INTERESTS

Awarded 2009 Key to the City of Manchester, Presented by Mayor Frank C. Guinta
Awarded 2008 University of New Hampshire Department of Health Management and Policy Alumni Award
Awarded 2006 "Top Forty Under Forty in NH", The Union Leader and the Business and Industry Association of NH
Awarded 1998 Most Valuable Officer, Medical Command, New Hampshire Army National Guard
Awarded 1997 Smoke Free New Hampshire Alliance Award of Merit
Awarded 1995 Employee of the Year, City of Manchester Department of Health
Adjunct Instructor, Dartmouth College, Dartmouth Medical School
Guest Lecturer, University of New Hampshire, School of Health and Human Services
Instructor, New Hampshire Institute for Local Public Health Practice

EDUCATION

Master of Public Health	Dartmouth Medical School, Center for Clinical and Evaluative Sciences, Hanover, NH	2005
Graduate Certificate in Public Health	Johns Hopkins Bloomberg School of Public Health, Baltimore, MD - <i>CDC Scholarship Recipient</i>	2001
Principles of Epidemiology	Harvard School of Public Health, Cambridge, MA	1996
B.S. Health Management and Policy	University of New Hampshire, Durham, NH - <i>U.S. Army Scholarship Recipient</i>	1989

CONTINUING EDUCATION

Reasonable Suspicion Training for Supervisors	City of Manchester Human Resources Department, NH	2010
WMD Incident Management/Unified Command	Domestic Preparedness Campus, Texas A & M University	2008
National Incident Management System Introduction	Emergency Management Institute, Emmitsburg, MD	2008
Introduction to the Incident Command System	Emergency Management Institute, Emmitsburg, MD	2008
ICS for Single Resources and Initial Action Incidents	Emergency Management Institute, Emmitsburg, MD	2008
Introduction to GIS for Public Health Applications	CDC/National Center for Health Statistics, Washington, DC	1998
Introduction to Public Health Surveillance	CDC/Emory University, Atlanta, GA	1997
Measuring the Healthy People 2000 Objectives	CDC/National Center for Health Statistics, Washington, DC	1995
HIV/AIDS Counselor Partner Notification	NH Department of Health and Human Services, Concord, NH	1995

CERTIFICATIONS

Basic Emergency Medical Technician	National Registry of EMT's, Parkland Medical Center, Derry, NH	1995
C.P.R.	National Affiliate of American Heart Association, Parkland Medical Center, Derry, NH	1995
Aerobic/Fitness Instructor	SANTE, Dover, NH	1988

LEADERSHIP

Granite United Way	Board of Directors, Community Impact Health Committee Co-Chair, Manchester, NH	2008-Present
Media Power Youth	Board of Directors, Manchester, NH	2007-Present
Mary Gale Foundation	Trustee, Manchester, NH	2007-Present
Manchester Weed and Seed Strategy	Planning and Steering Committee Member, Manchester, NH	2000-Present
Greater Manchester Association of Social Service Agencies	Executive Board, Manchester NH	1997-Present
Healthy Manchester Leadership Council	Member, Manchester, NH	1995-Present
Mayor's Study Committee on Sex Offenders	Member, Manchester, NH	2008-2009
Mental Health Center of Greater Manchester	Board of Directors, Manchester, NH	2002-2008
Leadership New Hampshire	Associate, Concord, NH	2006-2007
Seniors Count Initiative	Member, Manchester, NH	2004-2006
New Hampshire Public Health Association	Board of Directors, Concord, NH	1999-2003
Cultural Diversity Taskforce	Founding Taskforce Member, Manchester, NH	1994-1996

PROFESSIONAL EXPERIENCE**CITY OF MANCHESTER HEALTH DEPARTMENT**

Manchester, NH

1994 - Present

Deputy Public Health Director

05/07 - Present

Provide Management, Supervisory and Technical Expertise Related to the Functions of a Multidisciplinary Local Public Health Department
 Direct Complex Public Health Assessment Activities and Design Community Intervention Strategies for Public Health Concerns
 Coordinate the Administration of Multiple Grant Programs and Participate in Resource Development for the Department and the Community
 Assume Duties of Public Health Director as Needed

Public Health Administrator

06/06 – 05/07

Headed the Community Epidemiology and Disease Prevention Division and Provided Operational Support to Communicable Disease Control Functions
 Provided Federal and State Grant Coordination and Leadership to Community Health Improvement Initiatives
 Assumed Duties of Public Health Director as Needed

Community Epidemiologist/Health Alert Network Coordinator

11/02 – 06/06

Headed the Public Health Assessment and Planning Division and the Health Alert Network of Greater Manchester Including Supervision of Staff
 Provided Oversight to Outside Funded Projects and Staff Including the U.S. Department of Justice Weed and Seed Strategy as well as the CDC Racial and Ethnic Approaches to Community Health 2010 Initiative
 Analyzed Population-Based Health Statistics and Provided Recommendations for Action in the Community for Public Health Improvement and Performance Measurement

Public Health Epidemiologist

06/96 – 11/02

Defined Key Public Health Indicators and Conducted Ongoing Assessment of Community Health Status
 Provided Continuous Analysis of Priority Areas as Identified by the Community to Help Shape Local and State Policies and Direction for Implementation of Effective Public Health Models
 Local Partnership Member in the Kellogg and Robert Wood Johnson Foundations' National Turning Point Initiative, "Collaborating for a New Century in Public Health"

Tobacco Prevention Coalition Coordinator

11/95 - 12/96

Mobilized the Community Through Youth Driven Initiatives
 Addressed Youth Access to Tobacco Products
 Prevented the Initiation of Tobacco Use by Children and Teens

Community Health Coordinator

11/94 - 12/96

Analyzed and Addressed Public Health Needs of Low-Income and Underserved Populations
 Coordinated Public Health Services with Community Health and Social Service Providers
 Project Coordinator for "Our Public Health" Monthly Cable TV Program with 50,000 Household Viewership
 Editor and Layout Designer for Quarterly Newsletter Sent to 400 Community, Health and Social Services Agencies

COMMUNITY HEALTH IMPROVEMENT REPORTS

- City of Manchester Health Department, "*City of Manchester Blueprint for Violence Prevention*", 2011 <http://www.manchesternh.gov/website/LinkClick.aspx?fileticket=cA17w3w66tI%3d&tabid=3187>
- Healthy Manchester Leadership Council Report, "*Believe in a Healthy Community: Greater Manchester Community Needs Assessment*", 2009 <http://www.manchesternh.gov/website/Departments/Health/DataandReports/tabid/700/Default.aspx>
- Manchester Sustainable Access Project Report, "*Manchester's Health Care Safety Net – Intact But Endangered: A Call to Action*", 2008 <http://www.manchesternh.gov/website/Departments/Health/DataandReports/tabid/700/Default.aspx>
- Seniors Count Initiative, "*Aging in the City of Manchester: Profile of Senior Health and Well-Being*", 2006
- City of Manchester Health Department, "*Public Health Report Cards*", 2005 <http://www.manchesternh.gov/website/Departments/Health/PublicHealthData/ArchivedHealthData/tabid/169/Default.aspx>
- City of Manchester Health Department, "*Health Disparities Among Maternal and Child Health Populations in the City of Manchester Data Report*", 2000
- Healthy Manchester Leadership Council Report, "*The Oral Health Status of the City of Manchester, Action Speaks Louder Than Words*", 1999
- Healthy Manchester Leadership Council Report, "*Taking a Tough Look at Adolescent Pregnancy Prevention in the City of Manchester*", 1998
- United Way Compass Steering Committee, "*Community Needs Assessment of Greater Manchester Data Report*", 1997
- City of Manchester Health Department, "*Public Health Report Cards*", Recognized in the National Directory of Community Health Report Cards, UCLA Center for Children, Families & Communities, 1996

PROFESSIONAL EXPERIENCE (CONTINUED)

JENNY CRAIG INTERNATIONAL	Del Mar, CA	1989-1994
Corporate Operational Systems Trainer	11/91 - 10/94	
Traveled Internationally to Conduct Training Seminars for 500 Corporate Owned and Franchisee Centers		
Sold and Provided Operational Systems and Services to Franchisee Centers in U.S., Canada, Puerto Rico and Mexico		
Installation	Setup	Training
Utilized Spanish Language Software	Implementation	Support
Developed Training Manuals, Seminar Handouts, Guides and Outlines		
Audited Individual Centers Overall Management Performance and Adherence to Information System Procedures		
Regional Assistant, Greater Boston Market	09/89 - 11/91	
Opened the First 24 Weight Management Centers in the Northeast		
Provided Operational and Logistical Support including the Hiring and Training of New Employees		
Acquired, Summarized and Analyzed Performance Data from Centers		
Provided Corporate Office with Weekly Marketing Analysis		
GOLD'S GYM AND FITNESS	Dover, NH	1988-1989
Director of Aerobics and Fitness Instructor		
Counseled Members on Self-Improvement Motivation in Nutrition, Fitness and Cardiovascular Programs		

MILITARY SERVICE

U.S. ARMY MEDICAL SERVICE CORPS, Commissioned Officer, Major		1989-2005
New Hampshire Army National Guard	VA Hospital, Manchester, NH	1997-2005
Responsible for Operationally Supporting the Medical and Dental Readiness of Nearly 1800 NHARNG Soldiers		
Developed and Secured Funding for the Healthy NHARNG 2010 Wellness Initiative Designed to Improve Soldier Medical and Dental Readiness with a Special Emphasis on Individuals with Elevated Risk Factors for Poor Health Outcomes		
Presented on the Health Status of the NHARNG at the New England State Surgeons' Conference and the New Hampshire Senior NCO and Commanders' Conferences		
Served in the New Hampshire Army National Guard Counter Drug Task Force		
Massachusetts Army Reserve	Fort Devens, Devens, MA	1989-1997
Recipient of the U.S. Army Commendation Medal Awarded for Heroism, Meritorious Achievement and Service		
Directed 50 - 150 Troops Training and Discipline Including Team, Platoon and Detachment Leadership		
Developed Motivational Skills to Inspire Troops with High Fatigue Levels Under Stressful Conditions		

MILITARY TRAINING

AMEDD Officer Advanced Course	Academy of Health Sciences, Fort Sam Houston, TX	1996
Preventive Medicine		
Combat Health Services Planning and Estimation		
Nuclear, Biological and Chemical Threat		
Observer / Controller Qualification	78th Division, 3/310th Infantry Regiment, MA	1995
AMEDD Officer Basic Course	Academy of Health Sciences, Fort Sam Houston, TX	1990
Army Reserve Officers Training Course	University of New Hampshire, Durham, NH	1989
Distinguished Military Graduate		
Top 20% of 9,000 Nationally		
Directed 60 Cadets Training and Discipline		
Advanced Camp Training	Fort Bragg, NC	1988
Voluntary Officer Leadership Program	10th Mountain Division, Fort Drum, NY	1988

Philip J. Alexakos, MPH, REHS
Manchester Health Department
1528 Elm Street
Manchester NH 03101
628-6003 x307
palexako@manchesternh.gov

EDUCATION

Bachelor of Science Degree, May 1994
Bates College, Lewiston, Maine
Major: Biology
3.0 GPA

Master of Public Health, May 2004
University of New Hampshire
Public Health Ecology Concentration
3.93 GPA

EXPERIENCE

5-07 to present **Public Health Preparedness Administrator**
(Chief of Environmental Health and Emergency Preparedness)
Manchester Health Department, Manchester, NH

Oversees all aspects of the environmental health program as noted below. Responsible for the completion of tasks as required by the public health preparedness grants received by the Department. Serve as the Director of the Greater Manchester Medical Reserve Corps. Serves as the Chair of the Regional Coordinating Committee (a.k.a. "Bioguys"). Functions as the liaison to all towns in the Greater Manchester Public Health Region. Teaches classes throughout the State on a variety of public health and preparedness topics. Serves on several preparedness and environmental health workgroups as requested.

8/10-present **Adjunct Faculty Member**
University of New Hampshire. Master of Public Health
Program

Teach a graduate level class on environmental health. Integrating broad global concepts and local application of interventions and strategies, this course is designed to require critical thinking and analysis of the effects of environmental health issues on all affected stakeholders.

12/01 to 5/07 **Senior Public Health Specialist and Supervisor of**

**Environmental Health
Manchester Health Department, Manchester, NH**

Immediate supervisor of the environmental health division. Performs all tasks under the senior environmental health specialist job description. Provides assistance to all staff in the division as well as peers across the Public Health Preparedness catchment area. Serves as an executive board member of food safety and lead poisoning prevention coalitions. Evaluates employees for performance and departmental objectives and outcomes. Teaches classes in core functions of public health and environmental health for the Institute for Local Public Health Practice.

**1/07 to 1/09 Adjunct Faculty Member
Southern New Hampshire University, School of Hospitality,
Tourism and Culinary Management**

Taught an undergraduate class on Sanitation, Safety and Security as it relates to food service, hospitality and hotel operations. This class incorporates two separate curricula. One, using the National Restaurant Association's ServSafe text and certification exam as a measurement of competency. The second using the American Hotel and Lodging Association's Security and Loss Prevention Management text with an optional certification exam to demonstrate competencies beyond the final exam.

**12/97- 12/01 Senior Environmental Health Specialist
Manchester Health Department, Manchester, NH**

Mentor to environmental health specialists. Performs duties as noted in environmental health specialist description below. In addition, performs subsurface sewage disposal systems inspections and soil analyses. Provides lead poisoning prevention education for property owners and tenants. Leads investigations of foodborne illnesses or other projects as assigned by the Head of the Division.

**12/94- 12/97 Environmental Health Specialist
Manchester Health Department, Manchester, NH**

Performs duties related to a comprehensive environmental health program, including but not limited to: inspection of food service establishments, inspection of institutional inspections, swimming pool inspections, plan review, investigation of public health nuisance complaints. Hosts, produces and edits "Our Public Health", a monthly, Manchester cable access program addressing important topics in public health, reaching a potential audience of 80,000 people.

8/94-12/94 Chemistry Lab Instructor

Notre Dame College, Manchester, NH

Responsible for the set-up and instruction of chemistry laboratory sessions in General Chemistry for science majors. Lectured for the Professor in her absence. Tutored students in Biology and Chemistry.

PROFESSIONAL QUALIFICATIONS

- Registered Environmental Health Specialist, NEHA, Certificate Number: 90000351
- Licensed Sub-Surface Sewage Disposal Systems Designer, State of NH, Permit Number : 1385
- State of NH Sub-Surface Sewage Disposal System, Inspector
- ServSafe Instructor/Proctor, National Restaurant Association, Certificate Number: 1076206
- Licensed Lead Sampling Technician, EPA, Certificate: LST-114
- Certified Pool Operator
- Certified HAPSITE Technician

PROFESSIONAL ORGANIZATIONS

- Member, National Environmental Health Association (NEHA), 2001- present
- Government Access Producer, Manchester Community Television, 1995- present
- Secretary, Northern New England Environmental Health Association, 2004- present
- Board Member, New Hampshire Indoor Air Quality Association-Manchester Chapter 2009
- Governor Appointee on the Counsel on the Relationship Between the Environment and Public Health, 2006-2010 (sunset)
- Director, Greater Manchester Medical Reserve Corps, August 2008-present
- Bed Bug Action Committee, 2009-present

CONTINUING EDUCATION

Foodborne Disease and Control, CDC, 1995

Hazard Analysis of Critical Control Points, FDA, 1995

Introduction to Soil Science, University of NH, 1996

Orientation to Indoor Air Quality, Harvard School of Public Health, 1996

Principles of Epidemiology, CDC, 1996

Investigation of an Outbreak of Pharyngitis, CDC, 1997

Epidemiology in Action, CDC/Emory University, Atlanta, GA, 1997

Communicable Disease Control, CDC, 1997

Food Microbiological Control, FDA, 1998

Investigating Foodborne Illness, FDA, 1999

Intermediate Methods in Epidemiology, CDC/Emory University, Atlanta, GA, 2000

Environmental Health Sciences, CDC, 2000

National Fire Academy, Bio-terrorism Training 2001

HAPSITE certification, December 2003

Level A Hazmat trained, 2003

Certified Pool Operator Class, 2003

NIMS Training and Certification, 2006
Avian Influenza Rapid Response, CDC, CSTE, 2007
Weapons of Mass Destruction Sampling, LSU, 2007
Incident Command Trainings (ICS-100, ICS-200, MGT-313)

COMMUNITY ACTIVITIES

- Referee, United States Soccer Federation (1988- 2002)
- Referee, National Intercollegiate Soccer Officials Association (1999- 2004)
- Referee, National Federation of High Schools (soccer) (1994-present)
- Volunteer Soccer Coach, U-6 to U-8 Indoor Soccer, NH SportsPlex (2006-present)
- Assistant Wrestling Coach, Manchester West High School (1994-1997)
- Volunteer Soccer Coach, Bedford Soccer League (2007-present)

Conversant in Spanish

References available upon request

Gabriela Walder
1528 Elm Street
Manchester, NH 03101

Objective: To find a Business Services Officer position with a progressive, innovative organization that will utilize the skills my educational and work experiences have provided me.

Education: State of NH Certified Public Management Program – Completed 2009

State of NH Certified Public Supervisor Program – Completed 2004

Southern New Hampshire University – Graduated May 2001
Master of Science in Accounting
Undertook and completed all coursework while employed full time

Southern New Hampshire University – Graduated May 1993
Bachelors in Business Administration – Major in Human Resources
Undertook and completed all coursework while employed full time

Manchester Central High School – Graduated June 1987
Excelled in advanced courses

11/04 to Present City of Manchester Health Dept/Business Svcs Officer

- * Administer & manage fiscal operations for Health Dept
- * Advise dept head & supervisory personnel on fiscal matters
- * Maintain and reconciles over 20 State and federally funded grants
- * Assist in the preparation of annual budget
- * Provide Human Resource support for all new hires and current employees
- * Process Accounts payable, payroll, & accounts receivables
- * Monitor & review general ledger, accounts receivable, payroll, purchasing, accounts payable, cash flow, budget, and other related reports as needed
- * Perform other directly related duties consistent the classification

7/98 to 11/04 City of Manchester HR/Compensation Mgr

- Process payroll for the City of Manchester
- Prepare reports in Cognos for departments as needed
- Prepare annual budgets for salary and benefits for entire City
- Prepare 941 and State Unemployment Rpt on quarterly basis
- Analyze and reconcile salary and benefit accounts
- Assisted in financial software conversion for entire City
- Supervise three employees
- Extensive knowledge of Federal & State labor laws

11/97 to 7/98 Manchester School District Account Clerk

- Processed payables for School department
- Prepared purchase orders as required by departments
- Analyzed and reconciled various accounts
- Prepared financial queries and reports as requested by Administrator

Gabriela Walder
1528 Elm Street
Manchester, NH 03101

- 4/97 to 11/97 Digital Equipment Corporation CIP Accountant**
- Maintained CIP balances and capitalized fixed assets
 - Responsible for month end interplant processing and reconciliations
 - Processed journal entries for CIP
 - Processed paperwork for asset transfers and write-offs

- 11/95 to 4/97 Digital Equipment Corporation Lead Accountant**
- Responsible for processing invoices for US and Canada
 - Resolved problems/issues with vendors and buyers
 - Reconciled several ledger accounts
 - Prepared various monthly reports for management

- 4/94 to 11/95 Moore Business Forms Cost Accountant**
- Assisted in preparation of quarterly and annual budgets
 - Prepared normal hour rates, job costs, and accounting cost reports
 - Assisted with weekly payroll processing
 - Worked with monthly financial statements
 - Performed other duties as requested by Accountant and Controller

- 8/90 to 4/94 Moore Business Forms Senior Accountant**
- Reconciled several ledger accounts and worked with Financial Statements
 - Approved the payment of invoices
 - Controlled capital expenses and maintained fixed asset files
 - Assisted with payroll and provided complete coverage when needed

- 3/89 to 8/90 Moore Business Forms Accounts Payable Clerk**
- Processed invoices for payment and resolved problems as needed
 - Verified information on invoices and matched to pertaining orders
 - Maintained vendor files

- 5/88 to 3/89 Moore Business Forms Purchasing Clerk**
- Contacted vendors regarding past due orders
 - Responsible for special order materials
 - Assisted the Purchasing Agent and the Accounts Payable Clerk

Technical

Skills: Proficient in Microsoft Word, Excel, PowerPoint, Cognos, HTE, AS-400 Query, can type over 65 w.p.m., fluent in writing and speaking Spanish.

NICOLE T. LOSIER, MSN, RN

Manchester Health Department

Work: (603) 624-6466

nlosier@manchesternh.gov

EDUCATION:

Master of Science in Nursing

University of New Hampshire

Sigma Theta Tau International Honor Society of Nursing

2007

Durham, NH

Bachelor of Science in Behavioral Neuroscience, Minor in Philosophy

Northeastern University

Magna Cum Laude • Outstanding Co-op Achievement Award • Amelia Peabody Scholar • Carl S. Ell Scholar • Dean's List • Honors Program

1996

Boston, MA

NURSING EXPERIENCE:

Public Health Nurse Supervisor

City of Manchester

Supervise Community Health staff including Certified Community Health Nurses, Community Health Nurses, Public Health Specialist, Registered Dental Hygienist and Dental Assistant • Plan, direct and evaluate community health programs • Compile monthly, quarterly, semi-annual and annual reports for community health programs • Develop and prepare budget and grant requests

March 2014 – Present

Manchester, NH

Community Health Nurse

City of Manchester

Conduct case investigations for reported communicable disease cases • Provide case management for high-risk latent Tuberculosis infections and active Tuberculosis cases • Provide clinical services including: child and adult immunizations, STD/HIV counseling & testing, Mantoux skin testing • Point person for the Tuberculosis program in Manchester

July 2013 – March 2014

Manchester, NH

School Nurse II

City of Manchester

Promote and maintain the health of school children • Obtain student health histories and maintain cumulative health records • Administer medication to students as prescribed • Develop emergency care plans and medical alert lists and review with appropriate personnel • Provide first aid • Perform health screenings and assessments • Develop health portion of Individual Education Plans • Provide individual and group health education to students and staff • Collect and maintain data on school health issues • Establish and maintain working relationships with staff, school officials, students and parents

August 2011 – June 2013

Manchester, NH

Public Health Nurse II

City of Nashua

Provide clinical services including: child and adult immunizations, STD/HIV counseling & testing, Mantoux skin testing, blood lead screening • Conduct case investigations for reported communicable disease cases • Provide case management for high-risk latent Tuberculosis infections and active Tuberculosis cases • Manage and coordinate the Tuberculosis program in Nashua (2008-2010) including producing monthly, semi-annual and annual reports • Review client healthcare records for quality assurance purposes • Manage and coordinate the Communicable Disease program in Nashua (2009-2011) including producing monthly reports • Participate in the planning and exercise of emergency preparedness activities including written plans, trainings and drills • Develop educational materials • Provide education regarding healthcare topics to individual clients, area agencies and community groups

November 2007 – August 2011

Nashua, NH

• Serve as a preceptor for undergraduate nursing students • Completed ICS 100, 200, 300, 700 & 800 training • Completed the Local Public Health Institute Series of Public Health Courses (Manchester Health Department)

Clinical Nurse I, Fuller Unit January - September 2007
Elliot Hospital Manchester, NH
 Provide safe and effective nursing care in a medical surgical environment • Provide a therapeutic and trusting environment for patient care • Perform comprehensive assessments, document findings, develop, implement and evaluate nursing care plans • Effectively utilize the EPIC electronic medical record system • Familiar with catheters, nasogastric tubes, chest tubes, wound-vac dressings and ostomy appliances

STUDENT NURSING EXPERIENCE:

Student Nurse, Fuller Unit (Medical/Surgical) October – December 2006
Elliot Hospital Manchester, NH

Student Nurse, Pediatric Unit August – October 2006
Lawrence General Hospital Lawrence, MA

Student Nurse, Maternity Unit August – October 2006
Wentworth-Douglass Hospital Dover, NH

Student Nurse May – July 2006
Concord Regional Visiting Nurses Association Concord, NH

Student Nurse, The Pavilion / Behavioral Health Unit May – July 2006
Portsmouth Regional Hospital Portsmouth, NH

Student Nurse, Murphy Unit (Medical/Surgical) January – May 2006
Catholic Medical Center Manchester, NH

RESEARCH EXPERIENCE:

Research Associate 2002 – 2005
Curis, Inc., Neuroscience Cambridge, MA

Senior Research Assistant, Dr. James Stellar's Behavioral Neuroscience Laboratory 2001 – 2002
Northeastern University, Department of Psychology Boston, MA

Graduate Student, Dr. Peter Shizgal's Behavioural Neurobiology Laboratory 1997 – 2001
Concordia University, Department of Psychology Montreal, Quebec

Laboratory Technician, Dr. Barbara Waszczak's Research Laboratory 1997
Northeastern University, Department of Pharmaceutical Sciences Boston, MA

Laboratory Technician, Dr. Ralph Loring's Research Laboratory 1996 – 1997
Northeastern University, Department of Pharmaceutical Sciences Boston, MA

Research Assistant, Dr. James Stellar's Behavioral Neuroscience Laboratory 1992 – 1996
Northeastern University, Department of Psychology Boston, MA

PRESENTATIONS AND PUBLICATIONS:

Losier, N.T. (2007). Lead screening in Nashua, NH. Capstone Project.

Boucher, N.T., Bless, E., Brebeck, D., Albers, D.S., Guy, K., Rubin, L.L., & Dellovade, T.L. (2004). Treatment with hedgehog agonist reduces apomorphine – induced rotations in 6-OHDA lesioned rats. 34th Annual Meeting of the Society for Neuroscience, San Diego, CA, October, 2004.

Dellovade, T.L., Bless, E., Brebeck, D., Albers, D.S., Allendoerfer, K.L., Guy, K., **Boucher, N.T.**, & Rubin, L.L. (2004). Treatment with hedgehog agonist decreases infarct volume in rat model of stroke. 34th Annual Meeting of the Society for Neuroscience, San Diego, CA, October, 2004.

Dellovade, T.L., Bless, E., Albers, D.S., Brebeck, D., Guy, K., **Boucher, N.**, Qian, C., Munger, W., Dudek, H., and Rubin, L.L. (2003). Efficacy of Small-Molecule Hedgehog Agonists in Models of Excitotoxicity. 33rd Annual Meeting of the Society for Neuroscience, New Orleans, LA, November 2003.

Waszczak, B.L., Martin, L., **Boucher, N.**, Zahr, N., Sikes, R.W., and Stellar, J.R. Electrophysiological and behavioral output of the rat basal ganglia after intrastriatal infusion of d-amphetamine: lack of support for the basal ganglia model. *Brain Research*, 920 (2001): 170-182.

Martin, L.P., **Boucher, N.T.**, Finlay, H., Stellar, J.R., and Waszczak, B.L. (1997). Correlation of Electrophysiological and Behavioral Output of the Rat Basal Ganglia after Infusion of Dopamine (DA) Agonists: A New Approach, New Data. 27th Annual Meeting of the Society for Neuroscience, New Orleans, LA, October 1997.

Boucher, N. (1996). Effects of Substantia Innominata Lesions on Medial Forebrain Bundle Self-Stimulation Reward. Honors Thesis.

Stellar, J.R., Johnson, P.I., Hall, F.S., **Boucher, N.**, & Tehraney, P. (1995). Ipsilateral Ventral Tegmental Area Excitotoxic Lesions Do Not Reliably Disrupt Lateral Hypothalamic Self-Stimulation Reward. 25th Annual Meeting of the Society for Neuroscience, San Diego, CA, November 1995.

Stellar, J.R., Jaehn, L., & **Boucher, N.** (1993). Multiple electrode arrays, HZ-I trade-offs, and MFB reward anatomy in rats. 23rd Annual Meeting of the Society for Neuroscience, Washington, DC, November 1993.

SARAH G. MORRIS

EDUCATION

University of New England

Master of Public Health

Graduated 2013

GPA: 3.69

University of Maine

Bachelor of Science in Kinesiology and Physical Education, Concentration in Health Fitness and Sports Medicine

Graduated 2007

WORK EXPERIENCE

Manchester Health Department – Manchester, NH

2014 - Present

Public Health Specialist for Emergency Preparedness

- Conduct plan reviews and revisions to ensure requirements are met of the Public Health Emergency Preparedness work plan
- Participate in the design, implementation, and evaluation of emergency preparedness exercises
- Serve as the Regional Public Health Network Coordinator
- Serve as the Greater Manchester Medical Reserve Corps Coordinator
- Member of the Incident Response Team/MACE Staff in the event of an emergency

Environmental Health Specialist

- Perform comprehensive inspections of food service establishments
- Inspect educational institution facilities
- Conduct aquatic facility inspections
- Complete plan reviews to ensure health code requirements are met for new food service establishments
- Investigate public health nuisance complaints
- Assist in the development of educational outreach regarding food safety and instruct food safety seminars for large and small audiences
- Collect water samples from the City of Manchester's natural bathing areas
- Participate in the health departments arboviral surveillance program by assisting with the entrapment and collection of mosquitos from various sites throughout the City of Manchester

Concord Hospital – Concord, NH

2010 – 2014

Patient Care Coordinator

- Primary point of contact for patients
- Manage schedule of 24 Physical Therapists, Physical Therapist Assistants, and Occupational Therapists
- Answer telephone calls and determine the appropriate course of action for each call
- Maintain electronic medical records
- Assist with editing documents for patient education and ensuring they are at the appropriate literacy level for the general public
- Maintain a daily report on referred patients who have not yet scheduled an appointment
- Prepare charge review report for management daily

Rehab Aide I – Outpatient

- Assist therapists with basic patient treatments
- Communicate with outside departments
- Perform housekeeping and support functions
- Manage supply inventories and ordering

Exercise Specialist – Cardiac and Pulmonary Rehabilitation Department

- Conduct and supervise Cardiac and Pulmonary Maintenance Exercise Program classes
- Provide group and individual exercise education
- Complete Cardiac Rehabilitation Program evaluations

YMCA of Greater Manchester – Goffstown, NH

2010 –2011

Assistant Swim Coach

- Provide a structured workout plan for each practice session, with emphasis on stroke technique and enhancement
- Implement workout plan by providing examples of proper technique, descriptions of drills to be performed, and feedback

Frederick's Pastries – Amherst, NH and Bedford, NH

2008 –2010

Assistant Manager – Bedford Location

- Decorate cakes to meet customer and company specifications
- Work under strict time constraints to meet customer pick up schedules
- Responsible for closing the store at the end of the day; including emptying cash register and taking inventory

INTERNSHIP /VOLUNTEER EXPERIENCE

The Learning Disabilities Association of Maine

2013

Consultant

- Research chemicals deemed a high concern and develop written reports on those chemicals to be used for consumer education and lobbying efforts
- Collaborate with team members to ensure up-to-date and accurate information

The Environmental Health Strategy Center – Portland, ME

2013

Intern, Coalition and Grassroots Advocacy

- Prioritize chemicals of high concern under the Kid Safe Products Act
- Create consumer tips and fact sheets for a community outreach program
- Schedule and participate in community outreach programs for EHSC using consumer tips and other education materials

Eastern Maine Medical Center – Brewer, ME

2007

Intern, Community Wellness Service

- Develop marketing and sales techniques for promoting wellness programs
- Provide on-site services to employers of large and small companies; assess employee health through Health Risk Appraisal screenings
- Work with clients in individual and group settings
- Participate in community health screening events

Bangor Chamber of Commerce – Bangor, ME

2007

Intern, Bangor Region Wellness Council

- Assist in the development and implementation of programs to increase membership in the Wellness Council
- Help maintain the Council's website and working databases
- Meet with corporate leaders to introduce employee wellness programs and help incorporate these programs into their business

TRAININGS/CERTIFICATIONS

ICS 100 – Introduction to Incident Command System
IS 700a – National Incident Management System (NIMS)
ICS 200 – ICS for Single Resources and Initial Action Incident
IS 120a – An Introduction to Exercises
IS 130 – Exercise Evaluation and Improvement Planning
L144 – Homeland Security Exercise and Evaluation Program (HSEEP)
ICS 300 – Intermediate ICS for Expanding Incidents
HAZWOPER Awareness Training
ServSafe Certified
Certified Pool Operator

GROUPS/ACTIVITIES/AWARDS RECEIVED

Member of the National Environmental Health Association
University of Maine Swimming and Diving Team

- Four year varsity team member
- Recipient of the Chandler Comeback Award, 2005
- Recipient of the Senior Service Award, 2007

Athletic Training Student Organization (University of Maine)
Bronze Medal Scholar Athlete Award Recipient (University of Maine)

Mary Forsythe-Taber

PROFESSIONAL EXPERIENCE

ACPIE Savvy – Over seven years of coalition development experience utilizing the ACPIE model – **A**ssessing the need, **C**ollaborating at local and state levels to develop a **P**lan for sustainability and growth, **I**mplementing strategies that fit the need of the community and addresses the issues and **E**valuating the trends, feedback and data to continue assessing, collaborating, planning implementing and evaluation.

Prevention Champion – Over ten years of community prevention development.

Project Management – Ten+ years of marketing communications project management experience assessing client/sales needs, assembling project teams, defining goals/objectives, tracking project progress, developing project schedules, reporting progress, troubleshooting issues, delivering a finished product on time and on budget, and measuring success. I have held marketing communication project manager roles in Prevention coalitions (Makin' It Happen, Epping/Newmarket Coalition, WestRoc Collaborative Partners), higher education (NECC), for a Boston based web/multimedia development firm (Answerthink), for a mid-sized ad agency (MediaPower!), for a large pre-press production firm (Eastern Rainbow), and in a freelance capacity (Mary Forsythe-Taber Consulting).

Production Management – Over seventeen years of marketing communications production management experience identifying project resource needs, defining goals, assigning tasks, supervising staff, building schedules, tracking progress, vendor management, troubleshooting problems, delivering a finished product on time and on budget, and measuring success. I have held production management roles for a Boston-based web/multimedia development firm (Answerthink), for an ad agency (MediaPower!), a small graphic design firm (Colburn, Blazok Associates), and NH based non-profit (Makin' It Happen Coalition for Resilient Youth, Inc.).

Account Management – Four+ years of marketing communication account management experience - interacting with clients, assessing client needs, defining goals/objectives, outlining project scope to internal resources, reporting progress, interpreting client feedback, and managing client expectations. Delivering a high level of customer service, along with industry leading marketing solutions. Held marketing communication account management roles for a visual display firm (Image4Concepts), a mid-sized ad agency (MediaPower!), and a small graphic design firm (Colburn and Blazok Associates).

Organizational Effectiveness - Over eight years of experience working with internal management teams to evaluate productivity, identify team structure needs, develop workflow procedures and operating guidelines for multi-team organization as well as development of related training. Held process and training management roles at a large web development firm (Answerthink) and for a two-year community college (NECC).

SKILLS/EXPERTISE

- Leadership and accountability
- Strong organizational and time management skills
- Problem solving and solution-focused
- Strong interpersonal communication skills
- Ability to manage multiple projects simultaneously
- Dedicated to meeting tight deadlines and staying on budget
- Experience in managing the development of multi-faceted marketing initiatives
- Working knowledge of Office and design software packages

WORK HISTORY

Substance Misuse Prevention Coordinator – Greater Manchester Public Health Network (July 2013 – present)

In July of 2013 Makin' It Happen Coalition (MIH) began a partnership with the Manchester Health Department to deliver Substance Misuse Prevention Services and other Health Promotions to the Greater Manchester Public Health Network region (GMPHN). Always evolving our work within the GMPHN has expanded our scope of work leading to new partnerships and fresh approaches to engaging and collaborating with our regional partners, around the issues connected to substance misuse prevention. Currently I am holding the dual role of Substance Misuse Prevention Coordinator and Executive Director of MIH, which gives me a unique view of the need and also what is possible!

Makin' It Happen Coalition for Resilient Youth, Inc. (February 2011 – present)

The Makin' It Happen Coalition is the leading regional prevention coalition for the greater Manchester NH area. Many partners, organizations, businesses and schools come together on a regular basis to address the concerns, needs and opportunities available for our youth, their families and communities with a focus on positive healthy choices. As the Executive Director, my core focus is on identifying and developing opportunities for collaboration around bringing behavioral health, prevention, treatment and recovery information and services to the largest city in the state and the surrounding townships. In addition I have a dedicated focus on understanding and identifying collaboration opportunities with state lead agencies and organizations that have a parallel focus of developing healthy communities. I lead the regional effort to develop/manage our sustainability plan for the Greater Manchester region. In 2013 we began the important task of developing our partnership with the Manchester Health Department and moving forward with our Whole Health Model, designed to promote whole health wellness and increase our community capacity.

Epping/Newmarket Coalition for Youth and Families (April 2009 – September 2010)

The focus of my work with the Epping/Newmarket coalition was dedicated to developing start-up steps to build and organize efforts around bringing positive healthy choices to the youth and their families of these two small, unique communities located within the northern-tier of Rockingham County. Although my time working with the coalition was short, we were able to establish a solid membership base, working with the schools we brought in the Olweus Bullying Prevention Program, several youth/family focused events. The coalition, although scaled back in size and effort due to funding cuts, is still active and working with the Greater Rockingham County Regional Network to keep the youth and families informed and engaged in Prevention efforts to encourage positive healthy choices.

WestRock Collaborative Partners Coalition (November 2009 – September 2010)

To fill a need I took on the additional role of coordinator for the WestRock Collaborative Partners Coalition, located in the western-tier of Rockingham county. Throughout by brief time working with this coalition we were able to flush out the framework for this partner-centric coalition. The members continue to work towards having a coalition that is vested in the community in the three core areas of Prevention, Treatment and Recovery.

Northern Essex Community College (2007 - 2009)

NECC is a two-year community college with campuses in Haverhill and Lawrence, MA. Operating as a **consultant**, my focus was working with existing teams within the Enrollment Services Division to assess, evaluate and recommend vision forward changes. I helped to review and reshape the team, along with internal workflow procedures, to fall in line with the institutional goal of providing superior customer service to students and prospects.

Mary Forsythe-Taber Consulting and Freelance Services (2001 – present)

During the past several years I have provided **consulting and freelance services** on a limited basis with a process and protocol development focus. My work has included staff evaluation and recommendations along with process and procedure review/development work for various small companies and non-profit agencies. I started this venture when my son was born in order to have a more flexible, family-friendly schedule during his early years.

AnswerThink (1995 – 2001)

AnswerThink is a web development firm offering its client's innovative, visually rich technology solutions. During my tenure with the company, I was promoted into several different positions, ranging from project/production management to various Director level roles. Our client list included: Unilever, Fidelity, John Hancock, and Time Warner among others.

As the **Director of Production Services** I was responsible for providing both direction and vision to the 25+ production team of the Boston-based Integrated Marketing Group of Answerthink. I was accountable for the success of the team which included front-end programmers, developers, and creative producers. In addition, I was responsible for the development and execution of all departmental goals, set in coordination with global corporate-wide initiatives. Though originally hired as a production manager for the presentation group, I was successfully promoted three times, first to production manager of all media services and then to Director, which ultimately led to my promotion as Director of Production Services.

As a **Director** I was a member of the **Organizational Effectiveness Team**. We led the firm's directive of developing more efficient cross-departmental process and protocol for all production teams, along with the development of training presentations.

As the acting **Director of Operations** I was responsible for managing the daily operations of the Boston office. I was responsible for the management of all IT/communication systems, staffing and overseeing the office management team and developing office protocol.

Image 4 Concepts (1994 - 1995)

Image 4 Concepts designed, developed, and installed a wide range of visual display media for clients throughout central New England. As an **Account/Project Manager** I was able to provide both client service and production management expertise. One of my key accounts/projects was the first advertising visual initiative for the newly expanded Manchester Airport. Working with both ad agencies and clients directly, I managed all project details (concept to completion), including serving as the liaison between the client and the internal production team.

MediaPower! (1990 – 1993)

MediaPower! provided presentation graphics and special event support services for high profile clients such as Digital, IBM and various state agencies. As **Production Manager** of a small group of computer graphic designers, I was responsible for reviewing, staffing, scheduling, and monitoring all project requests. I was also responsible for securing and communicating with all external support resources.

Eastern Rainbow (1989 – 1990)

Eastern Rainbow was a premier pre-press production house located in southern NH; Eastern Rainbow expanded their offerings by adding (through the acquisition of Colburn and Blazok) design and layout services. I was fortunate enough to be included as part of this merger. In my position as **Project Manager** I worked as part of a team to manage the design and layout elements of large publication projects.

Colburn Blazok Design (1984 – 1989) A small design firm in southern New Hampshire

Sir Speedy Printing (1982 – 1984) A quick print shop, located in Nashua NH

Sconodoa Press (1980 – 1982) A full service commercial print shop, I worked in pre-press

EDUCATION

Bryant and Stratton Business and Art Institute (Buffalo, N.Y.) – Graduated with Honors in 1977. Commercial Art major, business minor

Certified Prevention Specialist – NH Prevention Certification Board (IC&RC)

Olweus Bullying Prevention Program – Trainer (T3)

CONNECT Prevention and PostVention trainer – active and current

Learning Experience/Trainings: HIV Trends and Treatment 2010, 2013, Frameworks/Connect – Training Program (T3), KIT Training, NE School of Addiction Studies – Sustaining Your Coalition’s Prevention Efforts, Fostering Population Level Prevention in Communities, Sustainability: From Philosophy to Practice, Prevention Ethics 101, Social Media Tools, Evidence Based Prevention Series, Project Success (T3), Communities Mobilizing for Change on Alcohol – Moving Social Host at the Local Level, Medication Abuse Prevention, Inhalant Abuse Prevention, Poison 101 – Community Partner Training, Understanding Bullying – M Smith program (T3), Making Change (Facilitator’s Training), Guiding Good Choices Leader Training, Prevention Ethics 2011, New Futures – Leadership Initiative, (T3), WAIT Training(T3), CONNECT PostVention (T3) 2013, Core Public Health Concepts 2012, Principles of Epidemiology 2014, Leadership Greater Manchester 2014, Signs of Suicide Prevention Program 2015, NH ESBIRT Summit: Stopping Substance Misuse Before It Starts 2014, Ethics in Prevention: A guide for substance Abuse Prevention Practitioners/SAMHSA -2015, Mental Health FIRST AID USA – 2015, NH Marijuana summit – 10.2015, NH SBIRT summit – 10.2015, NH Childrens’ Behavioral Health Summit – 10.2015 and 09.2016, SafeTALK training – 12.2015, SAMHSA Prevention SustainAbilities course 02.2016, NHTIAD – Environmental Strategies workshop – 06.20.16, National Prevention Network Conference, 09.2016, NH Summit: The Impact of Opiate Use on Student Learning 11.2016, SAMHSA – Providing Effective Technical Assistance: Working with NH Businesses and other work places, 01.2017

PROFESSIONAL ENGAGEMENT

NH State Suicide Prevention Council – Council member representing Regional Public Health Network Coordinators

NH State Suicide Prevention Council/COMMUNICATIONS - subcommittee member

NH State Suicide Prevention Conference Co-Chair – 2014, 2015, 2016 and 2017

Life of an Athletic Advisory Council – member

NH Prevention Certification Board – Interim Vice President

Behavioral Health Equity Work Group – member

Domestic Violence and Sexually Assault Advisory Council – member

Community Advisory Council - member

HOPE for Recovery – 2015 Rally/Inspired recovery event – committee member

COMMUNITY ENGAGEMENT

Raymond Youth Athletic Association – Active parent in the local athletic association, Board member for the 2013, 2014, 2015 and 2016 seasons.

REFERENCE

Furnished upon request

Jenny O'Higgins, MA, CPS

Qualifications

- Personable, energetic director with exceptional skills in leadership, fundraising, public speaking, operations, advocacy, event planning, logistics, team building, grant writing and financial and grant management
- Successful leader with proven ability to strengthen organizations, increase visibility, streamline operations, and create better work environments
- Consistently successful at guiding organizations through start-up, transitions and development of sustainability models to support future success
- Dynamic public speaker, comfortable in any setting, from audiences of 4 to 4,000

Experience

Substance Use Disorder Continuum of Care Facilitator, Makin It Happen, Greater Manchester, NH **2016-Present**

- Assist in the integration of primary and behavioral health
- Work with Department of Health and Human Services Bureau of Drug and Alcohol Services and its technical assistance partners to provide ongoing continuum of care education, training and technical assistance to the Greater Manchester Regional Public Health Advisory Council and other partners
- Facilitate a process that led to the completion of a regional continuum of care development and enhancement plan which
 - Identifies continuum of care assets, and how those assets will be engaged to build the continuum of care system
 - Describes an approach to address gaps
 - Describes an approach to addressing barriers to service access and/or coordination
 - Identifies partners and their roles in addressing the above
- Facilitate a Substance Misuse Collaborative workgroup bringing together providers across primary and behavioral health, prevention, intervention, treatment and recovery

Selected Accomplishments:

- Completed regional Assets and Gaps Assessment and Substance Use Disorder Continuum of Care Development Plan
- Co-authored 2016 City of Manchester's Response to the Opioid Crisis Report
- Creation and distribution of Community Compass resource guide in print and online www.communitycompassgmr.org
- Co-chair expansion of SUD Treatment Expansion Workgroup as part of the Region 4 Integrated Delivery Network

Director of Youth Services, City of Newton, MA **2012-2016**

- Create and encourage communication about youth and family issues
- Referral/resource to youth and families for access to local youth-serving organizations including mental health, substance abuse, sexual health and other youth risk behaviors
- Assess needs and gaps in youth services and find resources/solutions to address them
- Create and implement avenues for youth voices to be heard in the community
- Increase collaborations among organizations that currently provide youth services throughout the city
- *Co-Chair*, Newton Cares: Coalition for Suicide Prevention and Mental Health; Certified QPR Suicide Prevention Trainer
- *Chair*, Newton Youth Agency Network; a collaboration between over thirty youth-serving organizations
- Supervise Health and Human Services Program Assistant
- Staff liaison to the City of Newton Youth Commission
- Manage Mental Health and Wellbeing grant from Community Health Network Area 18
- Oversee services and programs including:
 - Mayor's Public Service Internship Program (Newton Teen Voice)
 - Mayor's Summer Youth Internship Program
 - Mayor's City Hall Internship Program
 - Newton Youth Summits

Selected Accomplishments:

- Transitioned Director of Youth Services position from Part-Time grant funded to Full-Time, City-Funded
- Piloted Summer Youth Internship Program; program more than doubled in size in one year
- Received Mental Health and Well-Being CHNA 18 grant
- Assisted in forming the Newton Cares: Coalition for Suicide Prevention and Mental Health
- Hosted Youth Summits I, II & III; over 450 attendees per event including youth and their allies
- Instrumental in bringing QPR Suicide Prevention Training to Newton; over 500 community members trained in year one

Jenny O'Higgins, MA, CPS

Director, Northern Arizona College Resource Center, Flagstaff, AZ

2010-2012

- Coordinated outreach to vulnerable populations, including on five Native American reservations in Northern Arizona, to create a college-going culture
- Provided information, technical assistance, advising, and referrals to students and their parents/guardians regarding all aspects of the college admissions and financial aid process
- Designed and presented workshops and events to promote awareness of and access to post-secondary education
- Sought grant and other sustainable funding options
- Managed grant writing and reporting
- Oversaw high school community service clubs
- Oversaw Teen Employment Corps
- Managed departmental budget and staff of 5 in addition to training and mentoring AmeriCorps staff members
- Managed assessment and evaluation of programs including participant numbers and growth tracking

Selected Accomplishments:

- Co-authored grant for Helios Foundation for Education and received \$300,000 over three years
- Doubled program participation while minimizing cost by utilizing volunteers, interns, federal work study and AmeriCorps
- Authored a comprehensive sustainability plan and action steps for the program

Director, Youth Services, Town of North Reading, MA

2007 - 2010

- Planned, promoted and implemented year-round social, recreational, community service, educational and support programs for middle and high school aged youth
- Built community relationships with schools, police and other agencies as well as coordinating community volunteers
- Managed department including: budget, design and implementation of department policies
- Worked with youth and families to find appropriate resources and referrals for substance use, sexual health and other risky behaviors

Selected Accomplishments:

- Transitioned department from non-profit budget to town budget
- Organized and oversaw over 900 community service hours served by young people
- Conducted over 3,000 face-to-face interactions with youth to build self-esteem, leadership skills, confidence and positive decision-making skills

Education

Master of Arts, Lesley University		2007
Interdisciplinary Studies, National Deans List	Cambridge, MA	
Bachelor of Fine Arts, University of Connecticut		2005
Painting, Degree with Distinction, Honors Program		
Summer Undergraduate Research Grant		2004
University of Connecticut	Storrs, CT	
<i>Fair Addiction: a public art installation to promote awareness around substance abuse, addiction and recovery</i>		
Study Abroad Program		2003
Arts and Humanities	Florence, Italy	

Selected Professional Development

2016	Certified Prevention Specialist , International Certification & Reciprocity Consortium
2013	QPR Train the Trainer , Question, Persuade, Refer Certified Suicide Prevention Trainer
2009	Non-Profit Management Seminar , Lesley University
2009	Criminal Offender Record Inquiry (CORI) Training , Massachusetts Criminal History Systems Board
2008	Grant Writing , Northeast Center for Healthy Communities
2008	Heroin and Oxycontin Prevention Education Training , Essex County District Attorney's Office

YOUNG ADULT SUBSTANCE MISUSE PREVENTION PROGRAM MANAGER

position profile

OVERVIEW: Makin' It Happen for Resilient Youth, Inc. (MIH), the lead prevention agency for the Greater Manchester Regional Public Health Network (GMR PHN) in partnership with the Manchester Health Department and in collaboration with the New Hampshire Bureau of Drug and Alcohol Services (BDAS) is committed to the development of our YOUNG ADULT SUBSTANCE MISUSE PREVENTION initiative. This initiative is being developed to spark dialogue, engage, inform, educate and empower our young adult population (18 – 25). This two-year initiative is focused on providing prevention education, along with the development of a peer-to-peer support culture that will bolster confidence, fortify our young adult workforce, and encourage healthy lifestyles.

PROGRAM MANAGER

Position Overview: The Young Adult Substance Misuse Prevention (YASMP) Program Manager will fill a key position as we work to build our regional young adult substance misuse prevention program. The YASMP Program Manager will work closely with the MIH staff and regional partners to develop the framework, as well as development of a schedule and method of engaging young adults in this work. The targeted sectors for this initiative are:

- Retail
- Restaurant industry
- Youth Serving organizations
- Two-year college/trade schools

Currently the start-up goals of this initiative are:

- Research, secure best practice for capturing usage/attitudes regarding substance use for the target age group, utilizing an on-line based system
- Develop a learning series to bring prevention based training to young adults working/attending classes in the above four sector areas
- Work with employers/learning institutes to review/revise policy and protocol for employees/students that may demonstrate signs of being at risk for substance misuse/abuse or having a compromised mental health concern.

Core Knowledge and Ability:

- Knowledge of and ability to apply community development/organizing practices and principles to work with communities, groups and individuals
- Knowledge of and ability to apply the Strategic Planning Framework to capture information and develop plans
- Knowledge of the NH public health network and an understanding of best practices in terms of primary prevention
- Knowledge of and experience working under a collective action, collective impact model

Highlights of Position Responsibilities:

- Work with BDAS and its technical assistance partners to provide ongoing prevention education, training and technical assistance to the GMR PHN
- Work in collaboration with GMR PHN partners to identify subject matter experts from the core elements of our continuum of care – behavioral and physical health, prevention, intervention, treatment and recovery to form an advisory team to aid in the development and oversight of this important initiative
- Working with advisory team, develop initiative objectives along with a one year-work plan

- Development of a learning series schedule, promotion of series and management of all logistical details associated to ensure successful outcome

Qualifications:

- Master's degree in community Development/organizing or,
- Bachelor of Arts in any of the above with 2 -3 years' experience in public health systems development, macro social work, or community development/organizing
- Social work experience
- Prevention coalition experience
- Certified Prevention Specialist

Worth noting: This initiative is a new initiative and therefore this position profile is subject to change as the initiative is developed

To learn more about Makin' It Happen, the Greater Manchester Regional Public Health network please visit our website: www.makinithappen.org



Makin' It Happen - proudly partnering with the Manchester Health Department and the New Hampshire Bureau of Drug and Alcohol Services to bring substance misuse prevention, substance use disorder continuum of care, young adult leadership and substance misuse prevention strategies to the region. The Greater Manchester region includes the communities of: Auburn, Bedford, Candia, Deerfield, Goffstown, Hooksett, Manchester and New Boston.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Manchester Health Department

Name of Program: Regional Public Health Network Services

Timothy Soucy	Public Health Direct	\$143,035	0.00%
Anna Thomas	Deputy Public Health Director	\$112,398	0.00%
Phil Alexakos	Public Health Preparedness Administrator	\$95,316	15.00%
Gabriela Walder	Business Services Officer	\$94,940	0.00%
Nicole Losier	Public Health Nurse Supervisor	\$78,484	50.00%
Sarah Morris	PHS II - PHN Coordinator	\$30,596	100.00%
Mary Forsythe-Taber	SMP Coordinator	\$62,400	100.00%
Jenny O'Higgins	SUD COC Facilitator	\$56,160	100.00%
Vacancy	YASMPS Program Manager	\$56,160	100.00%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

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TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-10

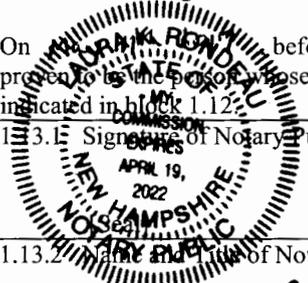
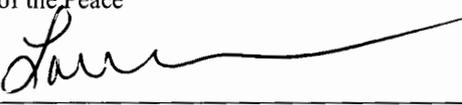
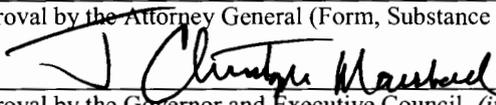
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mary Hitchcock Memorial Hospital (Sullivan County Region)		1.4 Contractor Address 1 Medical Center Drive Lebanon, NH 03756-0001	
1.5 Contractor Phone Number 603-650-4068	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$755,539
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Daniel P. Jantzen Chief Financial Officer	
1.13 Acknowledgement: State of <u>New Hampshire</u> County of <u>Grafton</u> On <u>APRIL 19, 2022</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  			
1.13.2 Name and Title of Notary or Justice of the Peace Lorraine K. Rondeau - Notary Public			
1.14 State Agency Signature  Date: <u>5/23/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By:  On: <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.

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- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC’s activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention’s (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

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MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnipesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. **Substance Misuse Prevention**

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.


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- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.

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- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



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- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

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- 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
- 5.1.4.1.5. Submit annual report
- 5.1.4.1.6. Provide additional reports or data as required by the Department.
- 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

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- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated, as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,



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- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.

6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance

6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.

6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.

6.1.6. School-Based Clinics

6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).

7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.

7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.

7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.

7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.

Handwritten initials in black ink, appearing to be 'GH'.



Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.



Exhibit A

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

A handwritten signature in black ink, appearing to be 'JW' or similar initials.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

Handwritten initials in black ink, appearing to be 'GH' or similar, written over a horizontal line.



Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Handwritten initials in black ink, appearing to be 'MJ' or similar, written over a horizontal line.

5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 10,505.00	\$ 1,628.00	\$ 12,133.00	
2. Employee Benefits	\$ 3,635.00	\$ 563.00	\$ 4,198.00	
3. Consultants	\$ 10,000.00	\$ 1,550.00	\$ 11,550.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 300.00	\$ 47.00	\$ 347.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 634.00	\$ 98.00	\$ 732.00	
6. Travel	\$ 400.00	\$ 62.00	\$ 462.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 25,974.00	\$ 4,026.00	\$ 30,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital - Sullivan
Bidder/Contractor Name: County

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

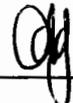
Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 10,505.00	\$ 1,628.00	\$ 12,133.00	
2. Employee Benefits	\$ 3,635.00	\$ 563.00	\$ 4,198.00	
3. Consultants	\$ 10,000.00	\$ 1,550.00	\$ 11,550.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 635.00	\$ 98.00	\$ 733.00	
6. Travel	\$ 400.00	\$ 62.00	\$ 462.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 800.00	\$ 124.00	\$ 924.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 25,975.00	\$ 4,025.00	\$ 30,000.00	

Indirect As A Percent of Direct

\$ -

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,600.00	\$ 7,378.00	\$ 54,978.00	
2. Employee Benefits	\$ 16,470.00	\$ 2,553.00	\$ 19,023.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 1,400.00	\$ 217.00	\$ 1,617.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 131.00	\$ 20.00	\$ 151.00	
6. Travel	\$ 200.00	\$ 31.00	\$ 231.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 65,801.00	\$ 10,199.00	\$ 76,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,600.00	\$ 7,378.00	\$ 54,978.00	
2. Employee Benefits	\$ 16,470.00	\$ 2,553.00	\$ 19,023.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 930.00	\$ 144.00	\$ 1,074.00	
6. Travel	\$ 300.00	\$ 47.00	\$ 347.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 65,800.00	\$ 10,200.00	\$ 76,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,392.00	\$ 7,191.00	\$ 53,583.00	
2. Employee Benefits	\$ 16,052.00	\$ 2,488.00	\$ 18,540.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 2,119.00	\$ 328.00	\$ 2,447.00	
6. Travel	\$ 700.00	\$ 109.00	\$ 809.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 67,763.00	\$ 10,504.00	\$ 78,267.00	

Indirect As A Percent of Direct

\$

15.5%

-

Contractor Initials: _____

CMJ

Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 52,916.00	\$ 8,202.00	\$ 61,118.00	
2. Employee Benefits	\$ 18,309.00	\$ 2,838.00	\$ 21,147.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,127.00		\$ 1,127.00	
6. Travel	\$ 264.00	\$ 41.00	\$ 305.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 73,116.00	\$ 11,159.00	\$ 84,275.00	

Indirect As A Percent of Direct

15.3%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Sullivan County
Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)
Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 35,880.00	\$ 5,561.00	\$ 41,441.00	
2. Employee Benefits	\$ 12,414.00	\$ 1,924.00	\$ 14,338.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 700.00	\$ 109.00	\$ 809.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ 78.00	\$ 578.00	
12. Subcontracts/Agreements	\$ 18,100.00	\$ 2,806.00	\$ 20,906.00	
13. Other (specific details mandatory):		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 69,594.00	\$10,788.00	\$ 80,382.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: 

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,840.00	\$ 7,415.00	\$ 55,255.00	
2. Employee Benefits	\$ 16,553.00	\$ 2,566.00	\$ 19,119.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel		\$ -	\$ -	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 64,393.00	\$ 9,981.00	\$ 74,374.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,900.00	\$ 450.00	\$ 3,350.00	
2. Employee Benefits	\$ 1,003.00	\$ 155.00	\$ 1,158.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 413.00	\$ 64.00	\$ 477.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,860.00	\$ 13,860.00	
13. Other (specific details mandatory):	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 17,316.00	\$ 2,684.00	\$ 20,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

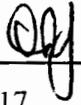
Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,900.00	\$ 450.00	\$ 3,350.00	
2. Employee Benefits	\$ 1,003.00	\$ 155.00	\$ 1,158.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 413.00	\$ 64.00	\$ 477.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)		\$ -	\$ -	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,860.00	\$ 13,860.00	
13. Other (specific details mandatory):	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 17,316.00	\$ 2,684.00	\$ 20,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 45,067.00	\$ 6,985.00	\$ 52,052.00	
2. Employee Benefits	\$ 15,593.00	\$ 2,417.00	\$ 18,010.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,200.00	\$ 341.00	\$ 2,541.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ 78.00	\$ 578.00	
6. Travel	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 840.00	\$ 130.00	\$ 970.00	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 3,000.00	\$ 465.00	\$ 3,465.00	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 72,200.00	\$11,191.00	\$ 83,391.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Sullivan County

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 45,067.00	\$ 6,985.00	\$ 52,052.00	
2. Employee Benefits	\$ 15,593.00	\$ 2,417.00	\$ 18,010.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 2,500.00	\$ 388.00	\$ 2,888.00	
7. Occupancy		\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 840.00	\$ 130.00	\$ 970.00	
9. Software		\$ -	\$ -	
10. Marketing/Communications		\$ -	\$ -	
11. Staff Education and Training	\$ 3,000.00	\$ 465.00	\$ 3,465.00	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL	\$ 70,000.00	\$10,850.00	\$ 80,850.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

**Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Sullivan County**

**Regional Public Health Network Services -
Budget Request for: SBC**
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,574.00	\$ 864.00	\$ 6,438.00	
2. Employee Benefits	\$ 1,929.00	\$ 299.00	\$ 2,228.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 100.00	\$ 16.00	\$ 116.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,470.00	\$ 228.00	\$ 1,698.00	
6. Travel	\$ 450.00	\$ 70.00	\$ 520.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):		\$ -	\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 9,523.00	\$ 1,477.00	\$ 11,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: _____

5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

**Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Sullivan County**

**Regional Public Health Network Services -
Budget Request for: SBC**

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,574.00	\$ 864.00	\$ 6,438.00	
2. Employee Benefits	\$ 1,930.00	\$ 299.00	\$ 2,229.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,570.00	\$ 243.00	\$ 1,813.00	
6. Travel	\$ 450.00	\$ 70.00	\$ 520.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):		\$ -	\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 9,524.00	\$ 1,476.00	\$ 11,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____

Date: 5/11/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

A handwritten signature in black ink, appearing to be 'DJ' or similar initials, written over a horizontal line.



- 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.


Date 5/1/17



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 (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) 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

Handwritten initials in black ink, appearing to be 'DJ' or similar.



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



- 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.

Handwritten initials of the contractor, appearing to be 'MJ'.



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

- 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
- 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name:

Name: Daniel P. Vantzen
Title: Chief Financial Officer

5/11/17
Date

Contractor Initials
Date 5/11/17



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name:

Name: Daniel P. Janzen
Title: Chief Financial Officer

5/11/17

Date



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Handwritten signature of the contractor.



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

Name: Daniel J. Jantzen
Title: Chief Financial Officer

5/11/17

Date

Contractor Initials

Date 5/11/17



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

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:

Name: Daniel P. Jantzen
Title: Chief Financial Officer

5/11/17

Date

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

Name: Daniel P. Gutzten
Title: Chief Financial Officer

5/11/17

Date



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

Handwritten initials in black ink, appearing to be 'CJ'.



Exhibit I

- l. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR Section 164.103.
- m. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. “Unsecured Protected Health Information” means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Mary Hitchcock Memorial Hospital
Name of the Contractor

Daniel P. Jantzen
Signature of Authorized Representative

Daniel P. Jantzen
Name of Authorized Representative

Chief Financial Officer
Title of Authorized Representative

May 11, 2017
Date



CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

Name: Daniel P. Jantzen
Title: Chief Financial Officer

5/11/17
Date



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 06-99102-97
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X NO _____ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO _____ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

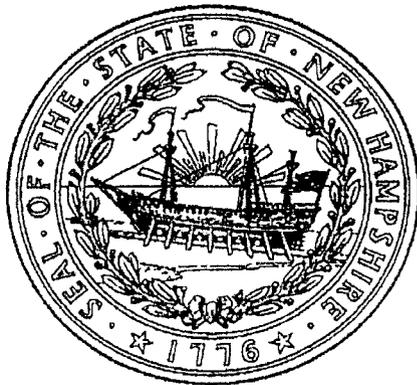
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 68517



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of May A.D. 2017.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Anne-Lee Verville, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the December 7th, 2012 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:

ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets

“In exercising this [fiduciary] duty, the Board may, consistent with the Corporation’s Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable.”

3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Executive Officer and Chief Financial Officer, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Daniel P. Jantzen is the Chief Financial Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 11th day of May.



Anne-Lee Verville, Board Chair

STATE OF NH
COUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 11 day of May, by Anne-Lee Verville.





Notary Public
My Commission Expires: April 19, 2022

CERTIFICATE OF INSURANCE	DATE: June 20, 2016
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COMPANY AFFORDING COVERAGE
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED
Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon, NH 03756
(603)653-6850

COVERAGES

This is to certify that the Policy listed below have been issued to the Named Insured 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. This policy issued by a risk retention group may not be subject to all insurance laws and regulations in all states. State insurance insolvency funds are not available to a risk retention group policy.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY	0002016-A	07/01/2016	06/30/2017	GENERAL AGGREGATE	\$ 2,000,000
				PRODUCTS-COMP/OP AGGREGATE	
				PERSONAL ADV INJURY	
				EACH OCCURRENCE	\$1,000,000
				FIRE DAMAGE	
				MEDICAL EXPENSES	
PROFESSIONAL LIABILITY				EACH OCCURRENCE	
				ANNUAL AGGREGATE	
OTHER					

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Certificate of Insurance issued as evidence of insurance for activities related to Dartmouth-Hitchcock.

CERTIFICATE HOLDER

New Hampshire Medicaid
NH 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, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.



AUTHORIZED REPRESENTATIVES

Scott Stumacher



Mission, Vision, & Values

Our Mission

We advance health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our Vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Dartmouth-Hitchcock Health and Subsidiaries

**Consolidated Financial Statements
June 30, 2016 and 2015**

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2016 and 2015

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and Subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We did not audit the consolidated financial statements of The Cheshire Medical Center, a subsidiary whose sole member is Dartmouth-Hitchcock Health, which statements reflect total assets of 8.8% and 9.7% of consolidated total assets at June 30, 2016 and 2015, respectively, and total revenues of 9.2% and 3.5%, respectively, of consolidated total revenues for the years then ended. Those statements were audited by other auditors whose report thereon has been furnished to us, and our opinion expressed herein, insofar as it relates to the amounts included for The Cheshire Medical Center, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the 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 our 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, we consider internal control relevant to the Health System'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 Health System'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, based on our audits and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Health System as of June 30, 2016 and 2015, and the results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating 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 consolidating information has been subjected to the auditing procedures applied in the audits 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 consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and changes in net assets and cash flows of the individual companies.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 26, 2016

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Assets		
Current assets		
Cash and cash equivalents	\$ 40,592	\$ 38,909
Patient accounts receivable, net of estimated uncollectibles of \$118,403 and \$92,532 at June 30, 2016 and 2015 (Note 4)	260,988	204,272
Prepaid expenses and other current assets	95,820	100,586
Total current assets	<u>397,400</u>	<u>343,767</u>
Assets limited as to use (Notes 5, 7, and 10)	592,468	620,425
Other investments for restricted activities (Notes 5 and 7)	142,036	132,016
Property, plant, and equipment, net (Note 6)	612,564	601,355
Other assets	91,199	88,450
Total assets	<u>\$ 1,835,667</u>	<u>\$ 1,786,013</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 18,307	\$ 17,179
Line of credit (Note 13)	36,550	1,200
Current portion of liability for pension and other postretirement plan benefits (Note 11)	3,176	3,249
Accounts payable and accrued expenses (Note 13)	107,544	120,221
Accrued compensation and related benefits	103,554	94,864
Estimated third-party settlements (Note 4)	30,550	36,599
Total current liabilities	<u>299,681</u>	<u>273,312</u>
Long-term debt, excluding current portion (Note 10)	629,274	575,484
Insurance deposits and related liabilities (Note 12)	56,887	62,356
Interest rate swaps (Notes 7 and 10)	28,917	24,740
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	272,493	190,280
Other liabilities	58,911	56,109
Total liabilities	<u>1,346,163</u>	<u>1,182,281</u>
Commitments and contingencies (Notes 4, 6, 7, 10, and 13)		
Net assets		
Unrestricted (Note 9)	360,183	474,194
Temporarily restricted (Notes 8 and 9)	75,731	76,457
Permanently restricted (Notes 8 and 9)	53,590	53,081
Total net assets	<u>489,504</u>	<u>603,732</u>
Total liabilities and net assets	<u>\$ 1,835,667</u>	<u>\$ 1,786,013</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted revenue and other support		
Net patient service revenue, net of provision for bad debt (\$55,121 and \$17,562 in 2016 and 2015), (Notes 1 and 4)	\$ 1,634,154	\$ 1,380,559
Contracted revenue (Note 2)	65,982	80,835
Other operating revenue (Note 2 and 5)	82,352	82,993
Net assets released from restrictions	9,219	15,637
Total unrestricted revenue and other support	<u>1,791,707</u>	<u>1,560,024</u>
Operating expenses		
Salaries	872,465	778,387
Employee benefits	234,407	214,627
Medical supplies and medications	309,814	219,967
Purchased services and other	255,141	218,704
Medicaid enhancement tax (Note 4)	58,565	51,996
Depreciation and amortization	80,994	67,213
Interest (Note 10)	19,301	18,442
Total operating expenses	<u>1,830,687</u>	<u>1,569,336</u>
Operating loss	<u>(38,980)</u>	<u>(9,312)</u>
Nonoperating gains (losses)		
Investment losses (Notes 5 and 10)	(20,103)	(11,015)
Other losses	(3,845)	(1,241)
Contribution revenue from acquisition (Note 3)	18,083	92,499
Total nonoperating (losses) gains, net	<u>(5,865)</u>	<u>80,243</u>
(Deficiency) excess of revenue over expenses	<u>\$ (44,845)</u>	<u>\$ 70,931</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted net assets		
(Deficiency) excess of revenue over expenses	\$ (44,845)	\$ 70,931
Net assets released from restrictions	3,248	2,411
Change in funded status of pension and other postretirement benefits (Note 11)	(66,541)	(60,892)
Change in fair value of interest rate swaps (Note 10)	(5,873)	(931)
(Decrease) increase in unrestricted net assets	<u>(114,011)</u>	<u>11,519</u>
Temporarily restricted net assets		
Gifts, bequests, sponsored activities	12,227	10,625
Investment gains	518	1,797
Change in net unrealized gains on investments	(1,674)	(1,619)
Net assets released from restrictions	(12,467)	(18,048)
Contribution of temporarily restricted net assets from acquisition	670	19,038
(Decrease) increase in temporarily restricted net assets	<u>(726)</u>	<u>11,793</u>
Permanently restricted net assets		
Gifts and bequests	699	389
Investment losses in beneficial interest in trust	(219)	(187)
Contribution of permanently restricted net assets from acquisition	29	16,610
Increase in permanently restricted net assets	<u>509</u>	<u>16,812</u>
Change in net assets	(114,228)	40,124
Net assets		
Beginning of year	<u>603,732</u>	<u>563,608</u>
End of year	<u>\$ 489,504</u>	<u>\$ 603,732</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2016 and 2015

(in thousands of dollars)

	2016	2015
Cash flows from operating activities		
Change in net assets	\$ (114,228)	\$ 40,124
Adjustments to reconcile change in net assets to net cash (used) provided by operating and nonoperating activities		
Change in fair value of interest rate swaps	4,177	(104)
Provision for bad debt	55,121	17,562
Depreciation and amortization	81,138	67,414
Contribution revenue from acquisition	(18,782)	(128,147)
Change in funded status of pension and other postretirement benefits	66,541	60,892
Loss on disposal of fixed assets	2,895	670
Net realized losses and change in net unrealized losses on investments	27,573	15,795
Restricted contributions	(4,301)	(11,040)
Proceeds from sale of securities	496	723
Changes in assets and liabilities		
Patient accounts receivable, net	(101,567)	(17,151)
Prepaid expenses and other current assets	4,767	9,165
Other assets, net	2,188	(4,388)
Accounts payable and accrued expenses	(23,668)	(5,169)
Accrued compensation and related benefits	5,343	8,684
Estimated third-party settlements	(3,652)	2,637
Insurance deposits and related liabilities	(14,589)	(17,177)
Liability for pension and other postretirement benefits	15,599	(25,471)
Other liabilities	2,109	(669)
Net cash (used) provided by operating and nonoperating activities	<u>(12,840)</u>	<u>14,350</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(73,021)	(87,196)
Proceeds from sale of property, plant, and equipment	612	1,533
Purchases of investments	(67,117)	(166,589)
Proceeds from maturities and sales of investments	66,105	195,950
Cash received through acquisition	12,619	29,914
Net cash used by investing activities	<u>(60,802)</u>	<u>(26,388)</u>
Cash flows from financing activities		
Proceeds from line of credit	140,600	60,904
Payments on line of credit	(105,250)	(60,700)
Repayment of long-term debt	(104,343)	(54,682)
Proceeds from issuance of debt	140,031	43,452
Payment of debt issuance costs	(14)	6
Restricted contributions	4,301	11,040
Net cash provided by financing activities	<u>75,325</u>	<u>20</u>
Increase (decrease) in cash and cash equivalents	1,683	(12,018)
Cash and cash equivalents		
Beginning of year	<u>38,909</u>	<u>50,927</u>
End of year	<u>\$ 40,592</u>	<u>\$ 38,909</u>
Supplemental cash flow information		
Interest paid	\$ 22,298	\$ 21,659
Asset (depreciation) appreciation due to affiliations	(960)	15,596
Construction in progress included in accounts payable and accrued expenses	16,427	12,259
Equipment acquired through issuance of capital lease obligations	2,001	1,741
Donated securities	688	685

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth-Hitchcock Clinic (DHC) (collectively referred to as "Dartmouth-Hitchcock" (D-H)), New London Hospital Association (NLH), MT. Ascutney Hospital and Health Center (MAHHC), The Cheshire Medical Center (Cheshire) and Alice Peck Day Health Systems Corp. (APD).

The "Health System" consists of D-HH, its affiliates and their subsidiaries.

D-HH currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. D-HH also operates four physician practices and a nursing home. D-HH operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, MHMH, DHC, NLH, Cheshire and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC is a VT not-for-profit corporation exempt from federal income taxes under Section 501(c)(3) of the IRC.

Fiscal year 2016 includes a full year of operations of D-HH, D-H, NLH, MAHHC, Cheshire and four months of operations of APD. Fiscal year 2015 includes a full year of operations of D-HH, D-H, NLH, MAHHC and four months of operations of Cheshire.

Community Benefits

The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

The Health System files annual Community Benefits Reports with the State of NH which outlines the community and charitable benefits it provides. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community health services* include activities carried out to improve community health and could include community health education (such as lectures, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

- *Subsidized health services* are services provided, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research support and other grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations.
- *Community health-related initiatives* occur outside of the organization(s) through various financial contributions of cash, in-kind, and grants to local organizations.
- *Community-building activities* include cash, in-kind donations, and budgeted expenditures for the development of programs and partnerships intended to address social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement. Community benefit operations includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.
- *Charity care (financial assistance)* represents services provided to patients who cannot afford healthcare services due to inadequate financial resources which result from being uninsured or underinsured. For the years ended June 30, 2016 and 2015, the Health System provided financial assistance to patients in the amount of approximately \$30,637,000 and \$50,076,000, respectively, as measured by gross charges. The estimated cost of providing this care for the years ended June 30, 2016 and 2015 was approximately \$12,257,000 and \$18,401,000, respectively. The estimated costs of providing charity care services are determined applying a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of costs to charges is calculated using total expenses, less bad debt, divided by gross revenue.

Charity care provided by the Health System decreased by approximately \$19,400,000 from 2015 to 2016. This change was due to the implementation of the Federal Exchange in December of 2013 and the NH Medicaid Expansion Plan in August of 2014. The Health System began to experience decreases in uninsured patients and increases in patients covered by the Federal Exchange NH in summer of calendar 2015 (fiscal year 2015) which continued to decrease as more NH uninsured and underinsured patients were able to receive coverage by the Federal or NH Medicaid plans specifically impacting fiscal 2016.

- *Government-sponsored healthcare services* are provided to Medicaid and Medicare patients at reimbursement levels that are significantly below the cost of the care provided.
- *The uncompensated cost of care for Medicaid patients* reported in the unaudited Community Benefits Reports for 2015 was approximately \$146,758,000. The 2016 Community Benefits Reports are expected to be filed in February 2017.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2016 and 2015

The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2015:

(Unaudited, in thousands of dollars)

Community health services	\$ 4,373
Health professional education	30,157
Subsidized health services	13,645
Research	5,361
Financial contributions	5,829
Community building activities	623
Community benefit operations	582
Charity care	18,401
Government-sponsored healthcare services	<u>258,189</u>
Total community benefit value	<u>\$ 337,160</u>

The Health System also provides a significant amount of uncompensated care to its patients that are reported as provision for bad debts, which is not included in the amounts reported above. During the years ended June 30, 2016 and 2015, the Health System reported a provision for bad debt expense of approximately \$55,121,000 and \$17,562,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954 *Healthcare Entities* (ASC 954), which addresses the accounting for healthcare entities. In accordance with the provisions of ASC 954, net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, unrestricted net assets are amounts not subject to donor-imposed stipulations and are available for operations. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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 consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant areas that are affected by the use of estimates include the allowance for estimated uncollectible accounts and contractual allowances, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

(Deficiency) Excess of Revenue over Expenses

The consolidated statements of operations and changes in net assets include (deficiency) excess of revenue over expenses. Operating revenues consist of those items attributable to the care of

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

patients, including contributions and investment income on unrestricted investments, which are utilized to provide charity and other operational support. Peripheral activities, including unrestricted contribution income from acquisitions, realized gains/losses on sales of investment securities and changes in unrealized gains/losses in investments are reported as nonoperating gains (losses).

Changes in unrestricted net assets which are excluded from (deficiency) excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), change in funded status of pension and other postretirement benefit plans, and the effective portion of the change in fair value of interest rate swaps.

Charity Care and Provision for Bad Debts

The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. Additions to the allowance for uncollectible accounts are made by means of the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and bad debt expense. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contract Revenue

The Health System has various Professional Service Agreements (PSAs), pursuant to which certain facilities purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue

The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. This revenue includes retail pharmacy, joint operating agreements, grant revenue, cafeteria sales, meaningful use incentive payments and other support service revenue.

Cash Equivalents

Cash equivalents include investments in highly liquid investments with maturities of three months or less when purchased, excluding amounts where use is limited by internal designation or other arrangements under trust agreements or by donors.

Dartmouth-Hitchcock Health and Subsidiaries

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June 30, 2016 and 2015

Investments and Investment Income

Investments in equity securities with readily determinable fair values, mutual funds and pooled/commingled funds, and all investments in debt securities are considered to be trading securities reported at fair value with changes in fair value included in the (deficiency) excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in (deficiency) excess of revenues over expenses. All investments, whether held at fair value or under the equity method of accounting, are reported at what the Health System believes to be the amount they would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

Certain affiliates of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and restricted assets were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on unrestricted investments, change in value of equity method investments, interest, and dividends) are included in (deficiency) excess of revenue over expenses classified as nonoperating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments

The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.
- Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.
- Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The Health System applies the accounting provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12). ASU 2009-12 allows for the estimation of fair value of investments for which the investment does not have a readily determinable fair value, to use net asset value (NAV)

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

per share or its equivalent as a practical expedient, subject to the Health System's ability to redeem its investment.

The carrying amount of patient accounts receivable, prepaid and other current assets, accounts payable, and accrued expenses approximates fair value due to the short maturity of these instruments.

Property, Plant, and Equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair market value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Gifts of capital assets such as land, buildings, or equipment are reported as unrestricted support, and excluded from (deficiency) excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the consolidated balance sheets as other assets, are amortized over the term of the related bonds. Amortization is recorded within depreciation and amortization in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

Trade Names

The Health System records trade names as intangible assets within other assets on the consolidated statements of financial position. The Health System considers trade names to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded \$2,700,000 as intangible assets associated with its affiliations as of June 30, 2016 and 2015. There were no impairment charges recorded for the years ended June 30, 2016 and 2015.

Derivative Instruments and Hedging Activities

The Health System applies the provisions of ASC 815, *Derivatives and Hedging*, to its derivative instruments, which require that all derivative instruments be recorded at their respective fair value in the consolidated balance sheets.

On the date a derivative contract is entered into, the Health System designates the derivative as a cash-flow hedge of a forecasted transaction or the variability of cash flows to be received or paid related to a recognized asset or liability. For all hedge relationships, the Health System formally documents the hedging relationship and its risk-management objective and strategy for undertaking the hedge, the hedging instrument, the nature of the risk being hedged, how the hedging instrument's effectiveness in offsetting the hedged risk will be assessed, and a description of the method of measuring ineffectiveness. This process includes linking cash-flow hedges to specific assets and liabilities on the consolidated balance sheets or to specific firm commitments or forecasted transactions. The Health System also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in variability of cash flows of hedged items. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are recorded in unrestricted net assets until earnings are affected by the variability in cash flows of the designated hedged item. The ineffective portion of the change in fair value of a cash-flow hedge is reported in (deficiency) excess of revenue over expenses in the consolidated statements of operation and changes in net assets.

The Health System discontinues hedge accounting prospectively when it is determined: (a) the derivative is no longer effective in offsetting changes in the cash flows of the hedged item; (b) the derivative expires or is sold, terminated, or exercised; (c) the derivative is undesignated as a hedging instrument because it is unlikely that a forecasted transaction will occur; (d) a hedged firm commitment no longer meets the definition of a firm commitment; and (e) management determines that designation of the derivative as a hedging instrument is no longer appropriate.

In all situations in which hedge accounting is discontinued, the Health System continues to carry the derivative at its fair value on the consolidated balance sheets and recognizes any subsequent changes in its fair value in (deficiency) excess of revenue over expenses.

Gifts and Bequests

Unrestricted gifts and bequests are recorded net of related expenses as nonoperating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair market value at the date the gift is received. Gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

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Reclassifications

Certain amounts in the 2015 consolidated financial statements have been reclassified to conform to the 2016 presentation. In 2016 the presentation of net assets released from restrictions was changed from a single line presentation in the consolidated statement of operations to one in which the net assets released from restriction are classified in their natural expense classifications.

Recently Issued Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued ASU 2014-09 - Revenue from Contracts with Customers at the conclusion of a joint effort with the International Accounting Standards Board to create common revenue recognition guidance for U.S. GAAP and international accounting standards. This framework ensures that entities appropriately reflect the consideration to which they expect to be entitled in exchange for goods and services, by allocating transaction price to identified performance obligations, and recognizing that revenue as performance obligations are satisfied. Qualitative and quantitative disclosures will be required to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The original standard was effective for fiscal years beginning after December 15, 2016; however, in July 2015, the FASB approved a one-year deferral of this standard, with a new effective date for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In May 2015, the FASB issued ASU 2015-07- Disclosures for Certain Entities That Calculate Net Asset Value per Share (or its Equivalent), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as the practical expedient. This guidance is effective in fiscal year 2017. The Health System is evaluating the impact this will have on the consolidated financial statements.

In April 2015, the FASB issued ASU 2015-03 - Imputation of Interest: Simplifying the Presentation of Debt Issuance Costs, which requires all costs incurred to issue debt to be presented in the balance sheet as a direct deduction from the carrying value of the associated debt liability. This guidance is effective for fiscal years beginning after December 15, 2015, or fiscal 2017 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02 - Leases, which, requires a lessee to recognize a right-of-use asset and a lease liability, initially measured at the present value of the lease payments, in its balance sheet. The standard also requires a lessee to recognize a single lease cost, calculated so that the cost of the lease is allocated over the lease term, on a generally straight-line basis. The guidance also expands the required quantitative and qualitative disclosures surrounding leases. The ASU is effective for fiscal years beginning after December 15, 2018, or fiscal year 2020 for the Health System. Early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In January 2016, the FASB issued ASU 2016-01- Recognition and Measurement of Financial Assets and Financial Liabilities, which address certain aspects of recognition, measurement, presentation and disclosure of financial instruments. This guidance allows an entity to choose, investment-by-investment, to report an equity investment that neither has a readily determinable fair value, nor qualifies for the practical expedient for fair value estimation using NAV, at its cost minus impairment (if any), plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issue. Impairment of such investments must be assessed qualitatively at each reporting period. Entities must disclose their financial assets and liabilities by measurement category and form of asset either on the face of the balance sheet or in the accompanying notes. The ASU is effective for annual reporting periods

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beginning after December 15, 2018 or fiscal year 2020 for the Health System. The provision to eliminate the requirement to disclose the fair value of financial instruments measured at cost (such as the fair value of debt) may be early adopted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In August 2016, the FASB issued ASU 2016-14 - Presentation of Financial Statements for Not-for-Profit Entities, which makes targeted changes to the not-for-profit financial reporting model. The new ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the new ASU, net asset reporting will be streamlined and clarified. The existing three-category classification of net assets will be replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property, plant, and equipment have also been simplified and clarified. New disclosures will highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. Not-for-profits will continue to have flexibility to decide whether to report an operating subtotal and if so, to self-define what is included or excluded. However, if the operating subtotal includes internal transfers made by the governing board, transparent disclosure must be provided. The ASU also imposes several new requirements related to reporting expenses, including providing information about expenses by their natural classification. The ASU is effective for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System and early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

3. Acquisitions

Effective March 1, 2016, D-HH became the sole corporate member of APD through an affiliation agreement. APD is a not-for-profit corporation providing inpatient and outpatient services to residents of the Upper Valley in NH and VT. APD has a fiscal year end of September 30.

The D-HH 2016 consolidated financial statements reflect four months of activity for APD beginning March 1, 2016.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, The Health System recorded contribution income of approximately \$18,782,000 reflecting the fair value of the contributed net assets of APD, on the transaction date. Of this amount \$18,083,000 represents unrestricted net assets and is included as a nonoperating gain in the accompanying consolidated statement of operations. Restricted contribution income of \$670,000 and \$29,000 was recorded within temporarily and permanently net assets, respectively in the accompanying consolidated statement of changes in net assets. No consideration was exchanged for the net assets contributed and acquisition costs are expensed as incurred.

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The fair value of assets, liabilities, and net assets contributed by APD at March 1, 2016 were as follows:

(in thousands of dollars)

Assets	
Cash and cash equivalents	\$ 12,619
Patient accounts receivable, net	10,271
Property, plant, and equipment, net	16,600
Other assets	4,939
Estimated third-party settlements	2,397
Total assets acquired	<u>\$ 46,826</u>
Liabilities	
Accounts payable and accrued expenses	\$ 6,823
Accrued compensation and related benefits	3,347
Long-term debt	17,181
Other liabilities	693
Total liabilities assumed	<u>28,044</u>
Net Assets	
Unrestricted	18,083
Temporarily restricted	670
Permanently restricted	29
Total net assets	<u>18,782</u>
Total liabilities and net assets	<u>\$ 46,826</u>

A summary of the financial results of APD included in the consolidated statement of operations and changes in net assets for the period from the date of acquisition March 1, 2016 through June 30, 2016 is as follows:

(in thousands of dollars)

Total operating revenues	\$ 20,973
Total operating expenses	21,374
Operating gain	<u>(401)</u>
Nonoperating gains	235
Excess of revenue over expenses	<u>(166)</u>
Net assets transferred to affiliate	18,782
Changes in temporarily and permanently net assets	24
Increase in net assets	<u>\$ 18,640</u>

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A summary of the consolidated financial results of the Health System for the years ended June 30, 2016 and 2015 as if the transactions had occurred on July 1, 2014 are as follows (unaudited):

<i>(in thousands of dollars)</i>	2016	2015
Total operating revenues	\$ 1,835,177	\$ 1,658,250
Total operating expenses	<u>1,872,167</u>	<u>1,671,124</u>
Operating loss	(36,990)	(12,874)
Nonoperating gains	<u>(6,045)</u>	<u>81,277</u>
(Deficiency) excess of revenue over expenses	(43,035)	68,403
Net assets released from restriction used for capital purchases	3,248	2,411
Change in funded status of pension and other post retirement benefits	(66,541)	(65,128)
Change in fair value on interest rate swaps	<u>(5,873)</u>	<u>(931)</u>
(Decrease) increase in unrestricted net assets	<u>\$ (112,201)</u>	<u>\$ 4,755</u>

4. Patient Service Revenue and Accounts Receivable

Patient service revenue is reported net of contractual allowances and the provision for bad debts as follows for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Gross patient service revenue	\$ 4,426,305	\$ 3,656,514
Less: Contractual allowances	2,737,030	2,258,393
Provision for bad debt	<u>55,121</u>	<u>17,562</u>
Net patient service revenue	<u>\$ 1,634,154</u>	<u>\$ 1,380,559</u>

Accounts receivable are reduced by an allowance for estimated uncollectibles. In evaluating the collectability of accounts receivable, the Health System analyzes past collection history and identifies trends for several categories of self-pay accounts (uninsured, residual balances, pre-collection accounts and charity) to estimate the appropriate allowance percentages in establishing the allowance for bad debt expense. Management performs collection rate look-back analyses on a quarterly basis to evaluate the sufficiency of the allowance for estimated uncollectibles. Throughout the year, after all reasonable collection efforts have been exhausted, the difference between the standard rates and the amounts actually collected, including contractual adjustments and uninsured discounts, will be written off against the allowance for estimated uncollectibles. In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for estimated uncollectibles.

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Accounts receivable, prior to adjustment for estimated uncollectibles, are summarized as follows at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Receivables		
Patients	\$ 126,320	\$ 123,881
Third-party payors	244,716	171,141
Nonpatient	8,355	1,782
	<u>\$ 379,391</u>	<u>\$ 296,804</u>

The allowance for estimated uncollectibles is \$118,403,000 and \$92,532,000 as of June 30, 2016 and 2015.

The following table categorizes payors into five groups and their respective percentages of gross patient service revenue for the years ended June 30, 2016 and 2015:

	2016	2015
Medicare	42 %	40 %
Anthem/blue cross	19	21
Commercial insurance	22	20
Medicaid	14	15
Self-pay/other	3	4
	<u>100 %</u>	<u>100 %</u>

The Health System has agreements with third-party payors that provide for payments at amounts different from their established rates. A summary of the acute care payment arrangements in effect during the years ended June 30, 2016 and 2015 with major third-party payors follows:

Medicare

The Health System's inpatient acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system. Under the system, outpatient services are reimbursed based on a pre-determined amount for each outpatient procedure, subject to various mandated modifications. The Health System is reimbursed during the year for services to Medicare beneficiaries based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subsequent audit of this report by the Medicare fiscal intermediary.

Certain of the Health System's affiliates qualify as Critical Access Hospitals (CAH), which are reimbursed by Medicare at 101% (subject to sequestration of 2%) of reasonable costs for its inpatient acute, swing bed, and outpatient services, excluding ambulance services and inpatient hospice care. They are reimbursed at an interim rate for cost based services with a final settlement determined by the Medicare Cost Report filing. The nursing home and the rehabilitation distinct-

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part-unit are not impacted by CAH designation. Medicare reimburses both services based on an acuity driven prospective payment system with no retrospective settlement.

Medicaid

The Health System's payments for inpatient services rendered to NH Medicaid beneficiaries are based on a prospective payment system, while outpatient services are reimbursed on a retrospective cost basis or fee schedules. NH Medicaid Outpatient Direct Medical Education costs are reimbursed, as a pass-through, based on the filing of the Medicare cost report. Payment for inpatient and outpatient services rendered to VT Medicaid beneficiaries are based on prospective payment systems and the skilled nursing facility is reimbursed on a prospectively determined per diem rate.

During the years ended June 30, 2016 and 2015, the Health System recorded State of NH Medicaid Enhancement Tax (MET) and State of VT Provider Tax of \$58,565,000 and \$51,996,000, respectively. The taxes are calculated at 5.5% for NH and 6% for VT of certain net patient revenues in accordance with instructions received from the States. The provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

On June 30, 2014, the NH Governor signed into law a bi-partisan legislation reflecting an agreement between the State of NH and 25 NH hospitals on the Medicaid Enhancement Tax "SB 369". As part of the agreement the parties have agreed to resolve all pending litigation related to MET and Medicaid Rates, including the Catholic Medical Center Litigation, the Northeast Rehabilitation Litigation, 2014 DRA Refund Requests, and the State Rate Litigation. As part of the Medicaid Enhancement Tax Agreement Effective July 1, 2014, a "Trust / Lock Box" dedicated fund mechanism will be established for receipt and distribution of all MET proceeds with all monies used exclusively to support Medicaid services. During the years ended June 30, 2016 and 2015, the Health System received disproportionate share hospital (DSH) payments of approximately \$56,718,000 and \$10,152,000, respectively which is included in Net Patient Service Revenue in the consolidated statement of operations and changes in net assets.

The Health Information Technology for Economic and Clinical Health (HITECH) Act included in the American Recovery and Reinvestment Act (ARRA) provides incentives for the adoption and use of health information technology by Medicare and Medicaid providers and eligible professionals over the next several years with an anticipated end date of December 31, 2016, depending on the program. The Health System has recognized \$2,330,000 and \$4,175,000 in meaningful use incentives for both the Medicare and VT Medicaid programs during the years ended June 30, 2016 and 2015, respectively.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with laws and regulations can be subject to future government review and interpretation as well as significant regulatory action; failure to comply with such laws and regulations can result in fines, penalties and exclusion from the Medicare and Medicaid programs.

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Other

For services provided to patients with commercial insurance the Health System receives payment for inpatient services at prospectively determined rates-per-discharge, prospectively determined per diem rates or a percentage of established charges. Outpatient services are reimbursed on a fee schedule or at a discount from established charges.

Nonacute and physician services are paid at various rates under different arrangements with governmental payors, commercial insurance carriers and health maintenance organizations. The basis for payments under these arrangements includes prospectively determined per visit rates, discounts from established charges, fee schedules, and reasonable cost subject to limitations.

The Health System has provided for its estimated final settlements with all payors based upon applicable contracts and reimbursement legislation and timing in effect for all open years (2007 - 2015). The differences between the amounts provided and the actual final settlement, if any, is recorded as an adjustment to net patient service revenue as amounts become known or as years are no longer subject to audits, reviews and investigations. During 2016 and 2015, changes in prior estimates related to the Health System's settlements with third-party payors resulted in (decreases) increases in net patient service revenue of (\$859,000) and \$5,550,000 respectively, in the consolidated statements of operations and changes in net assets.

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5. Investments

The composition of investments at June 30, 2016 and 2015 is set forth in the following table:

<i>(in thousands of dollars)</i>	2016	2015
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 12,915	\$ 8,475
U.S. government securities	33,578	36,634
Domestic corporate debt securities	65,610	80,254
Global debt securities	119,385	111,156
Domestic equities	100,009	106,350
International equities	61,768	69,965
Emerging markets equities	34,282	36,591
Real Estate Investment Trust	432	621
Private equity funds	33,209	26,843
Hedge funds	52,337	56,590
	<u>513,525</u>	<u>533,479</u>
Investments held by captive insurance companies (Note 12)		
U.S. government securities	22,484	27,730
Domestic corporate debt securities	29,123	32,017
Global debt securities	5,655	4,883
Domestic equities	7,830	7,669
International equities	11,901	12,869
	<u>76,993</u>	<u>85,168</u>
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	1,950	1,778
Total assets limited as to use	<u>\$ 592,468</u>	<u>\$ 620,425</u>

<i>(in thousands of dollars)</i>	2016	2015
Other investments for restricted activities		
Cash and short-term investments	\$ 12,219	\$ 5,448
U.S. government securities	21,351	19,730
Domestic corporate debt securities	33,203	34,548
Global debt securities	20,808	18,947
Domestic equities	19,215	18,354
International equities	13,986	14,777
Emerging markets equities	4,887	5,077
Real Estate Investment Trust	470	533
Private equity funds	4,780	3,653
Hedge funds	11,087	10,921
Other	30	28
Total other investments for restricted activities	<u>\$ 142,036</u>	<u>\$ 132,016</u>

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used when debt securities or equity securities are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above. All investments, whether the fair value or equity method of accounting is used, are reported at what the Health System believes to be the amount that the Health System would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2016 and 2015. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

(in thousands of dollars)

	2016		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 27,084	\$ -	\$ 27,084
U.S. government securities	77,413	-	77,413
Domestic corporate debt securities	101,271	26,665	127,936
Global debt securities	40,356	105,492	145,848
Domestic equities	115,082	11,972	127,054
International equities	23,271	64,384	87,655
Emerging markets equities	331	38,838	39,169
Real Estate Investment Trust	20	882	902
Private equity funds	-	37,989	37,989
Hedge funds	-	63,424	63,424
Other	30	-	30
	\$ 384,858	\$ 349,646	\$ 734,504

(in thousands of dollars)

	2015		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 15,700	\$ -	\$ 15,700
U.S. government securities	84,095	-	84,095
Domestic corporate debt securities	115,698	31,121	146,819
Global debt securities	54,193	80,792	134,985
Domestic equities	119,883	12,491	132,374
International equities	25,790	71,822	97,612
Emerging markets equities	95	41,571	41,666
Real Estate Investment Trust	-	1,154	1,154
Private equity funds	-	30,496	30,496
Hedge funds	-	67,512	67,512
Other	28	-	28
	\$ 415,482	\$ 336,959	\$ 752,441

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Investment income (losses) is comprised of the following for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted		
Interest and dividend income, net	\$ 5,088	\$ 7,927
Net realized gains on sales of securities	(1,223)	12,432
Change in net unrealized gains on investments	<u>(22,980)</u>	<u>(28,824)</u>
	<u>(19,115)</u>	<u>(8,465)</u>
Temporarily restricted		
Interest and dividend income, net	536	1,151
Net realized gains on sales of securities	(18)	646
Change in net unrealized gains on investments	<u>(1,674)</u>	<u>(1,619)</u>
	<u>(1,156)</u>	<u>178</u>
Permanently restricted		
Change in net unrealized losses on beneficial interest in trust	<u>(219)</u>	<u>(187)</u>
	<u>(219)</u>	<u>(187)</u>
	<u>\$ (20,490)</u>	<u>\$ (8,474)</u>

For the years ended June 30, 2016 and 2015 unrestricted investment income (losses) is reflected in the accompanying consolidated statements of operations and changes in net assets as operating revenue of approximately \$988,000 and \$2,550,000 and as nonoperating (losses) gains of approximately (\$20,103,000) and (\$11,015,000), respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2016 and 2015, the Health System has committed to contribute approximately \$116,851,000 and \$105,782,000 to such funds, of which the Health System has contributed approximately \$80,019,000 and \$66,918,000 and has outstanding commitments of \$36,832,000 and \$38,864,000, respectively.

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6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Land	\$ 33,004	\$ 29,558
Land improvements	36,899	31,750
Buildings and improvements	801,840	714,689
Equipment	744,443	590,501
Equipment under capital leases	20,823	17,824
	<u>1,637,009</u>	<u>1,384,322</u>
Less: Accumulated depreciation and amortization	<u>1,046,617</u>	<u>818,816</u>
Total depreciable assets, net	590,392	565,506
Construction in progress	<u>22,172</u>	<u>35,849</u>
	<u>\$ 612,564</u>	<u>\$ 601,355</u>

As of June 30, 2016 construction in progress primarily consists of the construction of the Hospice & Palliative Care building and the renovation of the Borwell building in Lebanon, NH. The estimated cost to complete these projects at June 30, 2016 is \$20,300,000 and \$580,000, respectively. New London Hospital's construction in progress primarily consists of a building addition at Newport Health Center which is expected to be completed in October 2016 at a cost of \$1,200,000.

The construction in progress for the Williamson building reported as of June 30, 2015 was completed during the first quarter of fiscal year 2016 and the major inpatient and outpatient rehabilitation renovations taking place at Mt. Ascutney Hospital reported as construction in progress as of June 30, 2015 were completed during the third quarter of fiscal year 2016.

Depreciation and amortization expense included in operating and nonoperating activities was approximately \$81,138,000 and \$67,414,000 for 2016 and 2015, respectively.

7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments

Consists of money market funds and are valued at NAV reported by the financial institution.

Domestic, Emerging Markets and International Equities

Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities

Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are

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based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Interest Rate Swaps

The fair value of interest rate swaps, are determined using the present value of the fixed and floating legs of the swaps. Each series of cash flows are discounted by observable market interest rate curves and credit risk.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2016 and 2015:

	2016				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
<i>(in thousands of dollars)</i>						
Assets						
Investments						
Cash and short term investments	\$ 27,084	\$ -	\$ -	\$ 27,084	Daily	1
U.S. government securities	77,413	-	-	77,413	Daily	1
Domestic corporate debt securities	27,626	73,645	-	101,271	Daily-Monthly	1-15
Global debt securities	23,103	17,253	-	40,356	Daily-Monthly	1-15
Domestic equities	115,082	-	-	115,082	Daily-Monthly	1-10
International equities	23,271	-	-	23,271	Daily-Monthly	1-11
Emerging market equities	331	-	-	331	Daily-Monthly	1-7
Real Estate Investment Trust	20	-	-	20	Daily-Monthly	1-7
Other	-	30	-	30	Not applicable	Not applicable
Total investments	293,930	90,928	-	384,858		
Deferred compensation plan assets						
Cash and short-term investments	2,478	-	-	2,478		
U.S. government securities	30	-	-	30		
Domestic corporate debt securities	6,710	-	-	6,710		
Global debt securities	794	-	-	794		
Domestic equities	23,502	-	-	23,502		
International equities	8,619	-	-	8,619		
Emerging market equities	2,113	-	-	2,113		
Real estate	2,057	-	-	2,057		
Multi strategy fund	9,188	-	-	9,188		
Guaranteed contract	-	-	80	80		
Total deferred compensation plan assets	55,491	-	80	55,571	Not applicable	Not applicable
Beneficial interest in trusts						
			9,087	9,087	Not applicable	Not applicable
Total assets	\$ 349,421	\$ 90,928	\$ 9,167	\$ 449,516		
Liabilities						
Interest rate swaps						
	\$ -	\$ 28,917	\$ -	\$ 28,917	Not applicable	Not applicable
Total liabilities	\$ -	\$ 28,917	\$ -	\$ 28,917		

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<i>(in thousands of dollars)</i>	2015				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Assets						
Investments						
Cash and short term investments	\$ 15,700	\$ -	\$ -	\$ 15,700	Daily	1
U.S. government securities	84,095	-	-	84,095	Daily	1
Domestic corporate debt securities	34,671	81,027	-	115,698	Daily-Monthly	1-15
Global debt securities	44,107	10,086	-	54,193	Daily-Monthly	1-15
Domestic equities	119,883	-	-	119,883	Daily-Monthly	1-10
International equities	25,790	-	-	25,790	Daily-Monthly	1-11
Emerging market equities	95	-	-	95	Daily-Monthly	1-7
Other	-	28	-	28	Not applicable	Not applicable
Total investments	324,341	91,141	-	415,482		
Deferred compensation plan assets						
Cash and short-term investments	2,988	-	-	2,988		
U.S. government securities	46	-	-	46		
Domestic corporate debt securities	5,765	-	-	5,765		
Global debt securities	748	-	-	748		
Domestic equities	21,861	-	-	21,861		
International equities	8,808	-	-	8,808		
Emerging market equities	2,232	-	-	2,232		
Real estate	1,874	-	-	1,874		
Multi strategy fund	8,155	-	-	8,155		
Guaranteed contract	-	-	78	78		
Total deferred compensation plan assets	52,477	-	78	52,555	Not applicable	Not applicable
Beneficial interest in trusts	-	-	9,345	9,345	Not applicable	Not applicable
Total assets	\$ 376,818	\$ 91,141	\$ 9,423	\$ 477,382		
Liabilities						
Interest rate swaps	\$ -	\$ 24,740	\$ -	\$ 24,740	Not applicable	Not applicable
Total liabilities	\$ -	\$ 24,740	\$ -	\$ 24,740		

The following table is a rollforward of the statements of financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above.

<i>(in thousands of dollars)</i>	2016		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	\$ 9,345	\$ 78	\$ 9,423
Purchases	-	-	-
Sales	-	-	-
Net unrealized gains (losses)	(258)	2	(256)
Net asset transfer from affiliate	-	-	-
Balances at end of year	\$ 9,087	\$ 80	\$ 9,167

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<i>(in thousands of dollars)</i>	2015			
	Beneficial Interest in Perpetual Trust	Contribution Receivable From Charitable Remainder Trust	Guaranteed Contract	Total
Balances at beginning of year	\$ 1,909	\$ 2,118	\$ 75	\$ 4,102
Purchases	-	-	3	3
Sales	-	(2,118)	-	(2,118)
Net unrealized gains (losses)	(198)	-	-	(198)
Net asset transfer from affiliate	7,634	-	-	7,634
Balances at end of year	\$ 9,345	\$ -	\$ 78	\$ 9,423

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Healthcare services	\$ 44,561	\$ 43,822
Research	16,680	16,376
Purchase of equipment	2,826	2,483
Charity care	1,543	2,900
Health education	8,518	9,181
Other	1,603	1,695
	\$ 75,731	\$ 76,457

Permanently restricted net assets consist of the following at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Healthcare services	\$ 32,105	\$ 25,015
Research	7,767	7,689
Purchase of equipment	5,266	6,291
Charity care	2,991	5,609
Health education	5,408	8,454
Other	53	23
	\$ 53,590	\$ 53,081

Income earned on permanently restricted net assets is available for these purposes.

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9. Board Designated and Endowment Funds

Net assets include approximately 65 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Act (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Unrestricted net assets include funds designated by the Board of Trustees to function as endowments and the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Temporarily restricted net assets include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the temporary restrictions on these funds have been met, the funds are reclassified to unrestricted net assets.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2016 and 2015.

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Endowment net asset composition by type of fund consists of the following at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Donor-restricted endowment funds	\$ -	\$ 25,780	\$ 45,402	\$ 71,182
Board-designated endowment funds	26,205	-	-	\$ 26,205
Total endowed net assets	<u>\$ 26,205</u>	<u>\$ 25,780</u>	<u>\$ 45,402</u>	<u>\$ 97,387</u>

<i>(in thousands of dollars)</i>	2015			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Donor-restricted endowment funds	\$ -	\$ 28,296	\$ 44,491	\$ 72,787
Board-designated endowment funds	26,405	-	-	26,405
Total endowed net assets	<u>\$ 26,405</u>	<u>\$ 28,296</u>	<u>\$ 44,491</u>	<u>\$ 99,192</u>

Changes in endowment net assets for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Balances at beginning of year	\$ 26,405	\$ 28,296	\$ 44,491	\$ 99,192
Net investment return	(54)	(1,477)	3	\$ (1,528)
Contributions	-	271	699	\$ 970
Transfers	-	(216)	180	\$ (36)
Release of appropriated funds	(146)	(1,094)	-	\$ (1,240)
Net asset transfer from affiliates	-	-	29	\$ 29
Balances at end of year	<u>\$ 26,205</u>	<u>\$ 25,780</u>	<u>45,402</u>	<u>\$ 97,387</u>
Balances at end of year			45,402	
Beneficial interest in perpetual trust			<u>8,188</u>	
Permanently restricted net assets			<u>\$ 53,590</u>	

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<i>(in thousands of dollars)</i>	2015			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Balances at beginning of year	\$ 19,834	\$ 13,738	\$ 34,360	\$ 67,932
Net investment return	143	(223)	1	(79)
Contributions	-	974	254	1,228
Transfers	-	(370)	158	(212)
Release of appropriated funds	(664)	(2,425)	(46)	(3,135)
Net asset transfer from affiliates	7,092	16,602	9,764	33,458
Balances at end of year	\$ 26,405	\$ 28,296	44,491	\$ 99,192
Balances at end of year			44,491	
Beneficial interest in perpetual trust			8,590	
Permanently restricted net assets			\$ 53,081	

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10. Long-Term Debt

A summary of long-term debt at June 30, 2016 and 2015 follows:

<i>(in thousands of dollars)</i>	2016	2015
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2015A, principal maturing in varying annual amounts, through August 2031 (1)	\$ 86,710	\$ -
Series 2013, principal maturing in varying annual amounts, through August 2043 (9)*	19,230	17,668
Series 2011, principal maturing in varying annual amounts, through August 2031 (6)	-	90,005
Vermont Educational and Health Buildings Financing Agency (VEHFBA) Revenue Bonds		
Series 2010A, principal maturing in varying annual amounts, through August 2030 (11)*	7,881	8,182
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2014A, principal maturing in varying annual amounts, through August 2022 (3)	26,960	26,960
Series 2014B, principal maturing in varying annual amounts, through August 2033 (3)	14,530	14,530
Series 2012A, principal maturing in varying annual amounts, through August 2031 (4)	72,720	73,725
Series 2012B, principal maturing in varying annual amounts, through August 2031 (4)	39,900	40,455
Series 2012, principal maturing in varying annual amounts, through July 2039 (10)*	27,490	28,818
Series 2010, principal maturing in varying annual amounts, through August 2040 (7)	75,000	75,000
Series 2010, principal maturing in varying annual amounts, through August 2040 (12)	16,287	
Series 2009, principal maturing in varying annual amounts, through August 2038 (8)	63,370	68,970
*Represents nonobligated group bonds		
Other		
Revolving Line of Credit, principal maturing through March 2019 (2)	49,750	-
Series 2012, principal maturing in varying annual amounts, through July 2025 (5)	140,000	144,000
Note payable to a financial institution payable in interest free monthly installments through July 2015; collateralized by associated equipment	313	4
Note payable to a financial institution due in monthly interest only payments from October 2011 through September 2012, and monthly installments from October 2016 through 2016, including principal and interest at 3.25%; collateralized by savings account	2,952	1,915
Note payable to a financial institution payable in interest free entire principal due June 2029 collateralized by land and building	494	555
Obligations under capital leases	4,875	3,369
	<u>648,462</u>	<u>594,156</u>
Less		
Original issue discount, net	881	1,493
Current portion	18,307	17,179
	<u>\$ 629,274</u>	<u>\$ 575,484</u>

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Aggregate annual principal payments required under revenue bond agreements and capital lease obligations for the next five years and thereafter ending June 30 are as follows:

<i>(in thousands of dollars)</i>	2016
2017	\$ 18,307
2018	19,117
2019	69,159
2020	20,262
2021	20,290
Thereafter	501,327
	<u>\$ 648,462</u>

Dartmouth-Hitchcock Obligated Group (DHOG) Bonds

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of MHMH and DHC.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive of which are the Annual Debt Service Coverage Ratio (1.10x) and the Days Cash on Hand Ratio (> 75 days).

(1) Series 2015A Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2015A in September 2015 through a private placement with a financial institution. The Series 2015A Revenue Bonds were primarily used to refinance a portion of the Series 2011 Revenue Bonds and to cover cost of issuance. The Series 2015A Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.11%

(2) Revolving Line of Credit

Through the DHOG, entered into Revolving Line of Credit TD Bank, N.A. (TD Bank). Interest on the TD Bank loan accrues variably and matures at various dates through March 2019. The variable rate as of June 30 2016 was 1.04%

(3) Series 2014A and Series 2014B Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

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(4) Series 2012A and 2012B Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2012A and Series 2012B in November 2012. The proceeds from the Series 2012A and 2012B were used to advance refund the Series 2002 Revenue Bonds and to cover cost of issuance. Interest on the 2012A Revenue Bonds is fixed with an interest rate of 2.29% and matures at various dates through 2031. Interest on the Series 2012B Revenue Bonds is fixed with an interest rate of 2.33% and matures at various dates through 2031.

(5) Series 2012 Bank Loan

Through the DHOG, issued the Bank of America, N.A. Series 2012 note, in July 2012. The proceeds from the Series 2012 note were used to prefund the D-H defined benefit pension plan. Interest on the Series 2012 note accrues at a fixed rate of 2.47% and matures at various dates through 2025.

(6) Series 2011 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2011 in August 2011. The proceeds from the Series 2011 Revenue Bonds were primarily used to advance refund the Series 2001A Revenue Bonds. The Series 2011 Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.04%. The Series 2011 Bonds are callable by the bank upon the end of seven years or may be renegotiated at that time. These bonds were paid with the proceeds of the Series 2015A Revenue Bonds.

(7) Series 2010 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2010, in June 2010. The proceeds from the Series 2010 Revenue Bonds were primarily used to construct a 140,000 square foot ambulatory care facility in Nashua, NH as well as various equipment. Interest on the bonds accrue at a fixed rate of 5.00% and mature at various dates through August 2040.

(8) Series 2009 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2009, in August 2009. The proceeds from the Series 2009 Revenue Bonds were primarily used to advance refund the Series 2008 Revenue Bonds. Interest on the Series 2009 Revenue Bonds accrue at varying fixed rates between 3.00% and 6.00% and mature at various dates through August 2038. Outstanding joint and several indebtedness of the DHOG at June 30, 2016 and 2015 approximates \$568,940,000 and \$533,645,000, respectively.

Non Obligated Group Bonds

(9) Series 2013 Revenue Bonds

Issued through the NHHEFA \$15,520,000 tax exempt Revenue Bonds (Series 2013A). The Series 2013A funds were used to refund Series 2007 Revenue Bonds. Additional borrowings were obtained (up to \$9,480,000 Revenue Bonds, Series 2013B) for the construction of a new health center building in Newport, NH. The bonds are collateralized by the gross receipts and property. The bonds mature in variable amounts through 2043, the maturity date of the bonds, but are subject to mandatory tender in ten years. Interest is payable monthly and is equal to the sum of .72 times the Adjusted LIBOR Rate plus .72 times the credit spread rate. As part of the bond refinancing, the swap arrangement was effectively terminated for federal tax purposes with respect to the Series 2007 Revenue Bonds but remains in effect.

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(10) Series 2012 Revenue Bonds

Issued through the NHHEFA \$29,650,000 of tax-exempt Revenue Bonds (Series 2012). The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds are collateralized by an interest in its gross receipts under the terms of the bond agreement. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%). Principal is payable in annual installments ranging from \$735,000 to \$1,750,000 through July 2039.

(11) Series 2010A Revenue Bonds

Issued through the VEHBFA \$9,244,000 of Revenue Bonds (Series 2010A). The funds were used to refund 2004 and 2005 Series A Bonds. The bonds are collateralized by gross receipts. The bonds shall bear interest at the one-month LIBOR rate plus 3.50%, multiplied by 6% adjusting monthly. The interest rate at June 30, 2016 was 2.48%. The bonds were purchased by TD Bank on March 1, 2010. Principal payments began on April 1, 2010 for a period of 20 years ranging in amounts from \$228,000 in 2014 to \$207,000 in 2030.

(12) Series 2010 Revenue Bonds

Issued through the Business Finance Authority (BFA) of the State of NH. Interest is based on an annual percentage rate equal to the sum of (a) 69% of the 1-Month LIBOR rate plus (b) 1.8975//5. APD may prepay certain of these bonds according to the terms of the loan and trust agreement. The bonds are redeemable at any time by APD at par value plus any accrued interest. The bonds are also subject to optional tender for purchase (as a whole) in November 2020 at par plus accrued interest.

The estimated fair value of the Health Systems total long-term debt as of June 30, 2016 and 2015 was approximately \$620,217,000 and \$606,772,000, respectively, which was determined by discounting the future cash flows of each instrument at rates that reflect rates currently observed in publicly traded debt markets for debt of similar terms to organizations with comparable credit risk. The inputs to the assumptions used to determine the estimated fair value are based on observable inputs and are classified as Level 2. For variable rate debt, the carrying value is equal to the fair value.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$1,950,000 and \$1,778,000 at June 30, 2016 and 2015, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets.

For the years ended June 30, 2016 and 2015 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately 19,301,000 and \$18,442,000 and is included in other nonoperating losses of \$3,201,000 and \$3,449,000, respectively.

Swap Agreements

The Health System is subject to market risks such as changes in interest rates that arise from normal business operation. The Health System regularly assesses these risks and has established business strategies to provide natural offsets, supplemented by the use of derivative financial instruments to protect against the adverse effect of these and other market risks. The Health System has established clear policies, procedures, and internal controls governing the use of derivatives and does not use them for trading, investment, or other speculative purposes.

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A summary of the Health System's derivative financial instruments is as follows:

- A Fixed Payor Swap designed as a cash flow hedge of the NHHEFA Series 2011 Revenue Bonds. The Swap had an initial notional amount of \$91,040,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 4.56% in exchange for the counterparty's payment of 67% of USD-LIBOR-BBA. The Swap's term matches that of the associated bonds.
- An Interest Rate Swap to hedge the interest rate risk associated with the NHHEFA Series 2013 Revenue Bonds. The Swap had an initial notional amount of \$15,000,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 3.94% in exchange for the counterparty's payment at 67% of USD-LIBOR-BBA. The Swap term matches that of the associated bonds.
- An Interest Rate Swap to hedge the interest rate risk associated with the VEHFBA Series 2010A Revenue Bonds. The Swap had an initial notional amount of \$7,244,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 2.41% in exchange for the counterparty's payment of 69% of USD-LIBOR-BBA. The Swap is outstanding until 2017, while the bonds will remain outstanding until 2030.

The obligation of the Health System to make payments on its bonds with respect to interest is in no way conditional upon the Health System's receipt of payments from the interest rate swap agreement counterparty.

At June 30, 2016 and 2015 the fair value of the Health System's interest rate swaps was a liability of \$28,917,000 and \$24,740,000, respectively. The change in fair value during the years ended June 30, 2016 and 2015 was a decrease of \$4,177,000 and \$327,000, respectively. For the years ended June 30, 2016 and 2015 the Health System recognized a nonoperating gain of \$1,696,000 and 1,035,000 resulting from hedge ineffectiveness and amortization of frozen swaps.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or define contribution plans. In addition, certain affiliates provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen or have been approved by the applicable Board of Trustees to be frozen by December 31, 2017. Effective with that date, the last of the participants earning benefits in any of the Health System's defined benefit plans will no longer earn benefits under the plans.

The Health System continued to execute the settlement of obligations due to retirees in the deferred benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

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Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Service cost for benefits earned during the year	\$ 11,084	\$ 12,257
Interest cost on projected benefit obligation	48,036	42,276
Expected return on plan assets	(63,479)	(60,458)
Net prior service cost	848	380
Net loss amortization	26,098	21,133
Special/contractual termination benefits	300	56
	<u>\$ 22,887</u>	<u>\$ 15,644</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.30 % – 4.90%	4.40 % – 4.90 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50 %
Expected long-term rate of return on plan assets	7.50 % – 7.75 %	7.50 % – 7.75 %

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The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 988,143	\$ 877,082
Additional benefit obligation resulting from new affiliations	-	95,314
Total benefit obligation at beginning of year	<u>988,143</u>	<u>972,396</u>
Service cost	11,084	12,257
Interest cost	48,108	42,276
Benefits paid	(39,001)	(34,803)
Expenses paid	(180)	(139)
Actuarial (gain) loss	99,040	41,079
Settlements	(13,520)	(44,979)
Plan change	2,645	-
Special/contractual termination benefits	300	56
Benefit obligation at end of year	<u>1,096,619</u>	<u>988,143</u>
Change in plan assets		
Fair value of plan assets at beginning of year	845,052	783,890
Additional plan assets at fair value resulting from new affiliations	-	77,608
Total fair value of plan assets at beginning of year	<u>845,052</u>	<u>861,498</u>
Actual return on plan assets	81,210	25,473
Benefits paid	(42,494)	(34,803)
Expenses paid	(180)	(139)
Employer contributions	2,252	38,002
Settlements	(13,520)	(44,979)
Fair value of plan assets at end of year	<u>872,320</u>	<u>845,052</u>
Funded status of the plans	(224,299)	(143,091)
Current portion of liability for pension	(46)	(46)
Long term portion of liability for pension	<u>(224,253)</u>	<u>(143,045)</u>
Liability for pension	<u>\$ (224,299)</u>	<u>\$ (143,091)</u>

For the years ended June 30, 2016 and 2015 the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

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Amounts not yet reflected in net periodic pension expense and included in the change in unrestricted net assets as of June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Net actuarial loss	\$ 423,640	\$ 368,959
Prior service cost	228	608
	<u>\$ 423,868</u>	<u>\$ 369,567</u>

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension expense in 2017 are as follows:

<i>(in thousands of dollars)</i>	
Unrecognized prior service cost	\$ 182
Net actuarial loss	<u>30,515</u>
	<u>\$ 30,697</u>

The accumulated benefit obligation for the defined benefit pension plans was approximately \$1,082,818,000 and \$971,193,000 at June 30, 2016 and 2017, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.20 % - 4.30 %	4.90 % - 5.00 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50
Expected long-term rate of return on plan assets	7.50 % - 7.75 %	7.50 % - 7.75 %

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of June 30, 2016 and 2015, it is expected that the LDI strategy will hedge approximately 65% and 65%, respectively, of the interest rate risk associated with pension liabilities. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

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The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	2%
U.S. government securities	0–5	1
Domestic debt securities	20–58	42
Global debt securities	6–26	10
Domestic equities	5–35	18
International equities	5–15	10
Emerging market equities	3–13	5
REIT funds	0–5	0
Private equity funds	0–5	0
Hedge funds	5–18	12

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System's Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in these funds rather than in securities underlying each fund and, therefore, are generally required to consider such investments as Level 2 or 3, even though the underlying securities may not be difficult to value or may be readily marketable.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
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The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ 5,463	\$ 10,879	\$ -	\$ 16,342	Daily	1
U.S. government securities	4,177	-	-	4,177	Daily-Monthly	1-15
Domestic debt securities	95,130	296,362	-	391,492	Daily-Monthly	1-15
Global debt securities	409	88,589	-	88,998	Daily-Monthly	1-15
Domestic equities	148,998	15,896	-	164,894	Daily-Monthly	1-10
International equities	12,849	77,299	-	90,148	Daily-Monthly	1-11
Emerging market equities	352	37,848	-	38,200	Daily-Monthly	1-17
REIT funds	356	1,465	-	1,821	Daily-Monthly	1-17
Private equity funds	-	-	255	255	See Note 7	See Note 7
Hedge funds	-	37,005	38,988	75,993	Quarterly-Annual	60-96
Total investments	\$ 267,734	\$ 565,343	\$ 39,243	\$ 872,320		

<i>(in thousands of dollars)</i>	2015				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ 8,235	\$ 32,876	\$ -	\$ 41,111	Daily	1
U.S. government securities	4,193	-	-	4,193	Daily-Monthly	1-15
Domestic debt securities	85,948	246,352	-	332,300	Daily-Monthly	1-15
Global debt securities	36,532	45,119	-	81,651	Daily-Monthly	1-15
Domestic equities	152,458	16,532	-	168,990	Daily-Monthly	1-10
International equities	15,284	79,659	-	94,943	Daily-Monthly	1-11
Emerging market equities	376	38,237	-	38,613	Daily-Monthly	1-17
REIT funds	-	1,628	-	1,628	Daily-Monthly	1-17
Private equity funds	-	-	437	437	See Note 7	See Note 7
Hedge funds	-	39,110	42,076	81,186	Quarterly-Annual	60-96
Total investments	\$ 303,026	\$ 499,513	\$ 42,513	\$ 845,052		

The following table presents additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 42,076	\$ 437	\$ 42,513
Transfers	-	-	-
Purchases	-	-	-
Sales	(468)	(142)	(610)
Net realized (losses) gains	(55)	155	100
Net unrealized gains	(2,565)	(195)	(2,760)
Balances at end of year	\$ 38,988	\$ 255	\$ 39,243

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<i>(in thousands of dollars)</i>	2015		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 28,466	\$ 3,944	\$ 32,410
Additions resulting from new affiliations	14,362	-	14,362
Sales	(2,391)	(3,168)	(5,559)
Net realized (losses) gains	(246)	258	12
Net unrealized gains	1,885	(597)	1,288
Balances at end of year	\$ 42,076	\$ 437	\$ 42,513

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2016 and 2015 were approximately \$8,808,000 and \$5,234,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2016 and 2015.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

The weighted average asset allocation for the Health System's Plans at June 30, 2016 and 2015 by asset category is as follows:

	2016	2015
Cash and short-term investments	2 %	5 %
U.S. government securities	1	-
Domestic debt securities	45	39
Global debt securities	10	10
Domestic equities	19	20
International equities	10	11
Emerging market equities	4	5
Hedge funds	9	10
	<u>100 %</u>	<u>100 %</u>

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.75% per annum.

The Health System is expected to contribute approximately \$47,000,000 to the Plans in 2017 however actual contributions may vary from expected amounts.

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The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2017 and thereafter:

<i>(in thousands of dollars)</i>	Pension Plans
2017	\$ 42,067
2018	44,485
2019	47,235
2020	50,490
2021	53,778
2022 – 2026	310,773

Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its affiliates, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately \$29,416,000 and \$30,204,000 in 2016 and 2015, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

The Health System also has available to employees of certain affiliates various 403(b) and tax-sheltered annuity plans in which they can participate. Plan specifications vary by affiliate and plan. No employer contributions were made to any of these plans in 2016 and 2015, respectively.

Postretirement Medical and Life Benefits

The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Service cost	\$ 544	\$ 527
Interest cost	2,295	2,347
Amortization net prior service income	(5,974)	-
Amortization net loss	610	-
	<u>\$ (2,525)</u>	<u>\$ 2,874</u>

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The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 50,438	\$ 51,006
Additional benefit obligation resulting from new affiliations	-	471
	<u>50,438</u>	<u>51,477</u>
Service cost	544	527
Interest cost	2,295	2,347
Benefits paid	(3,277)	(5,236)
Actuarial loss	1,404	1,323
Employer contributions	(34)	-
Benefit obligation at end of year	<u>51,370</u>	<u>50,438</u>
Funded status of the plans	<u>(51,370)</u>	<u>(50,438)</u>
Current portion of liability for postretirement medical and life benefits	<u>(3,130)</u>	<u>(3,203)</u>
Long term portion of liability for postretirement medical and life benefits	<u>(48,240)</u>	<u>(47,235)</u>
Liability for postretirement medical and life benefits	<u>\$ (51,370)</u>	<u>\$ (50,438)</u>

During the year ended June 30, 2015 the plan amendments were primarily related to the Board's decision to offer retiree health care benefits to certain affiliates post-65 retirees and covered post-65 dependents through a private Medicare exchange beginning in April 2015.

For the years ended June 30, 2016 and 2015 the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in unrestricted net assets are as follows:

<i>(in thousands of dollars)</i>	2016	2015
Net prior service income	\$ (27,478)	\$ (33,452)
Net actuarial loss	11,080	10,260
	<u>\$ (16,398)</u>	<u>\$ (23,192)</u>

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The estimated amounts that will be amortized from unrestricted net assets into net periodic postretirement income in 2016 and 2015 are as follows:

<i>(in thousands of dollars)</i>	2016	2015
Net prior service income	\$ (5,974)	\$ (5,974)
Net loss	<u>689</u>	<u>610</u>
	<u>\$ (5,285)</u>	<u>\$ (5,364)</u>

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 4.10% in 2016 and an assumed healthcare cost trend rate of 7.25%, trending down to 4.75% in 2021 and thereafter. Increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by \$4,685,000 and \$4,479,000 and the net periodic postretirement medical benefit cost for the years then ended by \$284,000 and \$275,000, respectively. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by \$3,884,000 and \$3,790,000 and the net periodic postretirement medical benefit cost for the years then ended by \$234,000 and \$233,000, respectively.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College and Cheshire are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

APD, NLH and MAHHC are covered for malpractice claims under a modified claims-made policy purchased through NEAH. While APD, NLH and MAHHC remain in the current insurance program under this policy, the coverage year is based on the date the claim is filed; subject to a medical incident arising after the retroactive date (includes prior acts). The policy provides modified claims-made coverage for former insured providers for claims that relate to the employee's period of employment at APD, NLH or MAHHC and for services that were provided within the scope of the employee's duties. Therefore, when the employee leaves the corporation, tail coverage is not required.

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Consolidated Notes to Financial Statements
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Selected financial data of HAC and RRG, taken from the latest available audited and unaudited financial statements, respectively at June 30, 2016 and 2015 are summarized as follows:

	2016		
	HAC <i>(audited)</i>	RRG <i>(unaudited)</i>	Total
<i>(in thousands of dollars)</i>			
Assets	\$ 86,101	\$ 2,237	\$ 88,338
Shareholders' equity	13,620	806	14,426
Net income	-	50	50

	2015		
	HAC <i>(audited)</i>	RRG <i>(unaudited)</i>	Total
<i>(in thousands of dollars)</i>			
Assets	\$ 100,418	\$ 2,289	\$ 102,707
Shareholders' equity	13,620	755	14,375
Net income	-	186	186

13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Operating Leases and Other Commitments

The Health System leases certain facilities and equipment under operating leases with varying expiration dates. The Health System's rental expense totaled approximately \$10,571,000 and \$10,215,000 for the years ended June 30, 2016 and 2015, respectively. Minimum future lease payments under noncancelable operating leases at June 30, 2016 were as follows:

<i>(in thousands of dollars)</i>	
2017	\$ 8,441
2018	6,210
2019	4,062
2020	2,663
2021	2,009
Thereafter	274
	<u>\$ 23,659</u>

Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from \$2,000,000 up to \$85,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire ranging from December 31, 2015 through July 31, 2016. The Health System has outstanding balances under the lines of credits in the amount of \$36,550,000 and \$1,200,000 at

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2016 and 2015

June 30, 2016 and 2015, respectively. Interest expense was approximately \$551,000 and \$193,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses of the Health System by function are as follows for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Program services	\$ 1,553,377	\$ 1,335,316
Management and general	271,409	225,983
Fundraising	5,901	8,037
	<u>\$ 1,830,687</u>	<u>\$ 1,569,336</u>

15. Subsequent Events

The Health System has assessed the impact of subsequent events through November 26, 2016, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

The Visiting Nurse and Hospice for VT and NH (VNH) became an affiliate of D-HH effective July 1, 2016. The affiliation is designed to improve healthcare for the communities served by VNH and D-H by facilitating collaboration, innovation and cost efficiencies between D-H and VNH. The VNH is a non-profit organization that has provided home health and hospice care services in VT and NH since 1907. The agency is dedicated to delivering outstanding home and community based health and hospice services that enrich the lives of the people they serve. The VNH makes home visits to people of all ages and all states of life regardless of the ability to pay.

Effective October 1, 2016, NLH and MAHHC will be provided professional and general liability insurance through the Hamden Assurance Risk Retention Group, Inc. (RRG) under a modified claims made policy. NLH and MAHHC will join RRG along with existing insureds D-H, Cheshire Medical Center and Dartmouth College.

During the year ended June 30, 2016, Dartmouth College restructured a number of activities at the Geisel School of Medicine (Geisel) to address increasing financial constraints, to improve Geisel's education and research programs, and to align resources and support for these activities. These changes included migration of the operations and fiscal responsibility for clinical academic activities from Dartmouth College to D-H, which included responsibility for the employment, finances, and operational support for clinical research programs. D-H agreed to assume responsibility for the clinical practice of psychiatry and employment of approximately 250 staff (which are either part of the psychiatry practice or clinical research) effective July 1, 2016.

Effective July 1, 2016, NLH, MAHHC and Cheshire were admitted to the Dartmouth-Hitchcock Obligated Group. In connection with the admission of these three members, the Dartmouth-Hitchcock Obligated Group assumed new debt in the amount of \$28,039,000 from Cheshire. In addition, \$24,605,000 of NLH debt was refinanced in combination with new debt in the amount \$10,970,000 to fund the new Williamson Building.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2016

(in thousands of dollars)	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Assets								
Current assets								
Cash and cash equivalents	\$ 607	\$ 2,066	\$ 16,640	\$ 6,699	\$ 5,388	\$ 9,192	\$ -	\$ 40,592
Patient accounts receivable, net	-	220,173	17,836	7,377	5,347	10,255	-	260,988
Prepaid expenses and other current assets	7,463	95,738	5,458	3,209	2,022	4,863	(22,933)	95,820
Total current assets	8,070	317,977	39,934	17,285	12,757	24,310	(22,933)	397,400
Assets limited as to use	-	551,724	17,525	10,345	8,260	4,614	-	592,468
Other investments for restricted activities	217	114,719	18,486	2,843	5,742	29	-	142,036
Property, plant, and equipment, net	76	457,570	75,591	43,204	19,659	16,464	-	612,564
Other assets	17,950	68,921	9,794	5,409	3,943	111	(14,929)	91,199
Total assets	\$ 26,313	\$ 1,510,911	\$ 161,330	\$ 79,086	\$ 50,361	\$ 45,528	\$ (37,862)	\$ 1,835,667
Liabilities and Net Assets								
Current liabilities								
Current portion of long-term debt	\$ -	\$ 15,638	\$ 755	\$ 941	\$ 466	\$ 507	\$ -	\$ 18,307
Line of credit	-	35,000	-	-	1,550	-	-	36,550
Current portion of liability for pension and other postretirement plan benefits	-	3,176	-	-	-	-	-	3,176
Accounts payable and accrued expenses	9,857	88,557	15,866	6,791	4,589	4,817	(22,933)	107,544
Accrued compensation and related benefits	-	86,997	7,728	2,052	3,128	3,649	-	103,554
Estimated third-party settlements	-	21,434	1,569	5,206	917	1,424	-	30,550
Total current liabilities	9,857	250,802	25,918	14,990	10,650	10,397	(22,933)	299,681
Long-term debt, excluding current portion	-	553,229	27,283	21,148	11,159	16,455	-	629,274
Insurance deposits and related liabilities	-	56,887	-	-	-	-	-	56,887
Interest rate swaps	-	24,148	-	4,646	123	-	-	28,917
Liability for pension and other postretirement plan benefits, excluding current portion	-	246,816	18,662	-	7,015	-	-	272,493
Other liabilities	-	54,218	3,522	1,135	-	36	-	58,911
Total liabilities	9,857	1,186,100	75,385	41,919	28,947	26,888	(22,933)	1,346,163
Commitments and contingencies								
Net assets								
Unrestricted	16,456	234,609	58,978	32,706	14,099	18,264	(14,929)	360,183
Temporarily restricted	-	57,091	16,454	345	1,496	345	-	75,731
Permanently restricted	-	33,111	10,513	4,116	5,819	31	-	53,590
Total net assets	16,456	324,811	85,945	37,167	21,414	18,640	(14,929)	489,504
Total liabilities and net assets	\$ 26,313	\$ 1,510,911	\$ 161,330	\$ 79,086	\$ 50,361	\$ 45,528	\$ (37,862)	\$ 1,835,667

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2016

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	\$ 1,535	\$ 176	\$ 355	\$ -	\$ 2,066
Patient accounts receivable, net	220,173	-	-	-	220,173
Prepaid expenses and other current assets	95,158	487	93	-	95,738
Total current assets	316,866	663	448	-	317,977
Assets limited as to use					
Other investments for restricted activities	551,724	-	-	-	551,724
Property, plant, and equipment, net	91,879	22,840	-	-	114,719
Other assets	454,894	1	2,675	-	457,570
	68,752	4	165	-	68,921
Total assets	\$ 1,484,115	\$ 23,508	\$ 3,288	\$ -	\$ 1,510,911
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	\$ 15,638	\$ -	\$ -	\$ -	\$ 15,638
Line of Credit	35,000	-	-	-	35,000
Current portion of liability for pension and other postretirement plan benefits	3,176	-	-	-	3,176
Accounts payable and accrued expenses	87,373	1,181	3	-	88,557
Accrued compensation and related benefits	86,997	-	-	-	86,997
Estimated third-party settlements	21,434	-	-	-	21,434
Total current liabilities	249,618	1,181	3	-	250,802
Long-term debt, excluding current portion	563,229	-	-	-	563,229
Insurance deposits and related liabilities	56,887	-	-	-	56,887
Interest rate swaps	24,148	-	-	-	24,148
Liability for pension and other postretirement plan benefits, excluding current portion	246,816	-	-	-	246,816
Other liabilities	54,218	-	-	-	54,218
Total liabilities	1,184,916	1,181	3	-	1,186,100
Commitments and contingencies					
Net assets					
Unrestricted	217,033	14,456	3,120	-	234,609
Temporarily restricted	51,173	5,753	165	-	57,091
Permanently restricted	30,993	2,118	-	-	33,111
Total net assets	299,199	22,327	3,285	-	324,811
Total liabilities and net assets	\$ 1,484,115	\$ 23,508	\$ 3,288	\$ -	\$ 1,510,911

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2015

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Assets							
Current assets							
Cash and cash equivalents	\$ 388	\$ 9,279	\$ 16,525	\$ 7,612	\$ 5,105	\$ -	\$ 38,909
Patient accounts receivable, net	-	177,287	14,053	7,388	5,544	-	204,272
Prepaid expenses and other current assets	11,574	102,954	7,921	3,632	2,616	(28,111)	100,586
Total current assets	11,962	289,520	38,499	18,632	13,265	(28,111)	343,767
Assets limited as to use	-	570,057	23,302	13,412	13,654	-	620,425
Other investments for restricted activities	-	113,117	18,899	-	-	-	132,016
Property, plant, and equipment, net	618	461,044	82,793	37,597	19,303	-	601,355
Other assets	4,283	66,837	10,130	5,451	3,903	(2,134)	88,450
Total assets	\$ 16,843	\$ 1,500,575	\$ 173,623	\$ 75,092	\$ 50,125	\$ (30,245)	\$ 1,786,013
Liabilities and Net Assets							
Current liabilities							
Current portion of long-term debt	\$ -	\$ 15,196	\$ 952	\$ 661	\$ 370	\$ -	\$ 17,179
Line of credit	-	-	-	-	1,200	-	1,200
Current portion of liability for pension and other postretirement plan benefits	-	3,249	-	-	-	-	3,249
Accounts payable and accrued expenses	15,708	104,697	20,024	3,843	4,059	(28,110)	120,221
Accrued compensation and related benefits	-	85,064	4,936	2,373	2,491	-	94,864
Estimated third-party settlements	-	26,961	-	6,755	2,883	-	36,599
Total current liabilities	15,708	235,167	25,912	13,632	11,003	(28,110)	273,312
Long-term debt, excluding current portion	-	518,799	28,083	18,020	10,582	-	575,484
Insurance deposits and related liabilities	-	62,356	-	-	-	-	62,356
Interest rate swaps	-	20,937	-	3,531	272	-	24,740
Liability for pension and other postretirement plan benefits, excluding current portion	-	175,948	8,374	-	5,958	-	190,280
Other liabilities	-	51,303	3,671	1,135	-	-	56,109
Total liabilities	15,708	1,064,510	66,040	36,318	27,815	(28,110)	1,182,281
Commitments and contingencies							
Net assets							
Unrestricted	1,135	346,900	79,700	34,227	14,367	(2,135)	474,194
Temporarily restricted	-	56,751	17,330	326	2,050	-	76,457
Permanently restricted	-	32,414	10,553	4,221	5,893	-	53,081
Total net assets	1,135	436,065	107,583	38,774	22,310	(2,135)	603,732
Total liabilities and net assets	\$ 16,843	\$ 1,500,575	\$ 173,623	\$ 75,092	\$ 50,125	\$ (30,245)	\$ 1,786,013

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2015

	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	8,252	182	845	-	9,279
Patient accounts receivable, net	177,287	-	-	-	177,287
Prepaid expenses and other current assets	102,425	338	438	(247)	102,954
Total current assets	287,964	520	1,283	(247)	289,520
Assets limited as to use					
Other investments for restricted activities	570,057	-	-	-	570,057
Property, plant, and equipment, net	89,176	23,941	-	-	113,117
Other assets	458,368	1	2,675	-	461,044
	66,675	3	159	-	66,837
Total assets	\$ 1,472,240	\$ 24,465	\$ 4,117	\$ (247)	\$ 1,500,575
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	15,196	-	-	-	15,196
Current portion of liability for pension and other postretirement plan benefits	3,249	-	-	-	3,249
Accounts payable and accrued expenses	102,666	1,536	742	(247)	104,697
Accrued compensation and related benefits	85,064	-	-	-	85,064
Estimated third-party settlements	26,961	-	-	-	26,961
Total current liabilities	233,136	1,536	742	(247)	235,167
Long-term debt, excluding current portion	518,799	-	-	-	518,799
Insurance deposits and related liabilities	62,356	-	-	-	62,356
Interest rate swaps	20,937	-	-	-	20,937
Liability for pension and other postretirement plan benefits, excluding current portion	175,948	-	-	-	175,948
Other liabilities	51,303	-	-	-	51,303
Total liabilities	1,062,479	1,536	742	(247)	1,064,510
Commitments and contingencies					
Net assets					
Unrestricted	329,168	14,517	3,215	-	346,900
Temporarily restricted	50,297	6,294	160	-	56,751
Permanently restricted	30,296	2,118	-	-	32,414
Total net assets	409,761	22,929	3,375	-	436,065
Total liabilities and net assets	\$ 1,472,240	\$ 24,465	\$ 4,117	\$ (247)	\$ 1,500,575

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Statements of Operations and Changes in Unrestricted Net Assets

Year Ended June 30, 2016

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Unrestricted revenue and other support								
Net patient service revenue	\$ 1,696	\$ 1,346,605	\$ 161,787	\$ 59,789	\$ 46,431	\$ 20,103	\$ (561)	\$ 1,634,154
Contracted revenue	-	64,286	-	-	-	-	-	65,982
Other operating revenue	3,300	71,475	3,187	3,509	4,555	870	(4,544)	82,352
Net assets released from restrictions	-	8,713	322	65	119	-	-	9,219
Total unrestricted revenue and other support	4,996	1,491,079	165,296	63,363	51,105	20,973	(5,105)	1,791,707
Operating expenses								
Salaries	730	732,393	60,406	29,873	24,019	10,408	14,636	872,465
Employee benefits	219	197,165	19,276	6,824	6,260	2,130	2,533	234,407
Medical supplies and medications	-	236,918	59,121	6,597	4,246	2,932	-	309,814
Purchased services and other	22,506	211,611	14,020	12,876	11,955	4,377	(22,204)	255,141
Medicaid enhancement tax	-	46,078	7,132	2,808	1,707	840	-	58,565
Depreciation and amortization	15	62,348	11,069	4,674	2,345	543	-	80,994
Interest	-	16,821	1,046	823	467	144	-	19,301
Total operating expenses	23,470	1,503,334	172,070	64,475	50,999	21,374	(5,035)	1,830,687
Operating (loss) margin	(18,474)	(12,255)	(6,774)	(1,112)	106	(401)	(70)	(38,980)
Nonoperating gains (losses)								
Investment (losses) gains	(1,027)	(18,848)	(1,075)	627	(15)	235	-	(20,103)
Other, net	(529)	(3,647)	-	57	205	-	69	(3,845)
Contribution revenue from acquisition	18,083	-	-	-	-	-	-	18,083
Total nonoperating gains (losses), net	16,527	(22,495)	(1,075)	684	190	235	69	(5,865)
(Deficiency) excess of revenue over expenses	(1,947)	(34,750)	(7,849)	(428)	296	(166)	(1)	(44,845)
Unrestricted net assets								
Net assets released from restrictions (Note 8)	-	2,185	107	23	586	347	-	3,248
Change in funded status of pension and other postretirement benefits	-	(52,262)	(12,982)	-	(1,297)	-	-	(66,541)
Net assets transferred to (from) affiliates	4,475	(22,558)	-	-	-	18,083	-	-
Additional paid in capital	12,793	-	-	-	-	-	(12,793)	-
Change in fair value on interest rate swaps	-	(4,907)	-	(1,115)	149	-	-	(5,873)
Increase (decrease) in unrestricted net assets	15,321	(112,292)	(20,724)	(1,520)	(266)	18,264	\$ (12,794)	\$ (114,011)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2016

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	\$ 1,346,605	\$ -	\$ -	\$ -	\$ 1,346,605
Contracted revenue	63,188	1,578	-	(480)	64,286
Other operating revenue	69,902	1,957	550	(934)	71,475
Net assets released from restrictions	7,928	785	-	-	8,713
Total unrestricted revenue and other support	<u>1,487,623</u>	<u>4,320</u>	<u>550</u>	<u>(1,414)</u>	<u>1,491,079</u>
Operating expenses					
Salaries	731,721	-	-	672	732,393
Employee benefits	197,050	-	-	115	197,165
Medical supplies and medications	236,918	-	-	-	236,918
Purchased services and other	208,763	4,261	646	(2,059)	211,611
Medicaid enhancement tax	46,078	-	-	-	46,078
Depreciation and amortization	62,348	-	-	-	62,348
Interest	16,821	-	-	-	16,821
Total operating expenses	<u>1,499,699</u>	<u>4,261</u>	<u>646</u>	<u>(1,272)</u>	<u>1,503,334</u>
Operating (loss) margin	<u>(12,076)</u>	<u>59</u>	<u>(96)</u>	<u>(142)</u>	<u>(12,255)</u>
Nonoperating gains (losses)					
Investment losses	(18,537)	(311)	-	-	(18,848)
Other, net	(3,789)	-	-	142	(3,647)
Total nonoperating (losses) gains, net	<u>(22,326)</u>	<u>(311)</u>	<u>-</u>	<u>142</u>	<u>(22,495)</u>
Deficiency of revenue over expenses	<u>(34,402)</u>	<u>(252)</u>	<u>(96)</u>	<u>-</u>	<u>(34,750)</u>
Unrestricted net assets					
Net assets released from restrictions (Note 8)	1,994	191	-	-	2,185
Change in funded status of pension and other postretirement benefits	(52,262)	-	-	-	(52,262)
Net assets transferred from affiliates	(22,558)	-	-	-	(22,558)
Change in fair value on interest rate swaps	(4,907)	-	-	-	(4,907)
Decrease in unrestricted net assets	<u>(112,135)</u>	<u>(61)</u>	<u>(96)</u>	<u>-</u>	<u>(112,292)</u>
	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Statements of Operations and Changes in Unrestricted Net Assets

Year Ended June 30, 2015

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	NLH and Subsidiaries	Cheshire and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Unrestricted revenue and other support							
Net patient service revenue	\$ -	\$ 1,225,872	\$ 56,356	\$ 52,536	\$ 46,102	\$ (307)	\$ 1,380,559
Contracted revenue	-	82,091	-	-	-	(1,256)	80,835
Other operating revenue	12,203	69,663	3,063	1,076	3,526	(6,538)	82,993
Net assets released from restrictions	-	15,314	111	212	-	-	15,637
Total unrestricted revenue and other support	<u>12,203</u>	<u>1,392,940</u>	<u>59,530</u>	<u>53,824</u>	<u>49,628</u>	<u>(8,101)</u>	<u>1,560,024</u>
Operating expenses							
Salaries	960	696,358	27,562	20,949	24,076	8,482	778,387
Employee benefits	263	195,271	5,764	5,724	6,112	1,493	214,627
Medical supplies and medications	139	201,451	5,910	8,712	3,736	19	219,967
Purchased services and other	17,448	180,706	13,317	13,747	11,888	(18,402)	218,704
Medicaid enhancement tax	-	45,839	1,941	2,363	1,853	-	51,996
Depreciation and amortization	75	56,649	4,075	3,436	2,978	-	67,213
Interest	-	16,781	849	357	455	-	18,442
Total operating expenses	<u>18,885</u>	<u>1,393,055</u>	<u>59,418</u>	<u>55,288</u>	<u>51,098</u>	<u>(8,408)</u>	<u>1,569,336</u>
Operating (loss) margin	<u>(6,682)</u>	<u>(115)</u>	<u>112</u>	<u>(1,464)</u>	<u>(1,470)</u>	<u>307</u>	<u>(9,312)</u>
Nonoperating gains (losses)							
Investment (losses) gains	-	(12,011)	625	311	60	-	(11,015)
Other, net	339	(2,880)	1,409	141	57	(307)	(1,241)
Contribution revenue from acquisition	92,499	-	-	-	-	-	92,499
Total nonoperating gains (losses), net	<u>92,838</u>	<u>(14,891)</u>	<u>2,034</u>	<u>452</u>	<u>117</u>	<u>(307)</u>	<u>80,243</u>
Excess (deficiency) of revenue over expenses	<u>86,156</u>	<u>(15,006)</u>	<u>2,146</u>	<u>(1,012)</u>	<u>(1,353)</u>	<u>-</u>	<u>70,931</u>
Unrestricted net assets							
Net assets released from restrictions (Note 8)	-	717	5	1,010	679	-	2,411
Change in funded status of pension and other postretirement benefits	-	(62,977)	-	2,875	(790)	-	(60,892)
Net assets transferred (from) to affiliates	(84,626)	(7,873)	-	76,827	15,672	-	-
Additional paid in capital	600	-	-	-	-	(600)	-
Change in fair value on interest rate swaps	-	(869)	(221)	-	159	-	(931)
Increase (decrease) in unrestricted net assets	<u>2,130</u>	<u>(86,008)</u>	<u>1,930</u>	<u>79,700</u>	<u>14,367</u>	<u>(600)</u>	<u>11,519</u>
	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2015

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	\$ 1,225,874	-	-	\$ (2)	\$ 1,225,872
Contracted revenue	81,474	847	-	(230)	82,091
Other operating revenue	64,928	2,356	6,482	(4,103)	69,663
Net assets released from restrictions	14,610	704	-	-	15,314
Total unrestricted revenue and other support	<u>1,386,886</u>	<u>3,907</u>	<u>6,482</u>	<u>(4,335)</u>	<u>1,392,940</u>
Operating expenses					
Salaries	695,392	-	-	966	696,358
Employee benefits	195,119	-	-	152	195,271
Medical supplies and medications	201,458	-	-	(7)	201,451
Purchased services and other	172,061	4,079	6,484	(1,918)	180,706
Medicaid enhancement tax	45,839	-	-	-	45,839
Depreciation and amortization	56,649	-	-	-	56,649
Interest	16,781	-	-	-	16,781
Total operating expenses	<u>1,383,299</u>	<u>4,079</u>	<u>6,484</u>	<u>(807)</u>	<u>1,393,055</u>
Operating margin (loss)	<u>3,587</u>	<u>(172)</u>	<u>(2)</u>	<u>(3,528)</u>	<u>(115)</u>
Nonoperating gains (losses)					
Investment (losses) gains	(12,079)	68	-	-	(12,011)
Other, net	(6,408)	-	-	3,528	(2,880)
Total nonoperating (losses) gains, net	<u>(18,487)</u>	<u>68</u>	<u>-</u>	<u>3,528</u>	<u>(14,891)</u>
Deficiency of revenue over expenses	(14,900)	(104)	(2)	-	(15,006)
Unrestricted net assets					
Net assets released from restrictions (Note 8)	454	263	-	-	717
Change in funded status of pension and other postretirement benefits	(62,977)	-	-	-	(62,977)
Net assets transferred from affiliates	(7,873)	-	-	-	(7,873)
Change in fair value on interest rate swaps	(869)	-	-	-	(869)
(Decrease) increase in unrestricted net assets	<u>\$ (86,165)</u>	<u>\$ 159</u>	<u>\$ (2)</u>	<u>\$ -</u>	<u>\$ (86,008)</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Supplemental Consolidating Information
June 30, 2016 and 2015

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in unrestricted net assets of D-HH and subsidiaries. All intercompany accounts and transactions between the D-HH and subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

**DARTMOUTH-HITCHCOCK (D-H)
DARTMOUTH-HITCHCOCK HEALTH (D-HH)**

**BOARDS OF TRUSTEES AND OFFICERS
Effective: January 1, 2017**

<p>Troyen A. Brennan, MD, MPH MHMH/DHC/D-HH Trustee [REDACTED]</p>	<p>Laura K. Landy MHMH/DHC/D-HH Trustee [REDACTED]</p>
<p>Jeffrey A. Cohen, MD MHMH/DHC Trustee [REDACTED]</p>	<p>Robert A. Oden, Jr., PhD MHMH/DHC/D-HH Boards' Vice Chair [REDACTED]</p>
<p>Duane A. Compton, PhD MHMH/DHC/D-HH Trustee [REDACTED]</p>	<p>Steven "Steve" A. Paris, MD (Susan) D-HH Trustee [REDACTED]</p>
<p>William J. Conaty (Sue) MHMH/DHC/D-HH Trustee [REDACTED]</p>	<p>Charles G. Plimpton MHMH/DHC/D-HH Boards' Treasurer [REDACTED]</p>
<p>Vincent S. Conti MHMH/DHC/D-HH Trustee [REDACTED]</p>	<p>Kari M. Rosenkranz, MD MHMH/DHC (Lebanon Physician) Trustee [REDACTED]</p>
<p>Denis A. Cortese, MD MHMH/DHC/D-HH Trustee [REDACTED]</p>	<p>Timothy D. Scherer, MD MHMH/DHC Trustee [REDACTED]</p>
<p>Barbara J. Couch MHMH/DHC/D-HH Boards' Secretary [REDACTED]</p>	<p>Brian C. Spence, MD, MHCDS MHMH/DHC Trustee [REDACTED]</p>
<p>Paul P. Danos, PhD MHMH/DHC/D-HH Trustee [REDACTED]</p>	<p>Anne-Lee Verville MHMH/DHC/D-HH Boards' Chair [REDACTED]</p>
<p>Senator Judd A. Gregg MHMH/DHC Trustee [REDACTED]</p>	<p>James N. Weinstein, DO, MS MHMH/DHC/D-HH Trustee [REDACTED]</p>
<p>M. Brooke Herndon, MD MHMH/DHC (Lebanon Physician) Trustee [REDACTED]</p>	

Deanna Dolan

Greater Sullivan County Public Health Network (June 2016 to present)

Substance Misuse Prevention and Marketing Coordinator, Public Information Officer (PIO)

Working within the scope of the Community Health Improvement Plan and the strategic plan approved by the NH Department of Health and Human Services, Division of Public Health Services and Bureau of Drug and Alcohol Services.

- *Develop strategies to bring partners, members of the business sector, and community partners together to increase awareness and reduce substance misuse of youth and young adults throughout the Sullivan County region
 - Using the Communities that Care model, assess community readiness for prevention
 - Work with local school districts and law enforcement to implement evidence-based programs and initiatives based on readiness
 - Address barriers to parent engagement
 - Build awareness about the risks of substance misuse through messaging
- *Develop and implement a comprehensive communications strategy for preparedness, prevention, diversion, and health promotion, with a focus on social media, website development, and public relations. Network and collaborate with key community stakeholders in all sectors, such as health officers, community leaders, emergency management directors, fire department officers, law enforcement officers and school administrators. Foster positive relationships with local media.
- *Created and currently manage the Marketing and Branding Task Force: task force includes community, partner, and business sector leaders with marketing backgrounds to ensure the website is designed for the users (partners and the community), to help develop marketing and branding strategy, and to foster relationships between task force members.
- *Identified the need for and assist with the management of Behavioral Health Crisis Beds Planning Team: this group focuses on the feasibility and capacity to add psychiatric beds into hospitals and clinics in the region. It consists of local and state community and healthcare leaders.

OutsideMargins.com and South Florida Web Studio (2012 to 2016)

Freelance Writer and Marketing Strategist: Web copywriting/marketing content, target marketing, research, public relations/reputation management, social media management, proofreading, sales, customer service, client/vendor relations, project management, SEM and SEO, CRM conversion and implementation, business administration, project management, community outreach, and volunteer management.

Children's Home Society of Florida

Business Development Specialist: Community outreach, volunteer management, children's activity organizer, fundraising, sponsorship procurement, event planning, and business administration

South Florida Hospital and Healthcare Association

Program Coordinator: Marketing; copywriting; sales; presentation development; CRM database implementation, conversion, and management; event planning, committee management; volunteer management; fundraising; sponsorship procurement; sales; business administration; and customer service. *Initiated and led the company's database conversion, developed and managed all marketing campaigns, and produced all large and small special events.

Greater Miami Chamber of Commerce

Market Development Manager: Event planning, committee management, volunteer management, marketing (created collateral and executed campaigns), sales, sponsorship procurement, fundraising, business administration, and customer service, CRM database conversion. *Committee Programs and events: HYPE Miami, Leadership Miami, Youth Leadership, Senior Executive Orientation, and Human Resources Day.

Education

B.S., Business Management, Franklin Pierce University (Formerly Franklin Pierce College), *Cum Laude*

Additional Experience and Skills

Expert at Microsoft Office programs including Word, Publisher, PowerPoint, Excel, and Outlook. Experience with image software including: Adobe Photoshop and Illustrator. Expert in social media management tools like Hootsuite and Cyfe.

Kirsten D. Vigneault

SKILLS

Ability to establish positive relationships, technical knowledge and background, written and oral communication, analytic thinking, quantitative skills, extremely organized, team leader, ability to manage cross-functional teams and multi-disciplinary projects. Creative, insightful and innovative. Results-oriented with the ability to achieve the desired outcome within the given time. Conflict resolution, efficient under pressure, always meets deadlines, ability to exercise discretion and independent judgment and resolve problems. Highly collaborative with volunteer, local, state and government agencies.

PROFESSIONAL EXPERIENCE

Greater Sullivan County Public Health Network

Newport, NH

Director of Community Health Preparedness

October 2016 to Present

Assist in the administration, budget planning, and oversight of the contract with the State of NH Department of Health and Human Services, including obligations to Emergency Preparedness, School-Based Vaccinations Clinics, Medical Reserve Corps, Public Health Advisory Council (PHAC), Substance Misuse Prevention, Continuum of Care, and Court Diversion Services. Collaborate with regional partners and sector leaders to collect, analyze, and disseminate data about the health of the region. Plan, organize, direct and coordinate public health emergency preparedness in the region.

Emergency Preparedness Coordinator and Medical Reserve Corps Director

September 2015 to October 2016

Developed operational drills and exercise scenarios designed to train, test, and evaluate the Regional Public Health Annex by coordinating with state and local stakeholders to assure efforts are integrated and systematic. Assisted with review, evaluation and updating of the region's preparedness plans such as Points of Dispensing, Alternative Care Sites, and Multi-Agency Coordinating Entity plans. Planned, exercised, and coordinated emergency exercises and trainings to improve public health emergency response. Recruited, trained, and utilized Medical Reserve Corps volunteers.

Town of Windsor

Windsor, VT

Emergency Services & Fire Department

August 2011 to Present

Began working during Tropical Storm Irene in the Incident Command Center as a liaison and a firefighter/ EMT. Regular operations include, but are not limited to: emergency and non-emergency medical transports, tactical firefighting, hazardous incident response, wildland fire, and situational awareness.

Hartland Recreation Department

Hartland, VT

Interim Assistant Director of Recreation

July 2015 - September 2015

Program Coordinator

August 2008 - June 2015

Assisted in managing after school and summer camp programs. Organized community events and recruited and led volunteers. As Interim Assistant Recreation Director, oversaw program development and implementation, assisted with transitional decisions and with the school's athletic department.

Recover Together (now Groups)

Lebanon, NH

Clinic Coordinator

March 2015 to July 2015

Primary duties included coordinating doctors, counselors, and patient schedules to allow for new patients to enter the program. Oversaw all sites, their operations and established patient safety. Worked with insurance companies and prior authorizations. Assisted in the development of new systems to increase the growth of the company.

EDUCATION & TRAINING

- Green Mountain College, BS in Business Administration, *magna cum laude*
- Community College of Vermont, AS in Emergency Management, AS in Environmental Science (focus in Environmental Literacy/Education). Creation of the Basic Emergency Operations Plan for the Town of Hartland. Student Conservation Association Americorps Volunteer.
- Center for Domestic Preparedness: Strategic National Stockpile Preparedness Course (SNS PER-310) June 2016
- Roadmap to Ready Preparedness Training and Mentoring Program NACCHO (2016)
- Grant Writing USA Two Day Course (2016)

- FEMA: IS-00029, ICS-100, ICS-120.a, IS-00130, ICS-200, ICS-00241.a, ICS-00244.b, ICS-300, ICS-400, ICS-700.a, ICS-00702.a, ICS-800, L-146, NH Vaccine Online Management System, NH Inventory Resource Management System
- Homeland Security Exercise and Evaluation Program (HSEEP- 2016)
- Basic Training for the NH Disaster Behavioral Health Response Team (2016)
- Cross Cultural Solutions – Adventure Peru (2008) and Lead America – Australia (2007)

CERTIFICATIONS

- Emergency Medical Technician (National Registry, Vermont, and New Hampshire)
- Fire Fighter 1
- Hazardous Materials Operations Level
- First Aid/CPR
- BLS First Aid/CPR instructor
- Commissioner of Deeds for the State of New Hampshire (out-of-state Notary Public)



Job Description:

Position Title:	InShape Health Worker (IHW)	Job Code:	401908
Exemption Status:	Nonexempt	Grade:	S08
Department Name:	Community Health Improvement	Function:	OPS
Reports To:	Manager and/or Director	Date:	05/03/16

Position Summary: A brief description of the overall primary duties

Assists young adults with assessing their risks of substance misuse and developing healthy behaviors. Supports young adults in navigating and accessing community services resources for healthy living.

- Responsibilities:** A listing of the key responsibilities
1. Carries out InShape Wellness assessment and program.
 2. Provides informal counseling, support, and follow-up; basic motivational interviewing and goal setting.
 3. Provides referrals for services to community agencies.
 4. Supports development of protective factors through strengthening of appropriate social connections.
 5. Performs other duties as required or assigned.

Minimum Qualifications:

- ✓ High School graduate or equivalent required.
- ✓ Must successfully complete Community Health Worker training provided.
- ✓ Must have a vehicle valid driver's license, and proof of insurance.

Required Licensure/Certification Skills:

- ✓ None

APPROVAL:

Functional Leader: Gregory Norman

Date: TBD

Compensation Partner: Kenya Plaza

Date: TBD

Attach organizational chart for reference purposes, where applicable.



Job Description:

Position Title:	Continuum of Care Coordinator	Job Code:	400307
Exemption Status:		Grade:	S19
Department Name:	Community Health Improvement	Function:	
Reports To:	Director	Date:	8/9/13

Position Summary: A brief description of the overall primary duties

Coordinates multi-stakeholder community partnerships to plan and implement Continuum of Care initiatives.

- Responsibilities:** A listing of the key responsibilities
1. Manages the development of a high-functioning community partnerships comprised of a broad array of health care, municipal, education, community service, business, and law enforcement members.
 2. Ensures assessment of community needs and assets related to Continuum of care issues.
 3. Coordinates assessment, capacity development, planning, implementation, and evaluation of projects by community stakeholders and organizations.
 4. Supports development and revision of regional strategic plans and the formulation of indicators to help track progress toward goals.
 5. Provides support and technical assistance to community partners to achieve the goals and objectives for which their organizations are responsible.
 6. Integrates evaluation strategies or support evaluation strategies that can be used to track progress and improve the quality of future strategies.
 7. Performs other duties as required or assigned.

Minimum Qualifications:

- ✓ Bachelor's degree with 2 years of professional experience in health-related community organizations and/or community development.
- ✓ Excellent interpersonal and organizational skills, creativity, maturity, flexibility, diplomacy, and the ability to work as part of a team required.
- ✓ Demonstrated ability to handle multiple projects under pressure required.

Required Licensure/Certification Skills:

- ✓ Certified Prevention Specialist or able to meet these become certified in within 12 months of hiring.

APPROVAL:

Department Director: _____ Date: _____

Compensation Representative: _____ Date: _____

Attach organizational chart for reference purposes, where applicable.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Mary Hitchcock Memorial Hospital

Name of Contract: RFP-2018-DPHS-01-REGION / RPHNS - Greater Sullivan Co RPHN

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Deanna Dolan	SMP Coordinator	\$57,991	88.75%	\$51,467.00
Kirsten Vigneault	PHEP Coordinator/Team Leader	\$68,505	100.00%	\$68,505.00
Open	In-Shape/CHW	\$38,065	100.00%	\$38,065.00
Open (9 months, .75 FTE)	Continuum of Care Facilitator	\$35,881	100.00%	\$35,881.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$193,918.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Deanna Dolan	SMP Coordinator	\$57,991	100.00%	\$57,991.00
Kirsten Vigneault	PHEP Coordinator/Team Leader	\$68,505	100.00%	\$68,505.00
Open	In-Shape/CHW	\$38,065	100.00%	\$38,065.00
Open (12 months, .75 FTE)	Continuum of Care Facilitator	\$47,841	100.00%	\$47,841.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$212,402.00

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-11

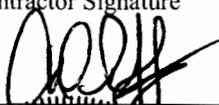
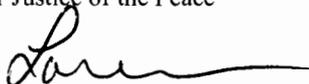
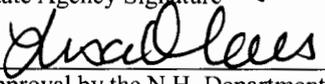
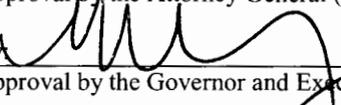
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mary Hitchcock Memorial Hospital (Upper Valley Region)		1.4 Contractor Address 1 Medical Center Drive Lebanon, NH 03756-0001	
1.5 Contractor Phone Number 603-650-4068	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$761,017
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Daniel P. Jantzen Chief Financial Officer	
1.13 Acknowledgement: State of <u>New Hampshire</u> , County of <u>Grafton</u> On <u>May 23, 2017</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proved to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace 			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Laura K. Rondeau - Notary Public</u>			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (<i>if applicable</i>) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (<i>if applicable</i>) By:  On: <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (<i>if applicable</i>) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A (*"Workers' Compensation"*).

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

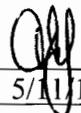
20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.





Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.

A handwritten signature in black ink, appearing to be 'CJ'.



Exhibit A

- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

Handwritten initials in black ink, appearing to be 'QJ'.

5/19/17



Exhibit A

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.

3.1.3. **Substance Misuse Prevention**

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.

[Handwritten Signature]



Exhibit A

- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
 - 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
 - 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
 - 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.

Handwritten signature in black ink, appearing to be 'M.H.' or similar initials.



Exhibit A

- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.
- 3.1.5. Continuum of Care**
 - 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
 - 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
 - 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
 - 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
 - 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
 - 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
 - 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.
- 3.1.6. Contract Administration and Leadership**
 - 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
 - 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
 - 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.

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Exhibit A

- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.

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5/11/17



Exhibit A

- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



Exhibit A

- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

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Exhibit A

- 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
- 5.1.4.1.5. Submit annual report
- 5.1.4.1.6. Provide additional reports or data as required by the Department.
- 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

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Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated, as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:

- 6.1.4.3.1. Receive information on emerging initiatives and opportunities,

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Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.



Exhibit A

7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.



Exhibit A

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.


Date 5/11/17



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

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Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services
Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

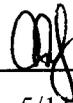
Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 15,942.00	\$ 2,471.00	\$ 18,413.00	
2. Employee Benefits	\$ 5,516.00	\$ 855.00	\$ 6,371.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 516.00	\$ 80.00	\$ 596.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 4,000.00	\$ 620.00	\$ 4,620.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 25,974.00	\$ 4,026.00	\$ 30,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital - Upper

Bidder/Contractor Name: Valley

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 15,942.00	\$ 2,471.00	\$ 18,413.00	
2. Employee Benefits	\$ 5,516.00	\$ 855.00	\$ 6,371.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 516.00	\$ 80.00	\$ 596.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 4,000.00	\$ 620.00	\$ 4,620.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 25,974.00	\$ 4,026.00	\$ 30,000.00	

Indirect As A Percent of Direct

\$

-

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital - Upper

Bidder/Contractor Name: Valley

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 48,385.00	\$ 7,500.00	\$ 55,885.00	
2. Employee Benefits	\$ 16,741.00	\$ 2,595.00	\$ 19,336.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 674.00	\$ 105.00	\$ 779.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 65,800.00	\$ 10,200.00	\$ 76,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

**Mary Hitchcock Memorial Hospital - Upper
Bidder/Contractor Name: Valley**

**Regional Public Health Network Services -
Budget Request for: PHEP**
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 48,385.00	\$ 7,500.00	\$ 55,885.00	
2. Employee Benefits	\$ 16,741.00	\$ 2,595.00	\$ 19,336.00	
3. Consultants	\$ -		\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -		\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 674.00	\$ 105.00	\$ 779.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -		\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -		\$ -	
9. Software	\$ -		\$ -	
10. Marketing/Communications	\$ -		\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -		\$ -	
	\$ -		\$ -	
	\$ -		\$ -	
TOTAL	\$ 65,800.00	\$10,200.00	\$ 76,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/07

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital - Upper

Bidder/Contractor Name: Valley

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 53,391.00	\$ 8,276.00	\$ 61,667.00	
2. Employee Benefits	\$ 18,473.00	\$ 2,863.00	\$ 21,336.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 611.00	\$ 95.00	\$ 706.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 750.00	\$ 116.25	\$ 866.25	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 73,225.00	\$ 11,350.25	\$ 84,575.25	

Indirect As A Percent of Direct

\$

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

**Mary Hitchcock Memorial Hospital - Upper
Bidder/Contractor Name: Valley**

**Regional Public Health Network Services -
Budget Request for: SMP
*(Name of RFP)***

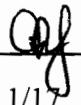
Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 53,391.00	\$ 8,276.00	\$ 61,667.00	
2. Employee Benefits	\$ 18,473.00	\$ 2,863.00	\$ 21,336.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ 611.00	\$ 95.00	\$ 706.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 750.00	\$ 116.00	\$ 866.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 73,225.00	\$ 11,350.00	\$ 84,575.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

**Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Upper Valley**

**Regional Public Health Network Services -
Budget Request for: CoC
*(Name of RFP)***

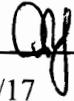
Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,580.00	\$ 7,375.00	\$ 54,955.00	
2. Employee Benefits	\$ 16,463.00	\$ 2,552.00	\$ 19,015.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 90.00	\$ 14.00	\$ 104.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements			\$ -	
13. Other (specific details mandatory):			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 64,133.00	\$ 9,941.00	\$ 74,074.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

**Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Upper Valley**

**Regional Public Health Network Services -
Budget Request for: CoC
*(Name of RFP)***

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,580.00	\$ 7,375.00	\$ 54,955.00	
2. Employee Benefits	\$ 16,463.00	\$ 2,552.00	\$ 19,015.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 90.00	\$ 14.00	\$ 104.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements			\$ -	
13. Other (specific details mandatory):			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 64,133.00	\$ 9,941.00	\$ 74,074.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,650.00	\$ 567.00	\$ 4,217.00	
2. Employee Benefits	\$ 1,264.00	\$ 197.00	\$ 1,461.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel		\$ -	\$ -	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,860.00	\$ 13,860.00	
13. Other (specific details mandatory):	\$ 400.00	\$ 62.00	\$ 462.00	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 17,314.00	\$ 2,686.00	\$ 20,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____

Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

**Mary Hitchcock Memorial Hospital -
Bidder/Contractor Name: Upper Valley**

**Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)**

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,650.00	\$ 567.00	\$ 4,217.00	
2. Employee Benefits	\$ 1,264.00	\$ 197.00	\$ 1,461.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel		\$ -	\$ -	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ 1,860.00	\$ 13,860.00	
13. Other (specific details mandatory):	\$ 400.00	\$ 62.00	\$ 462.00	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 17,314.00	\$ 2,686.00	\$ 20,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital - Upper
Bidder/Contractor Name: Valley

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,581.00	\$ 7,220.00	\$ 53,801.00	
2. Employee Benefits	\$ 16,117.00	\$ 2,498.00	\$ 18,615.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,500.00	\$ 233.00	\$ 1,733.00	
6. Travel	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 840.00	\$ 130.00	\$ 970.00	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
12. Subcontracts/Agreements	\$ 3,000.00	\$ 465.00	\$ 3,465.00	
13. Other (specific details mandatory):	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
			\$ -	
			\$ -	
TOTAL	\$ 77,038.00	\$11,941.00	\$ 88,979.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,581.00	\$ 7,220.00	\$ 53,801.00	
2. Employee Benefits	\$ 15,631.00	\$ 2,423.00	\$ 18,054.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)		\$ -	\$ -	
6. Travel	\$ 3,000.00	\$ 465.00	\$ 3,465.00	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,840.00	\$ 285.00	\$ 2,125.00	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):	\$ 2,000.00	\$ 310.00	\$ 2,310.00	
	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
			\$ -	
			\$ -	
TOTAL	\$ 72,052.00	#####	\$ 83,220.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

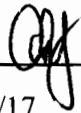
Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,722.00	\$ 577.00	\$ 4,299.00	
2. Employee Benefits	\$ 1,288.00	\$ 200.00	\$ 1,488.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
6. Travel		\$ -	\$ -	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,440.00	\$ 378.00	\$ 2,818.00	
13. Other (specific details mandatory):		\$ -	\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 8,450.00	\$ 1,310.00	\$ 9,760.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Mary Hitchcock Memorial Hospital -

Bidder/Contractor Name: Upper Valley

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,722.00	\$ 577.00	\$ 4,299.00	
2. Employee Benefits	\$ 1,288.00	\$ 200.00	\$ 1,488.00	
3. Consultants			\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)			\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,000.00	\$ 155.00	\$ 1,155.00	
6. Travel		\$ -	\$ -	
7. Occupancy			\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)			\$ -	
9. Software			\$ -	
10. Marketing/Communications			\$ -	
11. Staff Education and Training		\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,440.00	\$ 378.00	\$ 2,818.00	
13. Other (specific details mandatory):		\$ -	\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL	\$ 8,450.00	\$ 1,310.00	\$ 9,760.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____



Date: 5/11/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;



- 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.

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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

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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



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. **Extension:**

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

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CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency



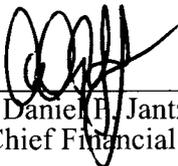
- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name:

5/11/17
Date


Name: Daniel P. Jantzen
Title: Chief Financial Officer



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
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.

Contractor Name:

Name: Daniel P. Jenzen
Title: Chief Financial Officer

5/11/17

Date



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

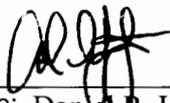
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/11/17
Date


Name: Daniel P. Jantzen
Title: Chief Financial Officer



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

A handwritten signature in black ink, appearing to be "GJ", written over a horizontal line.

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:

5/11/17

Date

Name: Daniel P. Jantzen

Title: Chief Financial Officer

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

Name: Daniel P. Jantzen
Title: Chief Financial Officer

5/11/17

Date



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



Exhibit I

- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Handwritten signature of the contractor.



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

A handwritten signature in black ink, appearing to be 'CJ' or similar, written over a horizontal line.



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) l, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Mary Hitchcock Memorial Hospital
Name of the Contractor

Daniel P. Jantzen
Signature of Authorized Representative

Daniel P. Jantzen
Name of Authorized Representative

Chief Financial Officer
Title of Authorized Representative

May 11, 2017
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

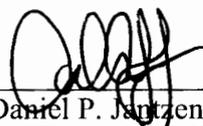
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

5/11/17
Date


Name: Daniel P. Jantzen
Title: Chief Financial Officer



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 06-99102-97
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X NO _____ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO _____ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

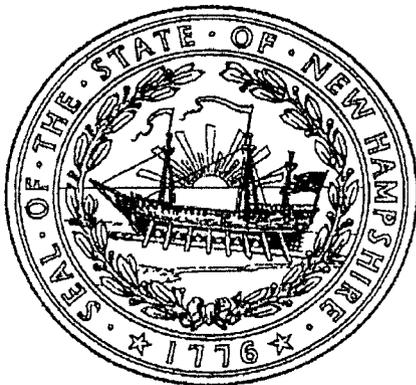
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 68517



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of May A.D. 2017.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Anne-Lee Verville, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the December 7th, 2012 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:
ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets
“In exercising this [fiduciary] duty, the Board may, consistent with the Corporation’s Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable.”
3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Executive Officer and Chief Financial Officer, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Daniel P. Jantzen is the Chief Financial Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 11th day of May.

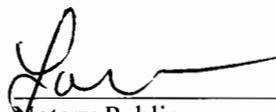


Anne-Lee Verville, Board Chair

STATE OF NHCOUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 11 day of May, by Anne-Lee Verville.





Notary Public
My Commission Expires: Apr. 19, 2022

CERTIFICATE OF INSURANCE

DATE: June 20, 2016

COMPANY AFFORDING COVERAGE

Hamden Assurance Risk Retention Group, Inc.
 P.O. Box 1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED

Mary Hitchcock Memorial Hospital
 One Medical Center Drive
 Lebanon, NH 03756
 (603)653-6850

COVERAGES

This is to certify that the Policy listed below have been issued to the Named Insured 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. This policy issued by a risk retention group may not be subject to all insurance laws and regulations in all states. State insurance insolvency funds are not available to a risk retention group policy.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002016-A	07/01/2016	06/30/2017	GENERAL AGGREGATE	\$ 2,000,000
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGGREGATE	
					PERSONAL ADV INJURY	
					EACH OCCURRENCE	\$1,000,000
x	CLAIMS MADE				FIRE DAMAGE	
	OCCURRENCE				MEDICAL EXPENSES	
PROFESSIONAL LIABILITY					EACH OCCURENCE	
					ANNUAL AGGREGATE	
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

Certificate of Insurance issued as evidence of insurance for activities related to Dartmouth-Hitchcock.

CERTIFICATE HOLDER

New Hampshire Medicaid
 NH 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, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES




Mission, Vision, & Values

Our Mission

We advance health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our Vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Dartmouth-Hitchcock Health and Subsidiaries

**Consolidated Financial Statements
June 30, 2016 and 2015**

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2016 and 2015

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and Subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We did not audit the consolidated financial statements of The Cheshire Medical Center, a subsidiary whose sole member is Dartmouth-Hitchcock Health, which statements reflect total assets of 8.8% and 9.7% of consolidated total assets at June 30, 2016 and 2015, respectively, and total revenues of 9.2% and 3.5%, respectively, of consolidated total revenues for the years then ended. Those statements were audited by other auditors whose report thereon has been furnished to us, and our opinion expressed herein, insofar as it relates to the amounts included for The Cheshire Medical Center, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the 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 our 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, we consider internal control relevant to the Health System'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 Health System'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, based on our audits and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Health System as of June 30, 2016 and 2015, and the results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating 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 consolidating information has been subjected to the auditing procedures applied in the audits 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 consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and changes in net assets and cash flows of the individual companies.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 26, 2016

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
Years Ended June 30, 2016 and 2015

(in thousands of dollars)

	2016	2015
Assets		
Current assets		
Cash and cash equivalents	\$ 40,592	\$ 38,909
Patient accounts receivable, net of estimated uncollectibles of \$118,403 and \$92,532 at June 30, 2016 and 2015 (Note 4)	260,988	204,272
Prepaid expenses and other current assets	95,820	100,586
Total current assets	397,400	343,767
Assets limited as to use (Notes 5, 7, and 10)	592,468	620,425
Other investments for restricted activities (Notes 5 and 7)	142,036	132,016
Property, plant, and equipment, net (Note 6)	612,564	601,355
Other assets	91,199	88,450
Total assets	<u>\$ 1,835,667</u>	<u>\$ 1,786,013</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 18,307	\$ 17,179
Line of credit (Note 13)	36,550	1,200
Current portion of liability for pension and other postretirement plan benefits (Note 11)	3,176	3,249
Accounts payable and accrued expenses (Note 13)	107,544	120,221
Accrued compensation and related benefits	103,554	94,864
Estimated third-party settlements (Note 4)	30,550	36,599
Total current liabilities	299,681	273,312
Long-term debt, excluding current portion (Note 10)	629,274	575,484
Insurance deposits and related liabilities (Note 12)	56,887	62,356
Interest rate swaps (Notes 7 and 10)	28,917	24,740
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	272,493	190,280
Other liabilities	58,911	56,109
Total liabilities	<u>1,346,163</u>	<u>1,182,281</u>
Commitments and contingencies (Notes 4, 6, 7, 10, and 13)		
Net assets		
Unrestricted (Note 9)	360,183	474,194
Temporarily restricted (Notes 8 and 9)	75,731	76,457
Permanently restricted (Notes 8 and 9)	53,590	53,081
Total net assets	<u>489,504</u>	<u>603,732</u>
Total liabilities and net assets	<u>\$ 1,835,667</u>	<u>\$ 1,786,013</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted revenue and other support		
Net patient service revenue, net of provision for bad debt (\$55,121 and \$17,562 in 2016 and 2015), (Notes 1 and 4)	\$ 1,634,154	\$ 1,380,559
Contracted revenue (Note 2)	65,982	80,835
Other operating revenue (Note 2 and 5)	82,352	82,993
Net assets released from restrictions	9,219	15,637
Total unrestricted revenue and other support	<u>1,791,707</u>	<u>1,560,024</u>
Operating expenses		
Salaries	872,465	778,387
Employee benefits	234,407	214,627
Medical supplies and medications	309,814	219,967
Purchased services and other	255,141	218,704
Medicaid enhancement tax (Note 4)	58,565	51,996
Depreciation and amortization	80,994	67,213
Interest (Note 10)	19,301	18,442
Total operating expenses	<u>1,830,687</u>	<u>1,569,336</u>
Operating loss	<u>(38,980)</u>	<u>(9,312)</u>
Nonoperating gains (losses)		
Investment losses (Notes 5 and 10)	(20,103)	(11,015)
Other losses	(3,845)	(1,241)
Contribution revenue from acquisition (Note 3)	18,083	92,499
Total nonoperating (losses) gains, net	<u>(5,865)</u>	<u>80,243</u>
(Deficiency) excess of revenue over expenses	<u>\$ (44,845)</u>	<u>\$ 70,931</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted net assets		
(Deficiency) excess of revenue over expenses	\$ (44,845)	\$ 70,931
Net assets released from restrictions	3,248	2,411
Change in funded status of pension and other postretirement benefits (Note 11)	(66,541)	(60,892)
Change in fair value of interest rate swaps (Note 10)	(5,873)	(931)
(Decrease) increase in unrestricted net assets	<u>(114,011)</u>	<u>11,519</u>
Temporarily restricted net assets		
Gifts, bequests, sponsored activities	12,227	10,625
Investment gains	518	1,797
Change in net unrealized gains on investments	(1,674)	(1,619)
Net assets released from restrictions	(12,467)	(18,048)
Contribution of temporarily restricted net assets from acquisition	670	19,038
(Decrease) increase in temporarily restricted net assets	<u>(726)</u>	<u>11,793</u>
Permanently restricted net assets		
Gifts and bequests	699	389
Investment losses in beneficial interest in trust	(219)	(187)
Contribution of permanently restricted net assets from acquisition	29	16,610
Increase in permanently restricted net assets	<u>509</u>	<u>16,812</u>
Change in net assets	(114,228)	40,124
Net assets		
Beginning of year	<u>603,732</u>	<u>563,608</u>
End of year	<u>\$ 489,504</u>	<u>\$ 603,732</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2016 and 2015

(in thousands of dollars)

	2016	2015
Cash flows from operating activities		
Change in net assets	\$ (114,228)	\$ 40,124
Adjustments to reconcile change in net assets to net cash (used) provided by operating and nonoperating activities		
Change in fair value of interest rate swaps	4,177	(104)
Provision for bad debt	55,121	17,562
Depreciation and amortization	81,138	67,414
Contribution revenue from acquisition	(18,782)	(128,147)
Change in funded status of pension and other postretirement benefits	66,541	60,892
Loss on disposal of fixed assets	2,895	670
Net realized losses and change in net unrealized losses on investments	27,573	15,795
Restricted contributions	(4,301)	(11,040)
Proceeds from sale of securities	496	723
Changes in assets and liabilities		
Patient accounts receivable, net	(101,567)	(17,151)
Prepaid expenses and other current assets	4,767	9,165
Other assets, net	2,188	(4,388)
Accounts payable and accrued expenses	(23,668)	(5,169)
Accrued compensation and related benefits	5,343	8,684
Estimated third-party settlements	(3,652)	2,637
Insurance deposits and related liabilities	(14,589)	(17,177)
Liability for pension and other postretirement benefits	15,599	(25,471)
Other liabilities	2,109	(669)
Net cash (used) provided by operating and nonoperating activities	<u>(12,840)</u>	<u>14,350</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(73,021)	(87,196)
Proceeds from sale of property, plant, and equipment	612	1,533
Purchases of investments	(67,117)	(166,589)
Proceeds from maturities and sales of investments	66,105	195,950
Cash received through acquisition	12,619	29,914
Net cash used by investing activities	<u>(60,802)</u>	<u>(26,388)</u>
Cash flows from financing activities		
Proceeds from line of credit	140,600	60,904
Payments on line of credit	(105,250)	(60,700)
Repayment of long-term debt	(104,343)	(54,682)
Proceeds from issuance of debt	140,031	43,452
Payment of debt issuance costs	(14)	6
Restricted contributions	4,301	11,040
Net cash provided by financing activities	<u>75,325</u>	<u>20</u>
Increase (decrease) in cash and cash equivalents	1,683	(12,018)
Cash and cash equivalents		
Beginning of year	<u>38,909</u>	<u>50,927</u>
End of year	<u>\$ 40,592</u>	<u>\$ 38,909</u>
Supplemental cash flow information		
Interest paid	\$ 22,298	\$ 21,659
Asset (depreciation) appreciation due to affiliations	(960)	15,596
Construction in progress included in accounts payable and accrued expenses	16,427	12,259
Equipment acquired through issuance of capital lease obligations	2,001	1,741
Donated securities	688	685

The accompanying notes are an integral part of these consolidated financial statements.

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1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth-Hitchcock Clinic (DHC) (collectively referred to as "Dartmouth-Hitchcock" (D-H)), New London Hospital Association (NLH), MT. Ascutney Hospital and Health Center (MAHHC), The Cheshire Medical Center (Cheshire) and Alice Peck Day Health Systems Corp. (APD).

The "Health System" consists of D-HH, its affiliates and their subsidiaries.

D-HH currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. D-HH also operates four physician practices and a nursing home. D-HH operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, MHMH, DHC, NLH, Cheshire and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC is a VT not-for-profit corporation exempt from federal income taxes under Section 501(c)(3) of the IRC.

Fiscal year 2016 includes a full year of operations of D-HH, D-H, NLH, MAHHC, Cheshire and four months of operations of APD. Fiscal year 2015 includes a full year of operations of D-HH, D-H, NLH, MAHHC and four months of operations of Cheshire.

Community Benefits

The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

The Health System files annual Community Benefits Reports with the State of NH which outlines the community and charitable benefits it provides. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community health services* include activities carried out to improve community health and could include community health education (such as lectures, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

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- *Subsidized health services* are services provided, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research support and other grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations.
- *Community health-related initiatives* occur outside of the organization(s) through various financial contributions of cash, in-kind, and grants to local organizations.
- *Community-building activities* include cash, in-kind donations, and budgeted expenditures for the development of programs and partnerships intended to address social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement. Community benefit operations includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.
- *Charity care (financial assistance)* represents services provided to patients who cannot afford healthcare services due to inadequate financial resources which result from being uninsured or underinsured. For the years ended June 30, 2016 and 2015, the Health System provided financial assistance to patients in the amount of approximately \$30,637,000 and \$50,076,000, respectively, as measured by gross charges. The estimated cost of providing this care for the years ended June 30, 2016 and 2015 was approximately \$12,257,000 and \$18,401,000, respectively. The estimated costs of providing charity care services are determined applying a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of costs to charges is calculated using total expenses, less bad debt, divided by gross revenue.

Charity care provided by the Health System decreased by approximately \$19,400,000 from 2015 to 2016. This change was due to the implementation of the Federal Exchange in December of 2013 and the NH Medicaid Expansion Plan in August of 2014. The Health System began to experience decreases in uninsured patients and increases in patients covered by the Federal Exchange NH in summer of calendar 2015 (fiscal year 2015) which continued to decrease as more NH uninsured and underinsured patients were able to receive coverage by the Federal or NH Medicaid plans specifically impacting fiscal 2016.

- *Government-sponsored healthcare services* are provided to Medicaid and Medicare patients at reimbursement levels that are significantly below the cost of the care provided.
- *The uncompensated cost of care for Medicaid patients* reported in the unaudited Community Benefits Reports for 2015 was approximately \$146,758,000. The 2016 Community Benefits Reports are expected to be filed in February 2017.

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The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2015:

(Unaudited, in thousands of dollars)

Community health services	\$ 4,373
Health professional education	30,157
Subsidized health services	13,645
Research	5,361
Financial contributions	5,829
Community building activities	623
Community benefit operations	582
Charity care	18,401
Government-sponsored healthcare services	<u>258,189</u>
Total community benefit value	<u>\$ 337,160</u>

The Health System also provides a significant amount of uncompensated care to its patients that are reported as provision for bad debts, which is not included in the amounts reported above. During the years ended June 30, 2016 and 2015, the Health System reported a provision for bad debt expense of approximately \$55,121,000 and \$17,562,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954 *Healthcare Entities* (ASC 954), which addresses the accounting for healthcare entities. In accordance with the provisions of ASC 954, net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, unrestricted net assets are amounts not subject to donor-imposed stipulations and are available for operations. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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 consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant areas that are affected by the use of estimates include the allowance for estimated uncollectible accounts and contractual allowances, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

(Deficiency) Excess of Revenue over Expenses

The consolidated statements of operations and changes in net assets include (deficiency) excess of revenue over expenses. Operating revenues consist of those items attributable to the care of

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patients, including contributions and investment income on unrestricted investments, which are utilized to provide charity and other operational support. Peripheral activities, including unrestricted contribution income from acquisitions, realized gains/losses on sales of investment securities and changes in unrealized gains/losses in investments are reported as nonoperating gains (losses).

Changes in unrestricted net assets which are excluded from (deficiency) excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), change in funded status of pension and other postretirement benefit plans, and the effective portion of the change in fair value of interest rate swaps.

Charity Care and Provision for Bad Debts

The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. Additions to the allowance for uncollectible accounts are made by means of the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and bad debt expense. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contract Revenue

The Health System has various Professional Service Agreements (PSAs), pursuant to which certain facilities purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue

The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. This revenue includes retail pharmacy, joint operating agreements, grant revenue, cafeteria sales, meaningful use incentive payments and other support service revenue.

Cash Equivalents

Cash equivalents include investments in highly liquid investments with maturities of three months or less when purchased, excluding amounts where use is limited by internal designation or other arrangements under trust agreements or by donors.

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Investments and Investment Income

Investments in equity securities with readily determinable fair values, mutual funds and pooled/comingled funds, and all investments in debt securities are considered to be trading securities reported at fair value with changes in fair value included in the (deficiency) excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in (deficiency) excess of revenues over expenses. All investments, whether held at fair value or under the equity method of accounting, are reported at what the Health System believes to be the amount they would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

Certain affiliates of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and restricted assets were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on unrestricted investments, change in value of equity method investments, interest, and dividends) are included in (deficiency) excess of revenue over expenses classified as nonoperating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments

The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.
- Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.
- Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The Health System applies the accounting provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12). ASU 2009-12 allows for the estimation of fair value of investments for which the investment does not have a readily determinable fair value, to use net asset value (NAV)

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per share or its equivalent as a practical expedient, subject to the Health System's ability to redeem its investment.

The carrying amount of patient accounts receivable, prepaid and other current assets, accounts payable, and accrued expenses approximates fair value due to the short maturity of these instruments.

Property, Plant, and Equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair market value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Gifts of capital assets such as land, buildings, or equipment are reported as unrestricted support, and excluded from (deficiency) excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the consolidated balance sheets as other assets, are amortized over the term of the related bonds. Amortization is recorded within depreciation and amortization in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

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Trade Names

The Health System records trade names as intangible assets within other assets on the consolidated statements of financial position. The Health System considers trade names to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded \$2,700,000 as intangible assets associated with its affiliations as of June 30, 2016 and 2015. There were no impairment charges recorded for the years ended June 30, 2016 and 2015.

Derivative Instruments and Hedging Activities

The Health System applies the provisions of ASC 815, *Derivatives and Hedging*, to its derivative instruments, which require that all derivative instruments be recorded at their respective fair value in the consolidated balance sheets.

On the date a derivative contract is entered into, the Health System designates the derivative as a cash-flow hedge of a forecasted transaction or the variability of cash flows to be received or paid related to a recognized asset or liability. For all hedge relationships, the Health System formally documents the hedging relationship and its risk-management objective and strategy for undertaking the hedge, the hedging instrument, the nature of the risk being hedged, how the hedging instrument's effectiveness in offsetting the hedged risk will be assessed, and a description of the method of measuring ineffectiveness. This process includes linking cash-flow hedges to specific assets and liabilities on the consolidated balance sheets or to specific firm commitments or forecasted transactions. The Health System also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in variability of cash flows of hedged items. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are recorded in unrestricted net assets until earnings are affected by the variability in cash flows of the designated hedged item. The ineffective portion of the change in fair value of a cash-flow hedge is reported in (deficiency) excess of revenue over expenses in the consolidated statements of operation and changes in net assets.

The Health System discontinues hedge accounting prospectively when it is determined: (a) the derivative is no longer effective in offsetting changes in the cash flows of the hedged item; (b) the derivative expires or is sold, terminated, or exercised; (c) the derivative is undesignated as a hedging instrument because it is unlikely that a forecasted transaction will occur; (d) a hedged firm commitment no longer meets the definition of a firm commitment; and (e) management determines that designation of the derivative as a hedging instrument is no longer appropriate.

In all situations in which hedge accounting is discontinued, the Health System continues to carry the derivative at its fair value on the consolidated balance sheets and recognizes any subsequent changes in its fair value in (deficiency) excess of revenue over expenses.

Gifts and Bequests

Unrestricted gifts and bequests are recorded net of related expenses as nonoperating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair market value at the date the gift is received. Gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

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Reclassifications

Certain amounts in the 2015 consolidated financial statements have been reclassified to conform to the 2016 presentation. In 2016 the presentation of net assets released from restrictions was changed from a single line presentation in the consolidated statement of operations to one in which the net assets released from restriction are classified in their natural expense classifications.

Recently Issued Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued ASU 2014-09 - Revenue from Contracts with Customers at the conclusion of a joint effort with the International Accounting Standards Board to create common revenue recognition guidance for U.S. GAAP and international accounting standards. This framework ensures that entities appropriately reflect the consideration to which they expect to be entitled in exchange for goods and services, by allocating transaction price to identified performance obligations, and recognizing that revenue as performance obligations are satisfied. Qualitative and quantitative disclosures will be required to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The original standard was effective for fiscal years beginning after December 15, 2016; however, in July 2015, the FASB approved a one-year deferral of this standard, with a new effective date for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In May 2015, the FASB issued ASU 2015-07- Disclosures for Certain Entities That Calculate Net Asset Value per Share (or its Equivalent), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as the practical expedient. This guidance is effective in fiscal year 2017. The Health System is evaluating the impact this will have on the consolidated financial statements.

In April 2015, the FASB issued ASU 2015-03 - Imputation of Interest: Simplifying the Presentation of Debt Issuance Costs, which requires all costs incurred to issue debt to be presented in the balance sheet as a direct deduction from the carrying value of the associated debt liability. This guidance is effective for fiscal years beginning after December 15, 2015, or fiscal 2017 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02 - Leases, which, requires a lessee to recognize a right-of-use asset and a lease liability, initially measured at the present value of the lease payments, in its balance sheet. The standard also requires a lessee to recognize a single lease cost, calculated so that the cost of the lease is allocated over the lease term, on a generally straight-line basis. The guidance also expands the required quantitative and qualitative disclosures surrounding leases. The ASU is effective for fiscal years beginning after December 15, 2018, or fiscal year 2020 for the Health System. Early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In January 2016, the FASB issued ASU 2016-01- Recognition and Measurement of Financial Assets and Financial Liabilities, which address certain aspects of recognition, measurement, presentation and disclosure of financial instruments. This guidance allows an entity to choose, investment-by-investment, to report an equity investment that neither has a readily determinable fair value, nor qualifies for the practical expedient for fair value estimation using NAV, at its cost minus impairment (if any), plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issue. Impairment of such investments must be assessed qualitatively at each reporting period. Entities must disclose their financial assets and liabilities by measurement category and form of asset either on the face of the balance sheet or in the accompanying notes. The ASU is effective for annual reporting periods

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beginning after December 15, 2018 or fiscal year 2020 for the Health System. The provision to eliminate the requirement to disclose the fair value of financial instruments measured at cost (such as the fair value of debt) may be early adopted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In August 2016, the FASB issued ASU 2016-14 - Presentation of Financial Statements for Not-for-Profit Entities, which makes targeted changes to the not-for-profit financial reporting model. The new ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the new ASU, net asset reporting will be streamlined and clarified. The existing three-category classification of net assets will be replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property, plant, and equipment have also been simplified and clarified. New disclosures will highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. Not-for-profits will continue to have flexibility to decide whether to report an operating subtotal and if so, to self-define what is included or excluded. However, if the operating subtotal includes internal transfers made by the governing board, transparent disclosure must be provided. The ASU also imposes several new requirements related to reporting expenses, including providing information about expenses by their natural classification. The ASU is effective for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System and early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

3. Acquisitions

Effective March 1, 2016, D-HH became the sole corporate member of APD through an affiliation agreement. APD is a not-for-profit corporation providing inpatient and outpatient services to residents of the Upper Valley in NH and VT. APD has a fiscal year end of September 30.

The D-HH 2016 consolidated financial statements reflect four months of activity for APD beginning March 1, 2016.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, The Health System recorded contribution income of approximately \$18,782,000 reflecting the fair value of the contributed net assets of APD, on the transaction date. Of this amount \$18,083,000 represents unrestricted net assets and is included as a nonoperating gain in the accompanying consolidated statement of operations. Restricted contribution income of \$670,000 and \$29,000 was recorded within temporarily and permanently net assets, respectively in the accompanying consolidated statement of changes in net assets. No consideration was exchanged for the net assets contributed and acquisition costs are expensed as incurred.

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The fair value of assets, liabilities, and net assets contributed by APD at March 1, 2016 were as follows:

(in thousands of dollars)

Assets	
Cash and cash equivalents	\$ 12,619
Patient accounts receivable, net	10,271
Property, plant, and equipment, net	16,600
Other assets	4,939
Estimated third-party settlements	2,397
Total assets acquired	<u>\$ 46,826</u>
Liabilities	
Accounts payable and accrued expenses	\$ 6,823
Accrued compensation and related benefits	3,347
Long-term debt	17,181
Other liabilities	693
Total liabilities assumed	<u>28,044</u>
Net Assets	
Unrestricted	18,083
Temporarily restricted	670
Permanently restricted	29
Total net assets	<u>18,782</u>
Total liabilities and net assets	<u>\$ 46,826</u>

A summary of the financial results of APD included in the consolidated statement of operations and changes in net assets for the period from the date of acquisition March 1, 2016 through June 30, 2016 is as follows:

(in thousands of dollars)

Total operating revenues	\$ 20,973
Total operating expenses	21,374
Operating gain	<u>(401)</u>
Nonoperating gains	235
Excess of revenue over expenses	<u>(166)</u>
Net assets transferred to affiliate	18,782
Changes in temporarily and permanently net assets	24
Increase in net assets	<u>\$ 18,640</u>

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A summary of the consolidated financial results of the Health System for the years ended June 30, 2016 and 2015 as if the transactions had occurred on July 1, 2014 are as follows (unaudited):

<i>(in thousands of dollars)</i>	2016	2015
Total operating revenues	\$ 1,835,177	\$ 1,658,250
Total operating expenses	<u>1,872,167</u>	<u>1,671,124</u>
Operating loss	(36,990)	(12,874)
Nonoperating gains	<u>(6,045)</u>	<u>81,277</u>
(Deficiency) excess of revenue over expenses	(43,035)	68,403
Net assets released from restriction used for capital purchases	3,248	2,411
Change in funded status of pension and other post retirement benefits	(66,541)	(65,128)
Change in fair value on interest rate swaps	<u>(5,873)</u>	<u>(931)</u>
(Decrease) increase in unrestricted net assets	<u>\$ (112,201)</u>	<u>\$ 4,755</u>

4. Patient Service Revenue and Accounts Receivable

Patient service revenue is reported net of contractual allowances and the provision for bad debts as follows for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Gross patient service revenue	\$ 4,426,305	\$ 3,656,514
Less: Contractual allowances	2,737,030	2,258,393
Provision for bad debt	<u>55,121</u>	<u>17,562</u>
Net patient service revenue	<u>\$ 1,634,154</u>	<u>\$ 1,380,559</u>

Accounts receivable are reduced by an allowance for estimated uncollectibles. In evaluating the collectability of accounts receivable, the Health System analyzes past collection history and identifies trends for several categories of self-pay accounts (uninsured, residual balances, pre-collection accounts and charity) to estimate the appropriate allowance percentages in establishing the allowance for bad debt expense. Management performs collection rate look-back analyses on a quarterly basis to evaluate the sufficiency of the allowance for estimated uncollectibles. Throughout the year, after all reasonable collection efforts have been exhausted, the difference between the standard rates and the amounts actually collected, including contractual adjustments and uninsured discounts, will be written off against the allowance for estimated uncollectibles. In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for estimated uncollectibles.

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Accounts receivable, prior to adjustment for estimated uncollectibles, are summarized as follows at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Receivables		
Patients	\$ 126,320	\$ 123,881
Third-party payors	244,716	171,141
Nonpatient	8,355	1,782
	<u>\$ 379,391</u>	<u>\$ 296,804</u>

The allowance for estimated uncollectibles is \$118,403,000 and \$92,532,000 as of June 30, 2016 and 2015.

The following table categorizes payors into five groups and their respective percentages of gross patient service revenue for the years ended June 30, 2016 and 2015:

	2016	2015
Medicare	42 %	40 %
Anthem/blue cross	19	21
Commercial insurance	22	20
Medicaid	14	15
Self-pay/other	3	4
	<u>100 %</u>	<u>100 %</u>

The Health System has agreements with third-party payors that provide for payments at amounts different from their established rates. A summary of the acute care payment arrangements in effect during the years ended June 30, 2016 and 2015 with major third-party payors follows:

Medicare

The Health System's inpatient acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system. Under the system, outpatient services are reimbursed based on a pre-determined amount for each outpatient procedure, subject to various mandated modifications. The Health System is reimbursed during the year for services to Medicare beneficiaries based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subsequent audit of this report by the Medicare fiscal intermediary.

Certain of the Health System's affiliates qualify as Critical Access Hospitals (CAH), which are reimbursed by Medicare at 101% (subject to sequestration of 2%) of reasonable costs for its inpatient acute, swing bed, and outpatient services, excluding ambulance services and inpatient hospice care. They are reimbursed at an interim rate for cost based services with a final settlement determined by the Medicare Cost Report filing. The nursing home and the rehabilitation distinct-

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part-unit are not impacted by CAH designation. Medicare reimburses both services based on an acuity driven prospective payment system with no retrospective settlement.

Medicaid

The Health System's payments for inpatient services rendered to NH Medicaid beneficiaries are based on a prospective payment system, while outpatient services are reimbursed on a retrospective cost basis or fee schedules. NH Medicaid Outpatient Direct Medical Education costs are reimbursed, as a pass-through, based on the filing of the Medicare cost report. Payment for inpatient and outpatient services rendered to VT Medicaid beneficiaries are based on prospective payment systems and the skilled nursing facility is reimbursed on a prospectively determined per diem rate.

During the years ended June 30, 2016 and 2015, the Health System recorded State of NH Medicaid Enhancement Tax (MET) and State of VT Provider Tax of \$58,565,000 and \$51,996,000, respectively. The taxes are calculated at 5.5% for NH and 6% for VT of certain net patient revenues in accordance with instructions received from the States. The provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

On June 30, 2014, the NH Governor signed into law a bi-partisan legislation reflecting an agreement between the State of NH and 25 NH hospitals on the Medicaid Enhancement Tax "SB 369". As part of the agreement the parties have agreed to resolve all pending litigation related to MET and Medicaid Rates, including the Catholic Medical Center Litigation, the Northeast Rehabilitation Litigation, 2014 DRA Refund Requests, and the State Rate Litigation. As part of the Medicaid Enhancement Tax Agreement Effective July 1, 2014, a "Trust / Lock Box" dedicated fund mechanism will be established for receipt and distribution of all MET proceeds with all monies used exclusively to support Medicaid services. During the years ended June 30, 2016 and 2015, the Health System received disproportionate share hospital (DSH) payments of approximately \$56,718,000 and \$10,152,000, respectively which is included in Net Patient Service Revenue in the consolidated statement of operations and changes in net assets.

The Health Information Technology for Economic and Clinical Health (HITECH) Act included in the American Recovery and Reinvestment Act (ARRA) provides incentives for the adoption and use of health information technology by Medicare and Medicaid providers and eligible professionals over the next several years with an anticipated end date of December 31, 2016, depending on the program. The Health System has recognized \$2,330,000 and \$4,175,000 in meaningful use incentives for both the Medicare and VT Medicaid programs during the years ended June 30, 2016 and 2015, respectively.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with laws and regulations can be subject to future government review and interpretation as well as significant regulatory action; failure to comply with such laws and regulations can result in fines, penalties and exclusion from the Medicare and Medicaid programs.

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Other

For services provided to patients with commercial insurance the Health System receives payment for inpatient services at prospectively determined rates-per-discharge, prospectively determined per diem rates or a percentage of established charges. Outpatient services are reimbursed on a fee schedule or at a discount from established charges.

Nonacute and physician services are paid at various rates under different arrangements with governmental payors, commercial insurance carriers and health maintenance organizations. The basis for payments under these arrangements includes prospectively determined per visit rates, discounts from established charges, fee schedules, and reasonable cost subject to limitations.

The Health System has provided for its estimated final settlements with all payors based upon applicable contracts and reimbursement legislation and timing in effect for all open years (2007 - 2015). The differences between the amounts provided and the actual final settlement, if any, is recorded as an adjustment to net patient service revenue as amounts become known or as years are no longer subject to audits, reviews and investigations. During 2016 and 2015, changes in prior estimates related to the Health System's settlements with third-party payors resulted in (decreases) increases in net patient service revenue of (\$859,000) and \$5,550,000 respectively, in the consolidated statements of operations and changes in net assets.

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5. Investments

The composition of investments at June 30, 2016 and 2015 is set forth in the following table:

<i>(in thousands of dollars)</i>	2016	2015
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 12,915	\$ 8,475
U.S. government securities	33,578	36,634
Domestic corporate debt securities	65,610	80,254
Global debt securities	119,385	111,156
Domestic equities	100,009	106,350
International equities	61,768	69,965
Emerging markets equities	34,282	36,591
Real Estate Investment Trust	432	621
Private equity funds	33,209	26,843
Hedge funds	52,337	56,590
	<u>513,525</u>	<u>533,479</u>
Investments held by captive insurance companies (Note 12)		
U.S. government securities	22,484	27,730
Domestic corporate debt securities	29,123	32,017
Global debt securities	5,655	4,883
Domestic equities	7,830	7,669
International equities	11,901	12,869
	<u>76,993</u>	<u>85,168</u>
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	1,950	1,778
Total assets limited as to use	<u>\$ 592,468</u>	<u>\$ 620,425</u>

<i>(in thousands of dollars)</i>	2016	2015
Other investments for restricted activities		
Cash and short-term investments	\$ 12,219	\$ 5,448
U.S. government securities	21,351	19,730
Domestic corporate debt securities	33,203	34,548
Global debt securities	20,808	18,947
Domestic equities	19,215	18,354
International equities	13,986	14,777
Emerging markets equities	4,887	5,077
Real Estate Investment Trust	470	533
Private equity funds	4,780	3,653
Hedge funds	11,087	10,921
Other	30	28
Total other investments for restricted activities	<u>\$ 142,036</u>	<u>\$ 132,016</u>

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used when debt securities or equity securities are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above. All investments, whether the fair value or equity method of accounting is used, are reported at what the Health System believes to be the amount that the Health System would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2016 and 2015. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

(in thousands of dollars)

	2016		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 27,084	\$ -	\$ 27,084
U.S. government securities	77,413	-	77,413
Domestic corporate debt securities	101,271	26,665	127,936
Global debt securities	40,356	105,492	145,848
Domestic equities	115,082	11,972	127,054
International equities	23,271	64,384	87,655
Emerging markets equities	331	38,838	39,169
Real Estate Investment Trust	20	882	902
Private equity funds	-	37,989	37,989
Hedge funds	-	63,424	63,424
Other	30	-	30
	\$ 384,858	\$ 349,646	\$ 734,504

(in thousands of dollars)

	2015		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 15,700	\$ -	\$ 15,700
U.S. government securities	84,095	-	84,095
Domestic corporate debt securities	115,698	31,121	146,819
Global debt securities	54,193	80,792	134,985
Domestic equities	119,883	12,491	132,374
International equities	25,790	71,822	97,612
Emerging markets equities	95	41,571	41,666
Real Estate Investment Trust	-	1,154	1,154
Private equity funds	-	30,496	30,496
Hedge funds	-	67,512	67,512
Other	28	-	28
	\$ 415,482	\$ 336,959	\$ 752,441

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Investment income (losses) is comprised of the following for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted		
Interest and dividend income, net	\$ 5,088	\$ 7,927
Net realized gains on sales of securities	(1,223)	12,432
Change in net unrealized gains on investments	<u>(22,980)</u>	<u>(28,824)</u>
	<u>(19,115)</u>	<u>(8,465)</u>
Temporarily restricted		
Interest and dividend income, net	536	1,151
Net realized gains on sales of securities	(18)	646
Change in net unrealized gains on investments	<u>(1,674)</u>	<u>(1,619)</u>
	<u>(1,156)</u>	<u>178</u>
Permanently restricted		
Change in net unrealized losses on beneficial interest in trust	<u>(219)</u>	<u>(187)</u>
	<u>(219)</u>	<u>(187)</u>
	<u>\$ (20,490)</u>	<u>\$ (8,474)</u>

For the years ended June 30, 2016 and 2015 unrestricted investment income (losses) is reflected in the accompanying consolidated statements of operations and changes in net assets as operating revenue of approximately \$988,000 and \$2,550,000 and as nonoperating (losses) gains of approximately (\$20,103,000) and (\$11,015,000), respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2016 and 2015, the Health System has committed to contribute approximately \$116,851,000 and \$105,782,000 to such funds, of which the Health System has contributed approximately \$80,019,000 and \$66,918,000 and has outstanding commitments of \$36,832,000 and \$38,864,000, respectively.

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6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Land	\$ 33,004	\$ 29,558
Land improvements	36,899	31,750
Buildings and improvements	801,840	714,689
Equipment	744,443	590,501
Equipment under capital leases	20,823	17,824
	<u>1,637,009</u>	<u>1,384,322</u>
Less: Accumulated depreciation and amortization	<u>1,046,617</u>	<u>818,816</u>
Total depreciable assets, net	590,392	565,506
Construction in progress	<u>22,172</u>	<u>35,849</u>
	<u>\$ 612,564</u>	<u>\$ 601,355</u>

As of June 30, 2016 construction in progress primarily consists of the construction of the Hospice & Palliative Care building and the renovation of the Borwell building in Lebanon, NH. The estimated cost to complete these projects at June 30, 2016 is \$20,300,000 and \$580,000, respectively. New London Hospital's construction in progress primarily consists of a building addition at Newport Health Center which is expected to be completed in October 2016 at a cost of \$1,200,000.

The construction in progress for the Williamson building reported as of June 30, 2015 was completed during the first quarter of fiscal year 2016 and the major inpatient and outpatient rehabilitation renovations taking place at Mt. Ascutney Hospital reported as construction in progress as of June 30, 2015 were completed during the third quarter of fiscal year 2016.

Depreciation and amortization expense included in operating and nonoperating activities was approximately \$81,138,000 and \$67,414,000 for 2016 and 2015, respectively.

7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments

Consists of money market funds and are valued at NAV reported by the financial institution.

Domestic, Emerging Markets and International Equities

Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities

Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are

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based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Interest Rate Swaps

The fair value of interest rate swaps, are determined using the present value of the fixed and floating legs of the swaps. Each series of cash flows are discounted by observable market interest rate curves and credit risk.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2016 and 2015:

(in thousands of dollars)	2016				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Assets						
Investments						
Cash and short term investments	\$ 27,084	\$ -	\$ -	\$ 27,084	Daily	1
U.S. government securities	77,413	-	-	77,413	Daily	1
Domestic corporate debt securities	27,626	73,645	-	101,271	Daily-Monthly	1-15
Global debt securities	23,103	17,253	-	40,356	Daily-Monthly	1-15
Domestic equities	115,082	-	-	115,082	Daily-Monthly	1-10
International equities	23,271	-	-	23,271	Daily-Monthly	1-11
Emerging market equities	331	-	-	331	Daily-Monthly	1-7
Real Estate Investment Trust	20	-	-	20	Daily-Monthly	1-7
Other	-	30	-	30	Not applicable	Not applicable
Total investments	293,930	90,928	-	384,858		
Deferred compensation plan assets						
Cash and short-term investments	2,478	-	-	2,478		
U.S. government securities	30	-	-	30		
Domestic corporate debt securities	6,710	-	-	6,710		
Global debt securities	794	-	-	794		
Domestic equities	23,502	-	-	23,502		
International equities	8,619	-	-	8,619		
Emerging market equities	2,113	-	-	2,113		
Real estate	2,057	-	-	2,057		
Multi strategy fund	9,188	-	-	9,188		
Guaranteed contract	-	-	80	80		
Total deferred compensation plan assets	55,491	-	80	55,571	Not applicable	Not applicable
Beneficial interest in trusts						
			9,087	9,087	Not applicable	Not applicable
Total assets	\$ 349,421	\$ 90,928	\$ 9,167	\$ 449,516		
Liabilities						
Interest rate swaps	\$ -	\$ 28,917	\$ -	\$ 28,917	Not applicable	Not applicable
Total liabilities	\$ -	\$ 28,917	\$ -	\$ 28,917		

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<i>(in thousands of dollars)</i>	2015				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Assets						
Investments						
Cash and short term investments	\$ 15,700	\$ -	\$ -	\$ 15,700	Daily	1
U.S. government securities	84,095	-	-	84,095	Daily	1
Domestic corporate debt securities	34,671	81,027	-	115,698	Daily-Monthly	1-15
Global debt securities	44,107	10,086	-	54,193	Daily-Monthly	1-15
Domestic equities	119,883	-	-	119,883	Daily-Monthly	1-10
International equities	25,790	-	-	25,790	Daily-Monthly	1-11
Emerging market equities	95	-	-	95	Daily-Monthly	1-7
Other	-	28	-	28	Not applicable	Not applicable
Total investments	324,341	91,141	-	415,482		
Deferred compensation plan assets						
Cash and short-term investments	2,988	-	-	2,988		
U.S. government securities	46	-	-	46		
Domestic corporate debt securities	5,765	-	-	5,765		
Global debt securities	748	-	-	748		
Domestic equities	21,861	-	-	21,861		
International equities	8,808	-	-	8,808		
Emerging market equities	2,232	-	-	2,232		
Real estate	1,874	-	-	1,874		
Multi strategy fund	8,155	-	-	8,155		
Guaranteed contract	-	-	78	78		
Total deferred compensation plan assets	52,477	-	78	52,555	Not applicable	Not applicable
Beneficial interest in trusts	-	-	9,345	9,345	Not applicable	Not applicable
Total assets	\$ 376,818	\$ 91,141	\$ 9,423	\$ 477,382		
Liabilities						
Interest rate swaps	\$ -	\$ 24,740	\$ -	\$ 24,740	Not applicable	Not applicable
Total liabilities	\$ -	\$ 24,740	\$ -	\$ 24,740		

The following table is a rollforward of the statements of financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above.

<i>(in thousands of dollars)</i>	2016		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	\$ 9,345	\$ 78	\$ 9,423
Purchases	-	-	-
Sales	-	-	-
Net unrealized gains (losses)	(258)	2	(256)
Net asset transfer from affiliate	-	-	-
Balances at end of year	\$ 9,087	\$ 80	\$ 9,167

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	2015			
	Beneficial Interest in Perpetual Trust	Contribution Receivable From Charitable Remainder Trust	Guaranteed Contract	Total
<i>(in thousands of dollars)</i>				
Balances at beginning of year	\$ 1,909	\$ 2,118	\$ 75	\$ 4,102
Purchases	-	-	3	3
Sales	-	(2,118)	-	(2,118)
Net unrealized gains (losses)	(198)	-	-	(198)
Net asset transfer from affiliate	7,634	-	-	7,634
Balances at end of year	\$ 9,345	\$ -	\$ 78	\$ 9,423

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Healthcare services	\$ 44,561	\$ 43,822
Research	16,680	16,376
Purchase of equipment	2,826	2,483
Charity care	1,543	2,900
Health education	8,518	9,181
Other	1,603	1,695
	\$ 75,731	\$ 76,457

Permanently restricted net assets consist of the following at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Healthcare services	\$ 32,105	\$ 25,015
Research	7,767	7,689
Purchase of equipment	5,266	6,291
Charity care	2,991	5,609
Health education	5,408	8,454
Other	53	23
	\$ 53,590	\$ 53,081

Income earned on permanently restricted net assets is available for these purposes.

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9. Board Designated and Endowment Funds

Net assets include approximately 65 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Act (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Unrestricted net assets include funds designated by the Board of Trustees to function as endowments and the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Temporarily restricted net assets include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the temporary restrictions on these funds have been met, the funds are reclassified to unrestricted net assets.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2016 and 2015.

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Endowment net asset composition by type of fund consists of the following at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Donor-restricted endowment funds	\$ -	\$ 25,780	\$ 45,402	\$ 71,182
Board-designated endowment funds	26,205	-	-	\$ 26,205
Total endowed net assets	<u>\$ 26,205</u>	<u>\$ 25,780</u>	<u>\$ 45,402</u>	<u>\$ 97,387</u>

<i>(in thousands of dollars)</i>	2015			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Donor-restricted endowment funds	\$ -	\$ 28,296	\$ 44,491	\$ 72,787
Board-designated endowment funds	26,405	-	-	26,405
Total endowed net assets	<u>\$ 26,405</u>	<u>\$ 28,296</u>	<u>\$ 44,491</u>	<u>\$ 99,192</u>

Changes in endowment net assets for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Balances at beginning of year	\$ 26,405	\$ 28,296	\$ 44,491	\$ 99,192
Net investment return	(54)	(1,477)	3	\$ (1,528)
Contributions	-	271	699	\$ 970
Transfers	-	(216)	180	\$ (36)
Release of appropriated funds	(146)	(1,094)	-	\$ (1,240)
Net asset transfer from affiliates	-	-	29	\$ 29
Balances at end of year	<u>\$ 26,205</u>	<u>\$ 25,780</u>	<u>45,402</u>	<u>\$ 97,387</u>
Balances at end of year			45,402	
Beneficial interest in perpetual trust			<u>8,188</u>	
Permanently restricted net assets			<u>\$ 53,590</u>	

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<i>(in thousands of dollars)</i>	2015			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances at beginning of year	\$ 19,834	\$ 13,738	\$ 34,360	\$ 67,932
Net investment return	143	(223)	1	(79)
Contributions	-	974	254	1,228
Transfers	-	(370)	158	(212)
Release of appropriated funds	(664)	(2,425)	(46)	(3,135)
Net asset transfer from affiliates	7,092	16,602	9,764	33,458
Balances at end of year	<u>\$ 26,405</u>	<u>\$ 28,296</u>	<u>44,491</u>	<u>\$ 99,192</u>
Balances at end of year			44,491	
Beneficial interest in perpetual trust			<u>8,590</u>	
Permanently restricted net assets			<u>\$ 53,081</u>	

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10. Long-Term Debt

A summary of long-term debt at June 30, 2016 and 2015 follows:

<i>(in thousands of dollars)</i>	2016	2015
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2015A, principal maturing in varying annual amounts, through August 2031 (1)	\$ 86,710	\$ -
Series 2013, principal maturing in varying annual amounts, through August 2043 (9)*	19,230	17,668
Series 2011, principal maturing in varying annual amounts, through August 2031 (6)	-	90,005
Vermont Educational and Health Buildings Financing Agency (VEHFBA) Revenue Bonds		
Series 2010A, principal maturing in varying annual amounts, through August 2030 (11)*	7,881	8,182
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2014A, principal maturing in varying annual amounts, through August 2022 (3)	26,960	26,960
Series 2014B, principal maturing in varying annual amounts, through August 2033 (3)	14,530	14,530
Series 2012A, principal maturing in varying annual amounts, through August 2031 (4)	72,720	73,725
Series 2012B, principal maturing in varying annual amounts, through August 2031 (4)	39,900	40,455
Series 2012, principal maturing in varying annual amounts, through July 2039 (10)*	27,490	28,818
Series 2010, principal maturing in varying annual amounts, through August 2040 (7)	75,000	75,000
Series 2010, principal maturing in varying annual amounts, through August 2040 (12)	16,287	
Series 2009, principal maturing in varying annual amounts, through August 2038 (8)	63,370	68,970
*Represents nonobligated group bonds		
Other		
Revolving Line of Credit, principal maturing through March 2019 (2)	49,750	-
Series 2012, principal maturing in varying annual amounts, through July 2025 (5)	140,000	144,000
Note payable to a financial institution payable in interest free monthly installments through July 2015; collateralized by associated equipment	313	4
Note payable to a financial institution due in monthly interest only payments from October 2011 through September 2012, and monthly installments from October 2016 through 2016, including principal and interest at 3.25%; collateralized by savings account	2,952	1,915
Note payable to a financial institution payable in interest free entire principal due June 2029 collateralized by land and building	494	555
Obligations under capital leases	4,875	3,369
	<u>648,462</u>	<u>594,156</u>
Less		
Original issue discount, net	881	1,493
Current portion	18,307	17,179
	<u>\$ 629,274</u>	<u>\$ 575,484</u>

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Aggregate annual principal payments required under revenue bond agreements and capital lease obligations for the next five years and thereafter ending June 30 are as follows:

<i>(in thousands of dollars)</i>	2016
2017	\$ 18,307
2018	19,117
2019	69,159
2020	20,262
2021	20,290
Thereafter	501,327
	<u>\$ 648,462</u>

Dartmouth-Hitchcock Obligated Group (DHOG) Bonds

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of MHMH and DHC.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive of which are the Annual Debt Service Coverage Ratio (1.10x) and the Days Cash on Hand Ratio (> 75 days).

(1) Series 2015A Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2015A in September 2015 through a private placement with a financial institution. The Series 2015A Revenue Bonds were primarily used to refinance a portion of the Series 2011 Revenue Bonds and to cover cost of issuance. The Series 2015A Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.11%

(2) Revolving Line of Credit

Through the DHOG, entered into Revolving Line of Credit TD Bank, N.A. (TD Bank). Interest on the TD Bank loan accrues variably and matures at various dates through March 2019. The variable rate as of June 30 2016 was 1.04%

(3) Series 2014A and Series 2014B Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

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(4) Series 2012A and 2012B Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2012A and Series 2012B in November 2012. The proceeds from the Series 2012A and 2012B were used to advance refund the Series 2002 Revenue Bonds and to cover cost of issuance. Interest on the 2012A Revenue Bonds is fixed with an interest rate of 2.29% and matures at various dates through 2031. Interest on the Series 2012B Revenue Bonds is fixed with an interest rate of 2.33% and matures at various dates through 2031.

(5) Series 2012 Bank Loan

Through the DHOG, issued the Bank of America, N.A. Series 2012 note, in July 2012. The proceeds from the Series 2012 note were used to prefund the D-H defined benefit pension plan. Interest on the Series 2012 note accrues at a fixed rate of 2.47% and matures at various dates through 2025.

(6) Series 2011 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2011 in August 2011. The proceeds from the Series 2011 Revenue Bonds were primarily used to advance refund the Series 2001A Revenue Bonds. The Series 2011 Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.04%. The Series 2011 Bonds are callable by the bank upon the end of seven years or may be renegotiated at that time. These bonds were paid with the proceeds of the Series 2015A Revenue Bonds.

(7) Series 2010 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2010, in June 2010. The proceeds from the Series 2010 Revenue Bonds were primarily used to construct a 140,000 square foot ambulatory care facility in Nashua, NH as well as various equipment. Interest on the bonds accrue at a fixed rate of 5.00% and mature at various dates through August 2040.

(8) Series 2009 Revenue Bonds

Through the DHOG, issued NHHEFA Revenue Bonds, Series 2009, in August 2009. The proceeds from the Series 2009 Revenue Bonds were primarily used to advance refund the Series 2008 Revenue Bonds. Interest on the Series 2009 Revenue Bonds accrue at varying fixed rates between 3.00% and 6.00% and mature at various dates through August 2038. Outstanding joint and several indebtedness of the DHOG at June 30, 2016 and 2015 approximates \$568,940,000 and \$533,645,000, respectively.

Non Obligated Group Bonds

(9) Series 2013 Revenue Bonds

Issued through the NHHEFA \$15,520,000 tax exempt Revenue Bonds (Series 2013A). The Series 2013A funds were used to refund Series 2007 Revenue Bonds. Additional borrowings were obtained (up to \$9,480,000 Revenue Bonds, Series 2013B) for the construction of a new health center building in Newport, NH. The bonds are collateralized by the gross receipts and property. The bonds mature in variable amounts through 2043, the maturity date of the bonds, but are subject to mandatory tender in ten years. Interest is payable monthly and is equal to the sum of .72 times the Adjusted LIBOR Rate plus .72 times the credit spread rate. As part of the bond refinancing, the swap arrangement was effectively terminated for federal tax purposes with respect to the Series 2007 Revenue Bonds but remains in effect.

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(10) Series 2012 Revenue Bonds

Issued through the NHHEFA \$29,650,000 of tax-exempt Revenue Bonds (Series 2012). The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds are collateralized by an interest in its gross receipts under the terms of the bond agreement. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%). Principal is payable in annual installments ranging from \$735,000 to \$1,750,000 through July 2039.

(11) Series 2010A Revenue Bonds

Issued through the VEHBFA \$9,244,000 of Revenue Bonds (Series 2010A). The funds were used to refund 2004 and 2005 Series A Bonds. The bonds are collateralized by gross receipts. The bonds shall bear interest at the one-month LIBOR rate plus 3.50%, multiplied by 6% adjusting monthly. The interest rate at June 30, 2016 was 2.48%. The bonds were purchased by TD Bank on March 1, 2010. Principal payments began on April 1, 2010 for a period of 20 years ranging in amounts from \$228,000 in 2014 to \$207,000 in 2030.

(12) Series 2010 Revenue Bonds

Issued through the Business Finance Authority (BFA) of the State of NH. Interest is based on an annual percentage rate equal to the sum of (a) 69% of the 1-Month LIBOR rate plus (b) 1.8975//5. APD may prepay certain of these bonds according to the terms of the loan and trust agreement. The bonds are redeemable at any time by APD at par value plus any accrued interest. The bonds are also subject to optional tender for purchase (as a whole) in November 2020 at par plus accrued interest.

The estimated fair value of the Health Systems total long-term debt as of June 30, 2016 and 2015 was approximately \$620,217,000 and \$606,772,000, respectively, which was determined by discounting the future cash flows of each instrument at rates that reflect rates currently observed in publicly traded debt markets for debt of similar terms to organizations with comparable credit risk. The inputs to the assumptions used to determine the estimated fair value are based on observable inputs and are classified as Level 2. For variable rate debt, the carrying value is equal to the fair value.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$1,950,000 and \$1,778,000 at June 30, 2016 and 2015, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets.

For the years ended June 30, 2016 and 2015 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately 19,301,000 and \$18,442,000 and is included in other nonoperating losses of \$3,201,000 and \$3,449,000, respectively.

Swap Agreements

The Health System is subject to market risks such as changes in interest rates that arise from normal business operation. The Health System regularly assesses these risks and has established business strategies to provide natural offsets, supplemented by the use of derivative financial instruments to protect against the adverse effect of these and other market risks. The Health System has established clear policies, procedures, and internal controls governing the use of derivatives and does not use them for trading, investment, or other speculative purposes.

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A summary of the Health System's derivative financial instruments is as follows:

- A Fixed Payor Swap designed as a cash flow hedge of the NHHEFA Series 2011 Revenue Bonds. The Swap had an initial notional amount of \$91,040,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 4.56% in exchange for the counterparty's payment of 67% of USD-LIBOR-BBA. The Swap's term matches that of the associated bonds.
- An Interest Rate Swap to hedge the interest rate risk associated with the NHHEFA Series 2013 Revenue Bonds. The Swap had an initial notional amount of \$15,000,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 3.94% in exchange for the counterparty's payment at 67% of USD-LIBOR-BBA. The Swap term matches that of the associated bonds.
- An Interest Rate Swap to hedge the interest rate risk associated with the VEHFBA Series 2010A Revenue Bonds. The Swap had an initial notional amount of \$7,244,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 2.41% in exchange for the counterparty's payment of 69% of USD-LIBOR-BBA. The Swap is outstanding until 2017, while the bonds will remain outstanding until 2030.

The obligation of the Health System to make payments on its bonds with respect to interest is in no way conditional upon the Health System's receipt of payments from the interest rate swap agreement counterparty.

At June 30, 2016 and 2015 the fair value of the Health System's interest rate swaps was a liability of \$28,917,000 and \$24,740,000, respectively. The change in fair value during the years ended June 30, 2016 and 2015 was a decrease of \$4,177,000 and \$327,000, respectively. For the years ended June 30, 2016 and 2015 the Health System recognized a nonoperating gain of \$1,696,000 and 1,035,000 resulting from hedge ineffectiveness and amortization of frozen swaps.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or define contribution plans. In addition, certain affiliates provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen or have been approved by the applicable Board of Trustees to be frozen by December 31, 2017. Effective with that date, the last of the participants earning benefits in any of the Health System's defined benefit plans will no longer earn benefits under the plans.

The Health System continued to execute the settlement of obligations due to retirees in the deferred benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

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Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Service cost for benefits earned during the year	\$ 11,084	\$ 12,257
Interest cost on projected benefit obligation	48,036	42,276
Expected return on plan assets	(63,479)	(60,458)
Net prior service cost	848	380
Net loss amortization	26,098	21,133
Special/contractual termination benefits	300	56
	<u>\$ 22,887</u>	<u>\$ 15,644</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.30 % – 4.90%	4.40 % – 4.90 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50 %
Expected long-term rate of return on plan assets	7.50 % – 7.75 %	7.50 % – 7.75 %

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The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 988,143	\$ 877,082
Additional benefit obligation resulting from new affiliations	-	95,314
Total benefit obligation at beginning of year	<u>988,143</u>	<u>972,396</u>
Service cost	11,084	12,257
Interest cost	48,108	42,276
Benefits paid	(39,001)	(34,803)
Expenses paid	(180)	(139)
Actuarial (gain) loss	99,040	41,079
Settlements	(13,520)	(44,979)
Plan change	2,645	-
Special/contractual termination benefits	300	56
Benefit obligation at end of year	<u>1,096,619</u>	<u>988,143</u>
Change in plan assets		
Fair value of plan assets at beginning of year	845,052	783,890
Additional plan assets at fair value resulting from new affiliations	-	77,608
Total fair value of plan assets at beginning of year	<u>845,052</u>	<u>861,498</u>
Actual return on plan assets	81,210	25,473
Benefits paid	(42,494)	(34,803)
Expenses paid	(180)	(139)
Employer contributions	2,252	38,002
Settlements	(13,520)	(44,979)
Fair value of plan assets at end of year	<u>872,320</u>	<u>845,052</u>
Funded status of the plans	(224,299)	(143,091)
Current portion of liability for pension	(46)	(46)
Long term portion of liability for pension	(224,253)	(143,045)
Liability for pension	<u>\$ (224,299)</u>	<u>\$ (143,091)</u>

For the years ended June 30, 2016 and 2015 the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

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Amounts not yet reflected in net periodic pension expense and included in the change in unrestricted net assets as of June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Net actuarial loss	\$ 423,640	\$ 368,959
Prior service cost	228	608
	<u>\$ 423,868</u>	<u>\$ 369,567</u>

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension expense in 2017 are as follows:

<i>(in thousands of dollars)</i>	
Unrecognized prior service cost	\$ 182
Net actuarial loss	30,515
	<u>\$ 30,697</u>

The accumulated benefit obligation for the defined benefit pension plans was approximately \$1,082,818,000 and \$971,193,000 at June 30, 2016 and 2017, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.20 % - 4.30 %	4.90 % - 5.00 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50
Expected long-term rate of return on plan assets	7.50 % - 7.75 %	7.50 % - 7.75 %

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of June 30, 2016 and 2015, it is expected that the LDI strategy will hedge approximately 65% and 65%, respectively, of the interest rate risk associated with pension liabilities. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

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The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	2%
U.S. government securities	0–5	1
Domestic debt securities	20–58	42
Global debt securities	6–26	10
Domestic equities	5–35	18
International equities	5–15	10
Emerging market equities	3–13	5
REIT funds	0–5	0
Private equity funds	0–5	0
Hedge funds	5–18	12

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System’s Plans’ assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans’ assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System’s Plans own interests in these funds rather than in securities underlying each fund and, therefore, are generally required to consider such investments as Level 2 or 3, even though the underlying securities may not be difficult to value or may be readily marketable.

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The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ 5,463	\$ 10,879	\$ -	\$ 16,342	Daily	1
U.S. government securities	4,177	-	-	4,177	Daily-Monthly	1-15
Domestic debt securities	95,130	296,362	-	391,492	Daily-Monthly	1-15
Global debt securities	409	88,589	-	88,998	Daily-Monthly	1-15
Domestic equities	148,998	15,896	-	164,894	Daily-Monthly	1-10
International equities	12,849	77,299	-	90,148	Daily-Monthly	1-11
Emerging market equities	352	37,848	-	38,200	Daily-Monthly	1-17
REIT funds	356	1,465	-	1,821	Daily-Monthly	1-17
Private equity funds	-	-	255	255	See Note 7	See Note 7
Hedge funds	-	37,005	38,988	75,993	Quarterly-Annual	60-96
Total investments	<u>\$ 267,734</u>	<u>\$ 565,343</u>	<u>\$ 39,243</u>	<u>\$ 872,320</u>		

<i>(in thousands of dollars)</i>	2015				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ 8,235	\$ 32,876	\$ -	\$ 41,111	Daily	1
U.S. government securities	4,193	-	-	4,193	Daily-Monthly	1-15
Domestic debt securities	85,948	246,352	-	332,300	Daily-Monthly	1-15
Global debt securities	36,532	45,119	-	81,651	Daily-Monthly	1-15
Domestic equities	152,458	16,532	-	168,990	Daily-Monthly	1-10
International equities	15,284	79,659	-	94,943	Daily-Monthly	1-11
Emerging market equities	376	38,237	-	38,613	Daily-Monthly	1-17
REIT funds	-	1,628	-	1,628	Daily-Monthly	1-17
Private equity funds	-	-	437	437	See Note 7	See Note 7
Hedge funds	-	39,110	42,076	81,186	Quarterly-Annual	60-96
Total investments	<u>\$ 303,026</u>	<u>\$ 499,513</u>	<u>\$ 42,513</u>	<u>\$ 845,052</u>		

The following table presents additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 42,076	\$ 437	\$ 42,513
Transfers	-	-	-
Purchases	-	-	-
Sales	(468)	(142)	(610)
Net realized (losses) gains	(55)	155	100
Net unrealized gains	(2,565)	(195)	(2,760)
Balances at end of year	<u>\$ 38,988</u>	<u>\$ 255</u>	<u>\$ 39,243</u>

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<i>(in thousands of dollars)</i>	2015		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 28,466	\$ 3,944	\$ 32,410
Additions resulting from new affiliations	14,362	-	14,362
Sales	(2,391)	(3,168)	(5,559)
Net realized (losses) gains	(246)	258	12
Net unrealized gains	1,885	(597)	1,288
Balances at end of year	\$ 42,076	\$ 437	\$ 42,513

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2016 and 2015 were approximately \$8,808,000 and \$5,234,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2016 and 2015.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

The weighted average asset allocation for the Health System's Plans at June 30, 2016 and 2015 by asset category is as follows:

	2016	2015
Cash and short-term investments	2 %	5 %
U.S. government securities	1	-
Domestic debt securities	45	39
Global debt securities	10	10
Domestic equities	19	20
International equities	10	11
Emerging market equities	4	5
Hedge funds	9	10
	<u>100 %</u>	<u>100 %</u>

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.75% per annum.

The Health System is expected to contribute approximately \$47,000,000 to the Plans in 2017 however actual contributions may vary from expected amounts.

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The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2017 and thereafter:

<i>(in thousands of dollars)</i>	Pension Plans
2017	\$ 42,067
2018	44,485
2019	47,235
2020	50,490
2021	53,778
2022 – 2026	310,773

Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its affiliates, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately \$29,416,000 and \$30,204,000 in 2016 and 2015, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

The Health System also has available to employees of certain affiliates various 403(b) and tax-sheltered annuity plans in which they can participate. Plan specifications vary by affiliate and plan. No employer contributions were made to any of these plans in 2016 and 2015, respectively.

Postretirement Medical and Life Benefits

The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Service cost	\$ 544	\$ 527
Interest cost	2,295	2,347
Amortization net prior service income	(5,974)	-
Amortization net loss	610	-
	<u>\$ (2,525)</u>	<u>\$ 2,874</u>

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The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 50,438	\$ 51,006
Additional benefit obligation resulting from new affiliations	-	471
	<u>50,438</u>	<u>51,477</u>
Service cost	544	527
Interest cost	2,295	2,347
Benefits paid	(3,277)	(5,236)
Actuarial loss	1,404	1,323
Employer contributions	(34)	-
Benefit obligation at end of year	<u>51,370</u>	<u>50,438</u>
Funded status of the plans	<u>(51,370)</u>	<u>(50,438)</u>
Current portion of liability for postretirement medical and life benefits	<u>(3,130)</u>	<u>(3,203)</u>
Long term portion of liability for postretirement medical and life benefits	<u>(48,240)</u>	<u>(47,235)</u>
Liability for postretirement medical and life benefits	<u>\$ (51,370)</u>	<u>\$ (50,438)</u>

During the year ended June 30, 2015 the plan amendments were primarily related to the Board's decision to offer retiree health care benefits to certain affiliates post-65 retirees and covered post-65 dependents through a private Medicare exchange beginning in April 2015.

For the years ended June 30, 2016 and 2015 the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in unrestricted net assets are as follows:

<i>(in thousands of dollars)</i>	2016	2015
Net prior service income	\$ (27,478)	\$ (33,452)
Net actuarial loss	11,080	10,260
	<u>\$ (16,398)</u>	<u>\$ (23,192)</u>

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The estimated amounts that will be amortized from unrestricted net assets into net periodic postretirement income in 2016 and 2015 are as follows:

<i>(in thousands of dollars)</i>	2016	2015
Net prior service income	\$ (5,974)	\$ (5,974)
Net loss	<u>689</u>	<u>610</u>
	<u>\$ (5,285)</u>	<u>\$ (5,364)</u>

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 4.10% in 2016 and an assumed healthcare cost trend rate of 7.25%, trending down to 4.75% in 2021 and thereafter. Increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by \$4,685,000 and \$4,479,000 and the net periodic postretirement medical benefit cost for the years then ended by \$284,000 and \$275,000, respectively. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by \$3,884,000 and \$3,790,000 and the net periodic postretirement medical benefit cost for the years then ended by \$234,000 and \$233,000, respectively.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College and Cheshire are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

APD, NLH and MAHHC are covered for malpractice claims under a modified claims-made policy purchased through NEAH. While APD, NLH and MAHHC remain in the current insurance program under this policy, the coverage year is based on the date the claim is filed; subject to a medical incident arising after the retroactive date (includes prior acts). The policy provides modified claims-made coverage for former insured providers for claims that relate to the employee's period of employment at APD, NLH or MAHHC and for services that were provided within the scope of the employee's duties. Therefore, when the employee leaves the corporation, tail coverage is not required.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2016 and 2015

Selected financial data of HAC and RRG, taken from the latest available audited and unaudited financial statements, respectively at June 30, 2016 and 2015 are summarized as follows:

	2016		
	HAC	RRG	Total
<i>(in thousands of dollars)</i>	<i>(audited)</i>	<i>(unaudited)</i>	
Assets	\$ 86,101	\$ 2,237	\$ 88,338
Shareholders' equity	13,620	806	14,426
Net income	-	50	50

	2015		
	HAC	RRG	Total
<i>(in thousands of dollars)</i>	<i>(audited)</i>	<i>(unaudited)</i>	
Assets	\$ 100,418	\$ 2,289	\$ 102,707
Shareholders' equity	13,620	755	14,375
Net income	-	186	186

13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Operating Leases and Other Commitments

The Health System leases certain facilities and equipment under operating leases with varying expiration dates. The Health System's rental expense totaled approximately \$10,571,000 and \$10,215,000 for the years ended June 30, 2016 and 2015, respectively. Minimum future lease payments under noncancelable operating leases at June 30, 2016 were as follows:

<i>(in thousands of dollars)</i>	
2017	\$ 8,441
2018	6,210
2019	4,062
2020	2,663
2021	2,009
Thereafter	274
	\$ 23,659

Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from \$2,000,000 up to \$85,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire ranging from December 31, 2015 through July 31, 2016. The Health System has outstanding balances under the lines of credits in the amount of \$36,550,000 and \$1,200,000 at

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2016 and 2015

June 30, 2016 and 2015, respectively. Interest expense was approximately \$551,000 and \$193,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses of the Health System by function are as follows for the years ended June 30, 2016 and 2015:

<i>(in thousands of dollars)</i>	2016	2015
Program services	\$ 1,553,377	\$ 1,335,316
Management and general	271,409	225,983
Fundraising	5,901	8,037
	<u>\$ 1,830,687</u>	<u>\$ 1,569,336</u>

15. Subsequent Events

The Health System has assessed the impact of subsequent events through November 26, 2016, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

The Visiting Nurse and Hospice for VT and NH (VNH) became an affiliate of D-HH effective July 1, 2016. The affiliation is designed to improve healthcare for the communities served by VNH and D-H by facilitating collaboration, innovation and cost efficiencies between D-H and VNH. The VNH is a non-profit organization that has provided home health and hospice care services in VT and NH since 1907. The agency is dedicated to delivering outstanding home and community based health and hospice services that enrich the lives of the people they serve. The VNH makes home visits to people of all ages and all states of life regardless of the ability to pay.

Effective October 1, 2016, NLH and MAHHC will be provided professional and general liability insurance through the Hamden Assurance Risk Retention Group, Inc. (RRG) under a modified claims made policy. NLH and MAHHC will join RRG along with existing insureds D-H, Cheshire Medical Center and Dartmouth College.

During the year ended June 30, 2016, Dartmouth College restructured a number of activities at the Geisel School of Medicine (Geisel) to address increasing financial constraints, to improve Geisel's education and research programs, and to align resources and support for these activities. These changes included migration of the operations and fiscal responsibility for clinical academic activities from Dartmouth College to D-H, which included responsibility for the employment, finances, and operational support for clinical research programs. D-H agreed to assume responsibility for the clinical practice of psychiatry and employment of approximately 250 staff (which are either part of the psychiatry practice or clinical research) effective July 1, 2016.

Effective July 1, 2016, NLH, MAHHC and Cheshire were admitted to the Dartmouth-Hitchcock Obligated Group. In connection with the admission of these three members, the Dartmouth-Hitchcock Obligated Group assumed new debt in the amount of \$28,039,000 from Cheshire. In addition, \$24,605,000 of NLH debt was refinanced in combination with new debt in the amount \$10,970,000 to fund the new Williamson Building.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2016

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Assets								
Current assets								
Cash and cash equivalents	\$ 607	\$ 2,066	\$ 16,640	\$ 6,699	\$ 5,388	\$ 9,192	\$ -	\$ 40,592
Patient accounts receivable, net	-	220,173	17,836	7,377	5,347	10,255	-	260,988
Prepaid expenses and other current assets	7,463	95,738	5,458	3,209	2,022	4,863	(22,933)	95,820
Total current assets	8,070	317,977	39,934	17,285	12,757	24,310	(22,933)	397,400
Assets limited as to use	-	551,724	17,525	10,345	8,260	4,614	-	592,468
Other investments for restricted activities	217	114,719	18,486	2,843	5,742	29	-	142,036
Property, plant, and equipment, net	76	457,570	75,591	43,204	19,659	16,464	-	612,564
Other assets	17,950	68,921	9,794	5,409	3,943	111	(14,929)	91,199
Total assets	\$ 26,313	\$ 1,510,911	\$ 161,330	\$ 79,086	\$ 50,361	\$ 45,528	\$ (37,862)	\$ 1,835,667
Liabilities and Net Assets								
Current liabilities								
Current portion of long-term debt	\$ -	\$ 15,638	\$ 755	\$ 941	\$ 466	\$ 507	\$ -	\$ 18,307
Line of credit	-	35,000	-	-	1,550	-	-	36,550
Current portion of liability for pension and other postretirement plan benefits	-	3,176	-	-	-	-	-	3,176
Accounts payable and accrued expenses	9,857	88,557	15,866	6,791	4,589	4,817	(22,933)	107,544
Accrued compensation and related benefits	-	86,997	7,728	2,052	3,128	3,649	-	103,554
Estimated third-party settlements	-	21,434	1,569	5,206	917	1,424	-	30,550
Total current liabilities	9,857	250,802	25,918	14,990	10,650	10,397	(22,933)	299,681
Long-term debt, excluding current portion	-	553,229	27,283	21,148	11,159	16,455	-	629,274
Insurance deposits and related liabilities	-	56,887	-	-	-	-	-	56,887
Interest rate swaps	-	24,148	-	4,646	123	-	-	28,917
Liability for pension and other postretirement plan benefits, excluding current portion	-	246,816	18,662	-	7,015	-	-	272,493
Other liabilities	-	54,218	3,522	1,135	-	36	-	58,911
Total liabilities	9,857	1,186,100	75,385	41,919	28,947	26,888	(22,933)	1,346,163
Commitments and contingencies								
Net assets								
Unrestricted	16,456	234,609	58,978	32,706	14,099	18,264	(14,929)	360,183
Temporarily restricted	-	57,091	16,454	345	1,496	345	-	75,731
Permanently restricted	-	33,111	10,513	4,116	5,819	31	-	53,590
Total net assets	16,456	324,811	85,945	37,167	21,414	18,640	(14,929)	489,504
Total liabilities and net assets	\$ 26,313	\$ 1,510,911	\$ 161,330	\$ 79,086	\$ 50,361	\$ 45,528	\$ (37,862)	\$ 1,835,667

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2016

	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
<i>(in thousands of dollars)</i>					
Assets					
Current assets					
Cash and cash equivalents	1,535	176	355	-	2,066
Patient accounts receivable, net	220,173	-	-	-	220,173
Prepaid expenses and other current assets	95,158	487	93	-	95,738
Total current assets	316,866	663	448	-	317,977
Assets limited as to use					
Other investments for restricted activities	551,724	-	-	-	551,724
Property, plant, and equipment, net	91,879	22,840	-	-	114,719
Other assets	454,894	1	2,675	-	457,570
	68,752	4	165	-	68,921
Total assets	\$ 1,484,115	\$ 23,508	\$ 3,288	\$ -	\$ 1,510,911
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	15,638	-	-	-	15,638
Line of Credit	35,000	-	-	-	35,000
Current portion of liability for pension and other postretirement plan benefits	3,176	-	-	-	3,176
Accounts payable and accrued expenses	87,373	1,181	3	-	88,557
Accrued compensation and related benefits	86,997	-	-	-	86,997
Estimated third-party settlements	21,434	-	-	-	21,434
Total current liabilities	249,618	1,181	3	-	250,802
Long-term debt, excluding current portion	553,229	-	-	-	553,229
Insurance deposits and related liabilities	56,887	-	-	-	56,887
Interest rate swaps	24,148	-	-	-	24,148
Liability for pension and other postretirement plan benefits, excluding current portion	246,816	-	-	-	246,816
Other liabilities	54,218	-	-	-	54,218
Total liabilities	1,184,916	1,181	3	-	1,186,100
Commitments and contingencies					
Net assets					
Unrestricted	217,033	14,456	3,120	-	234,609
Temporarily restricted	51,173	5,753	165	-	57,091
Permanently restricted	30,993	2,118	-	-	33,111
Total net assets	299,199	22,327	3,285	-	324,811
Total liabilities and net assets	\$ 1,484,115	\$ 23,508	\$ 3,288	\$ -	\$ 1,510,911

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2015

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Assets							
Current assets							
Cash and cash equivalents	\$ 388	\$ 9,279	\$ 16,525	\$ 7,612	\$ 5,105	\$ -	\$ 38,909
Patient accounts receivable, net	-	177,287	14,053	7,388	5,544	-	204,272
Prepaid expenses and other current assets	11,574	102,954	7,921	3,632	2,616	(28,111)	100,586
Total current assets	11,962	289,520	38,499	18,632	13,265	(28,111)	343,767
Assets limited as to use	-	570,057	23,302	13,412	13,654	-	620,425
Other investments for restricted activities	-	113,117	18,899	-	-	-	132,016
Property, plant, and equipment, net	618	461,044	82,793	37,597	19,303	-	601,355
Other assets	4,263	66,837	10,130	5,451	3,903	(2,134)	88,450
Total assets	\$ 16,843	\$ 1,500,575	\$ 173,623	\$ 75,092	\$ 50,125	\$ (30,245)	\$ 1,786,013
Liabilities and Net Assets							
Current liabilities							
Current portion of long-term debt	\$ -	\$ 15,196	\$ 952	\$ 661	\$ 370	\$ -	\$ 17,179
Line of credit	-	-	-	-	1,200	-	1,200
Current portion of liability for pension and other postretirement plan benefits	-	3,249	-	-	-	-	3,249
Accounts payable and accrued expenses	15,708	104,697	20,024	3,843	4,059	(28,110)	120,221
Accrued compensation and related benefits	-	85,064	4,936	2,373	2,491	-	94,864
Estimated third-party settlements	-	26,961	-	6,755	2,883	-	36,599
Total current liabilities	15,708	235,167	25,912	13,632	11,003	(28,110)	273,312
Long-term debt, excluding current portion	-	518,799	28,083	18,020	10,582	-	575,484
Insurance deposits and related liabilities	-	62,356	-	-	-	-	62,356
Interest rate swaps	-	20,937	-	3,531	272	-	24,740
Liability for pension and other postretirement plan benefits, excluding current portion	-	175,948	8,374	-	5,958	-	190,280
Other liabilities	-	51,303	3,671	1,135	-	-	56,109
Total liabilities	15,708	1,064,510	66,040	36,318	27,815	(28,110)	1,182,281
Commitments and contingencies							
Net assets							
Unrestricted	1,135	346,900	79,700	34,227	14,367	(2,135)	474,194
Temporarily restricted	-	56,751	17,330	326	2,050	-	76,457
Permanently restricted	-	32,414	10,553	4,221	5,893	-	53,081
Total net assets	1,135	436,065	107,583	38,774	22,310	(2,135)	603,732
Total liabilities and net assets	\$ 16,843	\$ 1,500,575	\$ 173,623	\$ 75,092	\$ 50,125	\$ (30,245)	\$ 1,786,013

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2015

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	\$ 8,252	\$ 182	\$ 845	\$ -	\$ 9,279
Patient accounts receivable, net	177,287	-	-	-	177,287
Prepaid expenses and other current assets	102,425	338	438	(247)	102,954
Total current assets	287,964	520	1,283	(247)	289,520
Assets limited as to use	570,057	-	-	-	570,057
Other investments for restricted activities	89,176	23,941	-	-	113,117
Property, plant, and equipment, net	458,368	1	2,675	-	461,044
Other assets	66,675	3	159	-	66,837
Total assets	\$ 1,472,240	\$ 24,465	\$ 4,117	\$ (247)	\$ 1,500,575
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	\$ 15,196	\$ -	\$ -	\$ -	\$ 15,196
Current portion of liability for pension and other postretirement plan benefits	3,249	-	-	-	3,249
Accounts payable and accrued expenses	102,666	1,536	742	(247)	104,697
Accrued compensation and related benefits	85,064	-	-	-	85,064
Estimated third-party settlements	26,961	-	-	-	26,961
Total current liabilities	233,136	1,536	742	(247)	235,167
Long-term debt, excluding current portion	518,799	-	-	-	518,799
Insurance deposits and related liabilities	62,356	-	-	-	62,356
Interest rate swaps	20,937	-	-	-	20,937
Liability for pension and other postretirement plan benefits, excluding current portion	175,948	-	-	-	175,948
Other liabilities	51,303	-	-	-	51,303
Total liabilities	1,062,479	1,536	742	(247)	1,064,510
Commitments and contingencies					
Net assets					
Unrestricted	329,168	14,517	3,215	-	346,900
Temporarily restricted	50,297	6,294	160	-	56,751
Permanently restricted	30,296	2,118	-	-	32,414
Total net assets	409,761	22,929	3,375	-	436,065
Total liabilities and net assets	\$ 1,472,240	\$ 24,465	\$ 4,117	\$ (247)	\$ 1,500,575

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Statements of Operations and Changes in Unrestricted Net Assets

Year Ended June 30, 2016

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Unrestricted revenue and other support								
Net patient service revenue	\$ -	\$ 1,346,605	\$ 161,787	\$ 59,789	\$ 46,431	\$ 20,103	\$ (561)	\$ 1,634,154
Contracted revenue	1,696	64,286	-	-	-	-	-	65,982
Other operating revenue	3,300	71,475	3,187	3,509	4,555	870	(4,544)	82,352
Net assets released from restrictions	-	8,713	322	65	119	-	-	9,219
Total unrestricted revenue and other support	4,996	1,491,079	165,296	63,363	51,105	20,973	(5,105)	1,791,707
Operating expenses								
Salaries	730	732,393	60,406	29,873	24,019	10,408	14,636	872,465
Employee benefits	219	197,165	19,276	6,824	6,260	2,130	2,533	234,407
Medical supplies and medications	-	236,918	59,121	6,597	4,246	2,932	-	309,814
Purchased services and other	22,506	211,611	14,020	12,876	11,955	4,377	(22,204)	255,141
Medicaid enhancement tax	-	46,078	7,132	2,808	1,707	840	-	58,565
Depreciation and amortization	15	62,348	11,069	4,674	2,345	543	-	80,994
Interest	-	16,821	1,046	823	467	144	-	19,301
Total operating expenses	23,470	1,503,334	172,070	64,475	50,999	21,374	(5,035)	1,830,687
Operating (loss) margin	(18,474)	(12,255)	(6,774)	(1,112)	106	(401)	(70)	(38,980)
Nonoperating gains (losses)								
Investment (losses) gains	(1,027)	(18,848)	(1,075)	627	(15)	235	-	(20,103)
Other, net	(529)	(3,647)	-	57	205	-	69	(3,845)
Contribution revenue from acquisition	18,083	-	-	-	-	-	-	18,083
Total nonoperating gains (losses), net	16,527	(22,495)	(1,075)	684	190	235	69	(5,865)
(Deficiency) excess of revenue over expenses	(1,947)	(34,750)	(7,849)	(428)	296	(166)	(1)	(44,845)
Unrestricted net assets								
Net assets released from restrictions (Note 8)	-	2,185	107	23	586	347	-	3,248
Change in funded status of pension and other postretirement benefits	-	(52,262)	(12,982)	-	(1,297)	-	-	(66,541)
Net assets transferred to (from) affiliates	4,475	(22,558)	-	-	-	18,083	-	-
Additional paid in capital	12,793	-	-	-	-	-	(12,793)	-
Change in fair value on interest rate swaps	-	(4,907)	-	(1,115)	149	-	-	(5,873)
Increase (decrease) in unrestricted net assets	\$ 15,321	\$ (112,292)	\$ (20,724)	\$ (1,520)	\$ (266)	\$ 18,264	\$ (12,794)	\$ (114,011)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2016

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	\$ 1,346,605	\$ -	\$ -	\$ -	\$ 1,346,605
Contracted revenue	63,188	1,578	-	(480)	64,286
Other operating revenue	69,902	1,957	550	(934)	71,475
Net assets released from restrictions	7,928	785	-	-	8,713
Total unrestricted revenue and other support	<u>1,487,623</u>	<u>4,320</u>	<u>550</u>	<u>(1,414)</u>	<u>1,491,079</u>
Operating expenses					
Salaries	731,721	-	-	672	732,393
Employee benefits	197,050	-	-	115	197,165
Medical supplies and medications	236,918	-	-	-	236,918
Purchased services and other	208,763	4,261	646	(2,059)	211,611
Medicaid enhancement tax	46,078	-	-	-	46,078
Depreciation and amortization	62,348	-	-	-	62,348
Interest	16,821	-	-	-	16,821
Total operating expenses	<u>1,499,699</u>	<u>4,261</u>	<u>646</u>	<u>(1,272)</u>	<u>1,503,334</u>
Operating (loss) margin	<u>(12,076)</u>	<u>59</u>	<u>(96)</u>	<u>(142)</u>	<u>(12,255)</u>
Nonoperating gains (losses)					
Investment losses	(18,537)	(311)	-	-	(18,848)
Other, net	(3,789)	-	-	142	(3,647)
Total nonoperating (losses) gains, net	<u>(22,326)</u>	<u>(311)</u>	<u>-</u>	<u>142</u>	<u>(22,495)</u>
Deficiency of revenue over expenses	<u>(34,402)</u>	<u>(252)</u>	<u>(96)</u>	<u>-</u>	<u>(34,750)</u>
Unrestricted net assets					
Net assets released from restrictions (Note 8)	1,994	191	-	-	2,185
Change in funded status of pension and other postretirement benefits	(52,262)	-	-	-	(52,262)
Net assets transferred from affiliates	(22,558)	-	-	-	(22,558)
Change in fair value on interest rate swaps	(4,907)	-	-	-	(4,907)
Decrease in unrestricted net assets	<u>(112,135)</u>	<u>(61)</u>	<u>(96)</u>	<u>-</u>	<u>(112,292)</u>
	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Statements of Operations and Changes in Unrestricted Net Assets

Year Ended June 30, 2015

<i>(in thousands of dollars)</i>	D-HH (Parent)	D-H and Subsidiaries	NLH and Subsidiaries	Cheshire and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Unrestricted revenue and other support							
Net patient service revenue	\$ -	\$ 1,225,872	\$ 56,356	\$ 52,536	\$ 46,102	\$ (307)	\$ 1,380,559
Contracted revenue	-	82,091	-	-	-	(1,256)	80,835
Other operating revenue	12,203	69,663	3,063	1,076	3,526	(6,538)	82,993
Net assets released from restrictions	-	15,314	111	212	-	-	15,637
Total unrestricted revenue and other support	<u>12,203</u>	<u>1,392,940</u>	<u>59,530</u>	<u>53,824</u>	<u>49,628</u>	<u>(8,101)</u>	<u>1,560,024</u>
Operating expenses							
Salaries	960	696,358	27,562	20,949	24,076	8,482	778,387
Employee benefits	263	195,271	5,764	5,724	6,112	1,493	214,627
Medical supplies and medications	139	201,451	5,910	8,712	3,736	19	219,967
Purchased services and other	17,448	180,706	13,317	13,747	11,888	(18,402)	218,704
Medicaid enhancement tax	-	45,839	1,941	2,363	1,853	-	51,996
Depreciation and amortization	75	56,649	4,075	3,436	2,978	-	67,213
Interest	-	16,781	849	357	455	-	18,442
Total operating expenses	<u>18,885</u>	<u>1,393,055</u>	<u>59,418</u>	<u>55,288</u>	<u>51,098</u>	<u>(8,408)</u>	<u>1,569,336</u>
Operating (loss) margin	<u>(6,682)</u>	<u>(115)</u>	<u>112</u>	<u>(1,464)</u>	<u>(1,470)</u>	<u>307</u>	<u>(9,312)</u>
Nonoperating gains (losses)							
Investment (losses) gains	-	(12,011)	625	311	60	-	(11,015)
Other, net	339	(2,880)	1,409	141	57	(307)	(1,241)
Contribution revenue from acquisition	92,499	-	-	-	-	-	92,499
Total nonoperating gains (losses), net	<u>92,838</u>	<u>(14,891)</u>	<u>2,034</u>	<u>452</u>	<u>117</u>	<u>(307)</u>	<u>80,243</u>
Excess (deficiency) of revenue over expenses	86,156	(15,006)	2,146	(1,012)	(1,353)	-	70,931
Unrestricted net assets							
Net assets released from restrictions (Note 8)	-	717	5	1,010	679	-	2,411
Change in funded status of pension and other postretirement benefits	-	(62,977)	-	2,875	(790)	-	(60,892)
Net assets transferred (from) to affiliates	(84,626)	(7,873)	-	76,827	15,672	-	-
Additional paid in capital	600	-	-	-	-	(600)	-
Change in fair value on interest rate swaps	-	(869)	(221)	-	159	-	(931)
Increase (decrease) in unrestricted net assets	<u>\$ 2,130</u>	<u>\$ (86,008)</u>	<u>\$ 1,930</u>	<u>\$ 79,700</u>	<u>\$ 14,367</u>	<u>\$ (600)</u>	<u>\$ 11,519</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2015

<i>(in thousands of dollars)</i>	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	\$ 1,225,874	-	-	-	\$ 1,225,872
Contracted revenue	81,474	847	-	(230)	82,091
Other operating revenue	64,928	2,356	6,482	(4,103)	69,663
Net assets released from restrictions	14,610	704	-	-	15,314
Total unrestricted revenue and other support	<u>1,386,886</u>	<u>3,907</u>	<u>6,482</u>	<u>(4,335)</u>	<u>1,392,940</u>
Operating expenses					
Salaries	695,392	-	-	966	696,358
Employee benefits	195,119	-	-	152	195,271
Medical supplies and medications	201,458	-	-	(7)	201,451
Purchased services and other	172,061	4,079	6,484	(1,918)	180,706
Medicaid enhancement tax	45,839	-	-	-	45,839
Depreciation and amortization	56,649	-	-	-	56,649
Interest	16,781	-	-	-	16,781
Total operating expenses	<u>1,383,299</u>	<u>4,079</u>	<u>6,484</u>	<u>(807)</u>	<u>1,393,055</u>
Operating margin (loss)	<u>3,587</u>	<u>(172)</u>	<u>(2)</u>	<u>(3,528)</u>	<u>(115)</u>
Nonoperating gains (losses)					
Investment (losses) gains	(12,079)	68	-	-	(12,011)
Other, net	(6,408)	-	-	3,528	(2,880)
Total nonoperating (losses) gains, net	<u>(18,487)</u>	<u>68</u>	<u>-</u>	<u>3,528</u>	<u>(14,891)</u>
Deficiency of revenue over expenses	<u>(14,900)</u>	<u>(104)</u>	<u>(2)</u>	<u>-</u>	<u>(15,006)</u>
Unrestricted net assets					
Net assets released from restrictions (Note 8)	454	263	-	-	717
Change in funded status of pension and other postretirement benefits	(62,977)	-	-	-	(62,977)
Net assets transferred from affiliates	(7,873)	-	-	-	(7,873)
Change in fair value on interest rate swaps	(869)	-	-	-	(869)
(Decrease) increase in unrestricted net assets	<u>\$ (86,165)</u>	<u>\$ 159</u>	<u>\$ (2)</u>	<u>\$ -</u>	<u>\$ (86,008)</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Supplemental Consolidating Information
June 30, 2016 and 2015

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in unrestricted net assets of D-HH and subsidiaries. All intercompany accounts and transactions between the D-HH and subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

**DARTMOUTH-HITCHCOCK (D-H)
DARTMOUTH-HITCHCOCK HEALTH (D-HH)**

**BOARDS OF TRUSTEES AND OFFICERS
Effective: January 1, 2017**

<p>Troyen A. Brennan, MD, MPH MHHM/DHC/D-HH Trustee [REDACTED]</p>	<p>Laura K. Landy MHHM/DHC/D-HH Trustee [REDACTED]</p>
<p>Jeffrey A. Cohen, MD MHHM/DHC Trustee [REDACTED]</p>	<p>Robert A. Oden, Jr., PhD MHHM/DHC/D-HH Boards' Vice Chair [REDACTED]</p>
<p>Duane A. Compton, PhD MHHM/DHC/D-HH Trustee [REDACTED]</p>	<p>Steven "Steve" A. Paris, MD (Susan) D-HH Trustee [REDACTED]</p>
<p>William J. Conaty (Sue) MHHM/DHC/D-HH Trustee [REDACTED]</p>	<p>Charles G. Plimpton MHHM/DHC/D-HH Boards' Treasurer [REDACTED]</p>
<p>Vincent S. Conti MHHM/DHC/D-HH Trustee [REDACTED]</p>	<p>Kari M. Rosenkranz, MD MHHM/DHC (Lebanon Physician) Trustee [REDACTED]</p>
<p>Denis A. Cortese, MD MHHM/DHC/D-HH Trustee [REDACTED]</p>	<p>Timothy D. Scherer, MD MHHM/DHC Trustee [REDACTED]</p>
<p>Barbara J. Couch MHHM/DHC/D-HH Boards' Secretary [REDACTED]</p>	<p>Brian C. Spence, MD, MHCDS MHHM/DHC Trustee [REDACTED]</p>
<p>Paul P. Danos, PhD MHHM/DHC/D-HH Trustee [REDACTED]</p>	<p>Anne-Lee Verville MHHM/DHC/D-HH Boards' Chair [REDACTED]</p>
<p>Senator Judd A. Gregg MHHM/DHC Trustee [REDACTED]</p>	<p>James N. Weinstein, DO, MS MHHM/DHC/D-HH Trustee [REDACTED]</p>
<p>M. Brooke Herndon, MD MHHM/DHC (Lebanon Physician) Trustee [REDACTED]</p>	

JACQUI BAKER

Education

Bachelor of Science in Social Entrepreneurship, Focus: Contemporary Social Issues
Belmont University: Nashville, TN, Graduated: May 2011

Certifications

Certified Prevention Specialist *2016 – Present*
Certified by: New Hampshire Prevention Certification Board

Connect Suicide Prevention & Postvention Trainer *2015 – Present*
Certified by: National Alliance on Mental Illness, New Hampshire Chapter

Work Experience

Substance Misuse Prevention Coordinator Dartmouth-Hitchcock Medical Center: Lebanon, NH
2015 – Present
Support the community in implementing evidence-based prevention practices and programs that reduce the harms from alcohol and other drugs in the Upper Valley.

Education Events Coordinator Dartmouth-Hitchcock Medical Center: Lebanon, NH
2012 – 2015
Coordinated and marketed educational conferences and regional meetings for healthcare professionals.

Ski Lesson Program Co-Director Lebanon Outing Club at Storrs Hill: Lebanon, NH
2012 – 2013
Recruited and supervised 45 instructors of all ages, coordinated trainings, managed parent and instructor communication.

Outdoor Adventure Program Leader Lebanon Recreation Department: Lebanon, NH
2012
Led outdoor trips for middle and high school students.

Substitute Teacher Lebanon School District: Lebanon, NH
2011 – 2012
Managed classrooms and followed teacher plans in Kindergarten – 8th grade classes.

Program Director Camp Whippoorwill: Fairview, TN
2011
Supervised 16 counselors, coordinated and oversaw camp-wide events and group overnight programs, led daily programming for 9-13 year-old age group of 120 campers.

Counselor/Head Counselor Camp Kaleidoscope: Lebanon, NH
2007-2010
Oversaw children and led ~30 campers and 2-4 counselors through daily programming. Led 7-8, 9-11, and 12 & 13 year old age groups.

D. WESLEY MILLER

PROFESSIONAL EXPERIENCE

- DARTMOUTH HITCHCOCK MEDICAL CENTER (Lebanon, NH)** **April 2014 to Present**
Upper Valley Public Health Emergency Preparedness Coordinator
Provides leadership and coordination to improve the readiness of community partners to mount an effective response to public health threats and emergencies. Includes planning and maintenance of the Upper Valley Regional Public Health Emergency Annex, Alternative Care Site, Points of Distribution, School Based Influenza Immunization Program and the Medical Reserve Corps. Member of Emergency Management Team and Patient Decontamination Team.
- NORTHWESTERN MEDICAL CENTER (St. Albans, Vermont)** **April 2006 to April 2014**
Safety and Environmental Services Manager **October 2011 to April 2014**
Manager of 22 Environmental Service personnel responsible for all aspects of hospital cleaning, linen program and floor care. Implemented projects focused on hospital cleanliness and quiet culture to increase HCAHPS scores. Managerial duties include budget development, productivity analysis, performance management, hiring, scheduling, equipment purchases and training. This newly developed managerial position also included all responsibilities and functions of the Safety and Emergency Preparedness Coordinator role as defined below.
- Safety & Emergency Preparedness Coordinator** **April 2006 to October 2011**
Responsible for the evaluation, development, implementation and maintenance of all aspects of Northwestern Medical Center's Safety and Emergency Preparedness programs. Primary responsibilities include:
- Exercise design, evaluation and corrective action development
 - Compliance assurance for Joint Commission EM and EOC management standards
 - ASPR HPP grant administration
 - Chairman of Employee Safe Practices and the Emergency Management committees
 - Job Hazard Analysis and Accident Investigation
 - Hazardous materials compliance and Decontamination Team Leader
 - Oversight, program development, and compliance with Federal and State safety (OSHA/VOSHA) and environmental regulations
- Vermont Hospital Emergency Preparedness Committee (VHEPC)** **April 2006 to February 2012**
Committee Chairman 2009 – 2011. This committee, representing all 14 of Vermont's hospitals, assists hospitals and their surrounding communities in improving and expanding emergency preparedness and response capabilities through education, sharing of best practices, procedure development, exercise and integration with state agencies including Vermont Division of Emergency Management and Homeland Security and the Vermont Department of Health.
- CATAMOUNT SAFETY CONSULTING (Fairfield, Vermont)** **December 2006 to August 2008**
Sole Proprietor of LLC providing professional services to clients for Emergency Preparedness and Safety program support. Contracted services include development and implementation of Respiratory Protection Program, plan and procedure development, presentation and development of ICS/NIMS training programs and exercise design and evaluation.
- HARVARD UNIVERSITY (Cambridge, MA)** **January 2000 to June 2003**
UOS Safety and Environmental Coordinator (February 2002 to June 2003)
Provided oversight, consultation, program development, program implementation and training to University personnel related to OSHA and EPA regulations. Provided support in the development and implementation of University wide emergency response programs.
- Regulatory areas include: Confined Space, Respiratory Protection, Lock Out-Tag Out, Hearing Protection, Bloodborne Pathogen, Asbestos Awareness, Fire Safety/Evacuation Planning, Accident

D. WESLEY MILLER

Investigation, Job Hazard Analysis, RCRA hazardous waste, Spill Prevention Contingency and Countermeasures (SPCC), and Hazard Communications.

- Member of the Emergency Management Team, University Emergency Response Team, Facility Safety Team and UOS Safety Committee.

Environmental Engineer, EH&S Department (January 2000 to February 2002)

Provided a broad range of support services to the University through the Environmental Affairs Office including, Air Quality, Toxic Substances Control Act (TSCA), Emergency Response, Hazardous Waste and Storage Tank programs.

AUTOMATED SOLUTIONS of ALBUQUERQUE (Albuquerque, New Mexico) **1994 to August 1999**

Contracted full time to **SANDIA NATIONAL LABORATORIES** (SNL) for a broad range of Environmental Safety and Health (ES&H) functions including:

Environmental Safety and Health Coordinator/ Emergency Planner

Provided real-time analysis/status of critical ES&H issues including injuries/illness, environmental occurrences, root cause analyses and lessons learned.

- Coordinated efforts of Safety Engineering and Regulatory Compliance personnel to meet the needs of Corporate, Division and Center customers.
- Ongoing audits of ES&H programs.
- Responsible for design and implementation of realistic, credible exercises for use by SNL Emergency Response Organizations including Hazmat, Radiation Protection, Fire and Medical teams.
- Provided technical support to sub-committees producing hazard assessment and planning documentation.

Regulatory Compliance and Quality Assurance Specialist

Provided support for hazardous waste, water quality and safety programs. Led team members and subcommittees in the development and implementation of Corporate Feedback and Improvement Programs.

- Performed audits, developed and review of quality assurance plans.
- Established new collection and analysis systems for ES&H data and metrics, and processes for the development and dissemination of Lessons Learned.

NATIONAL ENVIRONMENTAL TESTING (Bedford, MA) **1986 to 1993**

Performed roles as Project Manager (1991 to 1993), Laboratory Section Supervisor (1989 to 1991) and Laboratory Technician (1986 to 1989) for this EPA certified environmental analytical laboratory.

EDUCATION

B.S., University of Massachusetts, 1984

Major: Environmental Science

ADDITIONAL TRAINING, EXPERIENCE AND SKILLS

FEMA Center for Domestic Preparedness Trainings: Instructor Certification Training, Hospital Emergency Response Training – Train the Trainer, Healthcare Leadership for Mass Casualty Incidents, SNS Management

FEMA Professional Development Certificate

Homeland Security Exercise Evaluation Program (HSEEP)

US Army Medical Research Institute of Chemical Defense: Hospital Management of CBRNE Events

ICS & NIMS: Numerous courses including ICS-100, 200, 300 and IS-700 & 800

Former: Emergency Medical Technician, Firefighter, Rescue Team Leader - Albuquerque Mountain Rescue Council, Executive Director - Climb Against Cancer, Board of Directors - Fairfield Community Center Association



Job Description:

Position Title:	InShape Health Worker (IHW)	Job Code:	401908
Exemption Status:	Nonexempt	Grade:	S08
Department Name:	Community Health Improvement	Function:	OPS
Reports To:	Manager and/or Director	Date:	05/03/16

Position Summary: A brief description of the overall primary duties

Assists young adults with assessing their risks of substance misuse and developing healthy behaviors. Supports young adults in navigating and accessing community services resources for healthy living.

Responsibilities: A listing of the key responsibilities

1. Carries out InShape Wellness assessment and program.
2. Provides informal counseling, support, and follow-up; basic motivational interviewing and goal setting.
3. Provides referrals for services to community agencies.
4. Supports development of protective factors through strengthening of appropriate social connections.
5. Performs other duties as required or assigned.

Minimum Qualifications:

- ✓ High School graduate or equivalent required.
- ✓ Must successfully complete Community Health Worker training provided.
- ✓ Must have a vehicle valid driver's license, and proof of insurance.

Required Licensure/Certification Skills:

- ✓ None

APPROVAL:

Functional Leader: Gregory Norman

Date: TBD

Compensation Partner: Kenya Plaza

Date: TBD

Attach organizational chart for reference purposes, where applicable.



Job Description:

Position Title:	Continuum of Care Coordinator	Job Code:	400307
Exemption Status:		Grade:	S19
Department Name:	Community Health Improvement	Function:	
Reports To:	Director	Date:	8/9/13

Position Summary: A brief description of the overall primary duties

Coordinates multi-stakeholder community partnerships to plan and implement Continuum of Care initiatives.

- Responsibilities:** A listing of the key responsibilities
1. Manages the development of a high-functioning community partnerships comprised of a broad array of health care, municipal, education, community service, business, and law enforcement members.
 2. Ensures assessment of community needs and assets related to Continuum of care issues.
 3. Coordinates assessment, capacity development, planning, implementation, and evaluation of projects by community stakeholders and organizations.
 4. Supports development and revision of regional strategic plans and the formulation of indicators to help track progress toward goals.
 5. Provides support and technical assistance to community partners to achieve the goals and objectives for which their organizations are responsible.
 6. Integrates evaluation strategies or support evaluation strategies that can be used to track progress and improve the quality of future strategies.
 7. Performs other duties as required or assigned.

Minimum Qualifications:

- ✓ Bachelor's degree with 2 years of professional experience in health-related community organizations and/or community development.
- ✓ Excellent interpersonal and organizational skills, creativity, maturity, flexibility, diplomacy, and the ability to work as part of a team required.
- ✓ Demonstrated ability to handle multiple projects under pressure required.

Required Licensure/Certification Skills:

- ✓ Certified Prevention Specialist or able to meet these become certified in within 12 months of hiring.

APPROVAL:

Department Director: _____ Date: _____

Compensation Representative: _____ Date: _____

Attach organizational chart for reference purposes, where applicable.



Job Description:

Position Title:	Business Liaison/HEAL Coordinator	Job Code:	400307
Exemption Status:		Grade:	S19
Department Name:	Community Health Improvement	Function:	
Reports To:	Director	Date:	8/9/13

Position Summary: A brief description of the overall primary duties

Coordinates multi-stakeholder community partnerships to plan and initiate Public Health Advisory Council.

- Responsibilities:** A listing of the key responsibilities
1. Manages the development of a high-functioning community partnerships comprised of a broad array of health care, municipal, education, community service, business, and law enforcement members.
 2. Ensures assessment of community needs and assets related to the work of the Public Health Advisory Council.
 3. Coordinates assessment, capacity development, planning, implementation, and evaluation of projects by community stakeholders and organizations.
 4. Supports development and revision of regional strategic plans for wellness and the formulation of indicators to help track progress toward goals.
 5. Provides support and technical assistance to community partners to achieve the goals and objectives for which their organizations are responsible.
 6. Integrates evaluation strategies or support evaluation strategies that can be used to track progress and improve the quality of future strategies.
 7. Performs other duties as required or assigned.

Minimum Qualifications:

- ✓ Bachelor's degree with 2 years of professional experience in health-related community organizations and/or community development.
- ✓ Excellent interpersonal and organizational skills, creativity, maturity, flexibility, diplomacy, and the ability to work as part of a team required.
- ✓ Demonstrated ability to handle multiple projects under pressure required.

Required Licensure/Certification Skills:

- ✓ Certified Prevention Specialist or able to meet these become certified in within 12 months of hiring.

APPROVAL:

Department Director: _____ Date: _____

Compensation Representative: _____ Date: _____

Attach organizational chart for reference purposes, where applicable.

SHANNON BOISVERT

- OBJECTIVE** To obtain a position that will enable me to fully utilize my extensive office management, communication, organizational, and problem solving skills to benefit the organization.
- EDUCATION** **Becker College, Physical Education Major**
Lebanon High School
- EXPERIENCE** **Administrative Assistant Community Health Improvement Department, Dartmouth Hitchcock Medical Center, Lebanon, NH 03756**
2015-Present
- Administrative Duties
 - Prepares written and oral communication on behalf of the Community Health Team. Maintains all Department calendars. Schedules all required meetings for the Vice President, Director and Manager of Community Health. Provides assistance to all members of the Community Health Team. Prepares and sends all request forms to AP for payment. Manages the monthly purchasing card reports Takes minutes for all of the Community Health Team meetings. Orders all needed supplies for the Department. Performs other duties as assigned.
- Clinical Secretary, Sr. Radiology Department, Dartmouth Hitchcock Medical Center, Lebanon, NH 03756**
2012-2015
- Administrative Duties
 - Assistant to the Neuro and Mammography Radiologists. Scheduled patient appointments and follow-ups. Maintained all of the Neuro and Mammography Radiologists outlook calendars, the weekly calendars, the monthly calendars and the Neuro procedure calendar. Took minutes for the bi-weekly Neuro section meeting. Kept all doctors CV's, licensures and records current. Sent page reminders to all Neuro Radiologists, Fellows and Residents to remind them of their weekly Neuro conference. Reimbursed the Physicians using the Concur system. Produced letters/e-mails for Physicians. Performed other duties as assigned.
- Administrative Assistant to the Principal, Newport Middle High School, Newport, NH 03773**
2011-2012
- Administrative Duties
 - Prepared written and oral communication on behalf of the principal, acted as a liaison between parents, students, teachers and administrators. Maintained appointment schedule for the School Principal. Processed all Middle and High School purchase orders. Prepared budget data from department head's for Principal's review/approval. Submitted the budget to the SAU by the deadline. Disseminated department budget when it is received from SAU. Maintained the Student Activity account. Provided the SAU with faculty and staff leave day reports and timesheets. Filed all online claims with the LGC (Local Government Center) for the Middle and High School. Performed other duties as assigned.
- Executive Assistant/Office Manager, Kimball Union Academy, Meriden, NH 03770**
2007 – 2011
- Administrative Duties
 - Meet and greet admissions visitors. Phone contact with prospective families regarding inquiry information, appointments, questions regarding the admissions process and general information about Kimball Union Academy. Entered information in database. Scheduled visitors for tours and interviews using the calendar and admissions database. Maintained applicant files. Kept monthly statistics and other reports as needed. Provided assistance to all of the Admissions Officers. Worked closely with all of the other offices on campus. Managed the monthly purchasing card reports. Managed the I-20's (Sevis) for all new and returning international students and prepared the I-20 forms. Managed the student workers and the other office Administrative Assistant. Performed other duties as assigned.
- Registrar/Administrative Assistant, Hanover High School, Hanover, NH 03755**
2004–2007
- Administrative Duties
 - Worked in the Guidance Department entering student grades, producing report cards, transcripts and schedules to students. Maintained class lists, permanent student records and test scores. Provided assistance to all of the guidance counselors and worked closely with the teachers. Submitted students recommendations, test scores, official transcripts and their honors and activities to colleges and private schools. Answered all incoming calls concerning transcript requests from out of school students/other school districts and colleges, verification of graduation from employment agencies. Scheduled appointments for students to meet with counselors. Performed other related duties as assigned.
- Administrative Assistant to the Principal/Confidential Employee, Randolph Union High School, Randolph, VT 05060**
1997 – 2004
- Administrative Duties
 - Prepared written and oral communication on behalf of the Principal, including a monthly newsletter to parents. Acted as a liaison between parents, students, teachers and administrators. Processed confidential information for faculty, staff and student records. Performed other duties as assigned.
- SKILLS** Proficient with computer, Mac School, Microsoft Word, Excel, PowerSchool, Whipplehill, Microsoft Outlook, Infosnap (Admissions Organizer), FileMaker, BudgetSense Accounting Software, Quicken.
- COACHING POSITIONS** **Soccer Coach, Hanover High School, Sunapee High School, Randolph High School and Lebanon High School**
1994 - 2015
- Coached Freshman, Junior Varsity, and Varsity levels.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Mary Hitchcock Memorial Hospital

Name of Contract: RFP-2018-DPHS-01-REGION / RPHNS - Upper Valley RPHN

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jacqui Baker	SMP Coordinator	\$60,841	100.00%	\$60,841.00
Wes Miller	PHEP Coordinator/Team Leader	\$59,539	87.50%	\$52,097.00
Open	In-Shape/CHW	\$38,065	100.00%	\$38,065.00
Open	Continuum of Care Facilitator	\$63,441	75.00%	\$47,581.00
Open	Workplace Health/HEAL Coord.	\$63,773	25.00%	\$15,943.00
Shannon Boisvert	Administrative Assistant	\$47,237	10.00%	\$4,724.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$219,251.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jacqui Baker	SMP Coordinator	\$60,841	100.00%	\$60,841.00
Wes Miller	PHEP Coordinator/Team Leader	\$59,539	87.50%	\$52,097.00
Open	In-Shape/CHW	\$38,065	100.00%	\$38,065.00
Open	Continuum of Care Facilitator	\$63,441	75.00%	\$47,581.00
Open	Workplace Health/HEAL Coord.	\$63,773	25.00%	\$15,943.00
Shannon Boisvert	Administrative Assistant	\$47,237	10.00%	\$4,724.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$219,251.00

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-12

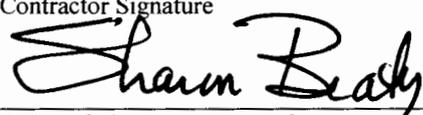
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mid-State Health Center		1.4 Contractor Address 101 Boulder Point Road, Suite 1 Plymouth, NH 03264	
1.5 Contractor Phone Number 603-536-4000 Ext 1002	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$770,782
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Sharm Beaty, CEO	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Grafton</u> On <u>May 8, 2017</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 [Seal] <u>Jean A. Monroe Exp 4-9-2019</u>			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Jean Monroe</u>			
1.14 State Agency Signature <u>Lisa Morris</u> Date: <u>5/23/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW 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) (if applicable) By: <u>Megan A. Spinale</u> On <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Exhibit A

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.

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- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
 - 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
 - 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
 - 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
 - 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
 - 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
 - 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
 - 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
 - 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
 - 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
 - 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
 - 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
 - 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.
- 3.1.2. Public Health Emergency Preparedness**
- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
 - 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

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MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.
- 3.1.3. **Substance Misuse Prevention**
 - 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.

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- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
 - 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
 - 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
 - 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.



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- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.



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- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.

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- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

4. Staffing

4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.

4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement



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- 4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.
- 4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.
- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures

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Exhibit A

- 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
- 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
- 5.1.4.1.5. Submit annual report
- 5.1.4.1.6. Provide additional reports or data as required by the Department.
- 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.

5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.

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Exhibit A

- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU .Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,

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Exhibit A

- 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
- 6.1.4.3.3. Exchange information on CoC development work and techniques.
- 6.1.4.3.4. Assist in the development of measure for regional CoC development.
- 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
 - 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.
- 6.1.6. School-Based Clinics**
 - 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

7. Performance Measures

- 7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 7.1.1. Public Health Advisory Council**
 - 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
 - 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
 - 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.
 - 7.1.2. Public Health Emergency Preparedness**
 - 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
 - 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.
 - 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.

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Exhibit A

- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**

- a) 30-day alcohol use
- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
- 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.

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Exhibit A

- 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

- 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
 - 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

- 7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).
 - 7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).
 - 7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).
- 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

SB

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Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H231P000757
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

SB
Date 5/8/17



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit B

- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov

- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.

- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 11,000.00	\$ -	\$ 11,000.00	
2. Employee Benefits	\$ 2,750.00	\$ -	\$ 2,750.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,000.00	\$ -	\$ 1,000.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 750.00	\$ -	\$ 750.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 7,000.00	\$ -	\$ 7,000.00	
11. Staff Education and Training	\$ 2,500.00	\$ -	\$ 2,500.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 5,000.00	\$ -	\$ 5,000.00	
Meetings		\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: *JB*

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 11,000.00	\$ -	\$ 11,000.00	
2. Employee Benefits	\$ 2,750.00	\$ -	\$ 2,750.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,000.00	\$ -	\$ 1,000.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 750.00	\$ -	\$ 750.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 7,000.00	\$ -	\$ 7,000.00	
11. Staff Education and Training	\$ 2,500.00	\$ -	\$ 2,500.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 5,000.00	\$ -	\$ 5,000.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

\$ -

0.0%

Contractor Initials: SB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 57,334.49	\$ -	\$ 57,334.49	
2. Employee Benefits	\$ 13,725.51	\$ -	\$ 13,725.51	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 250.00	\$ -	\$ 250.00	
6. Travel	\$ 3,000.00	\$ -	\$ 3,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 720.00	\$ -	\$ 720.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 150.00	\$ -	\$ 150.00	
13. Other (specific details mandatory):	\$ 820.00	\$ -	\$ 820.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 76,000.00	\$ -	\$ 76,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: _____

SB

Date: _____

5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 59,535.54	\$ -	\$ 59,535.54	
2. Employee Benefits	\$ 13,024.46	\$ -	\$ 13,024.46	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 250.00	\$ -	\$ 250.00	
6. Travel	\$ 1,500.00	\$ -	\$ 1,500.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 720.00	\$ -	\$ 720.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 150.00	\$ -	\$ 150.00	
13. Other (specific details mandatory):	\$ 820.00	\$ -	\$ 820.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 76,000.00	\$ -	\$ 76,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: SB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,366.40	\$ -	\$ 2,366.40	
2. Employee Benefits	\$ 591.60	\$ -	\$ 591.60	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 75,495.00	\$ -	\$ 75,495.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 78,453.00	\$ -	\$ 78,453.00	

Indirect As A Percent of Direct

\$ -

0.0%

Contractor Initials: 

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Budget Request for: Regional Public Health Network Services - SMP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,366.40	\$ -	\$ 2,366.40	
2. Employee Benefits	\$ 591.60	\$ -	\$ 591.60	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 75,495.00	\$ -	\$ 75,495.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 78,453.00	\$ -	\$ 78,453.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: JB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 2,366.40	\$ -	\$ 2,366.40	
2. Employee Benefits	\$ 591.60	\$ -	\$ 591.60	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 77,238.00	\$ -	\$ 77,238.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 80,196.00	\$ -	\$ 80,196.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$2,366.40	\$-	\$ 2,366.40	
2. Employee Benefits	\$591.60	\$-	\$ 591.60	
3. Consultants	\$ -	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$-	\$-	\$ -	
6. Travel	\$-	\$-	\$ -	
7. Occupancy	\$-	\$-	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$-	\$-	\$ -	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$-	\$-	\$ -	
11. Staff Education and Training	\$-	\$-	\$ -	
12. Subcontracts/Agreements	\$77,238.00	\$-	\$ 77,238.00	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 80,196.00	\$ -	\$ 80,196.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ -	\$ -	\$ -	
2. Employee Benefits	\$ -	\$ -	\$ -	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 20,000.00	\$ -	\$ 20,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: SB

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Budget Request for: Regional Public Health Network Services - YAL
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ -	\$ -	\$ -	
2. Employee Benefits	\$ -	\$ -	\$ -	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 20,000.00	\$ -	\$ 20,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: SB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ -	\$ -	\$ -	
2. Employee Benefits	\$ -	\$ -	\$ -	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 90,000.00	\$ -	\$ 90,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,200.00	\$ 11,191.00	\$ 90,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: 

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$-	\$-	\$ -	
2. Employee Benefits	\$-	\$-	\$ -	
3. Consultants	\$-	\$-	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$-	\$-	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$-	\$-	\$ -	
6. Travel	\$-	\$-	\$ -	
7. Occupancy	\$-	\$-	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$-	\$-	\$ -	
9. Software	\$-	\$-	\$ -	
10. Marketing/Communications	\$-	\$-	\$ -	
11. Staff Education and Training	\$-	\$-	\$ -	
12. Subcontracts/Agreements	\$90,000.00	\$-	\$ 90,000.00	
13. Other (specific details mandatory):	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
	\$-	\$-	\$ -	
TOTAL	\$ 90,000.00	\$ -	\$ 90,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: SB

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Budget Request for: Regional Public Health Network Services - SBC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 6,200.00	\$ -	\$ 6,200.00	
2. Employee Benefits	\$ 1,550.00	\$ -	\$ 1,550.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 350.00	\$ -	\$ 350.00	
6. Travel	\$ 500.00	\$ -	\$ 500.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 500.00	\$ -	\$ 500.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 142.00	\$ -	\$ 142.00	
12. Subcontracts/Agreements	\$ 1,000.00	\$ -	\$ 1,000.00	
13. Other (specific details mandatory):	\$ 500.00	\$ -	\$ 500.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 10,742.00	\$ -	\$ 10,742.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid State Health Center

Budget Request for: Regional Public Health Network Services - SBC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 6,200.00	\$ -	\$ 6,200.00	
2. Employee Benefits	\$ 1,550.00	\$ -	\$ 1,550.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 350.00	\$ -	\$ 350.00	
6. Travel	\$ 500.00	\$ -	\$ 500.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 500.00	\$ -	\$ 500.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 142.00	\$ -	\$ 142.00	
12. Subcontracts/Agreements	\$ 1,000.00	\$ -	\$ 1,000.00	
13. Other (specific details mandatory):	\$ 500.00	\$ -	\$ 500.00	
Meetings	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 10,742.00	\$ -	\$ 10,742.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: 

Date: 5/8/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

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- 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.

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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

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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



- 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.

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Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

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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 GRANTEEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

SB
5/8/17

New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name:


Name: Sharon Beaty
Title: CEO

Date

Contractor Initials

Date


5/8/17



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
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.

Contractor Name:

5/8/2017
Date

Sharon Beaty
Name: Sharon Beaty
Title: CEO



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

SB

5/8/17



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/8/17
Date

Sharon Beatty
Name: Sharon Beatty
Title: CEO



**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

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Date 5/8/17

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

5/8/17
Date

Contractor Name:

Sharon Beaty
Name: Sharon Beaty
Title: CEO

Exhibit G

Contractor Initials

SB

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Date 5/8/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

5/8/17
Date

Sharon Beaty
Name: Sharon Beaty
Title: CEO

Contractor Initials SB
Date 5/8/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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5/8/17



Exhibit I

- I. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

BB

5/8/17



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI.



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
The State

Lisa Morris
Signature of Authorized Representative

Lisa Morris, MSSW
Name of Authorized Representative

Director
Title of Authorized Representative

5/23/17
Date

Mid-State Health Center
Name of the Contractor

Sharon Beaty
Signature of Authorized Representative

Sharon Beaty
Name of Authorized Representative

CEO
Title of Authorized Representative

5/8/2017
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

5/8/17
Date

Contractor Name:

Sharon Beauty
Name: Sharon Beauty
Title: CEO



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 109385625
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

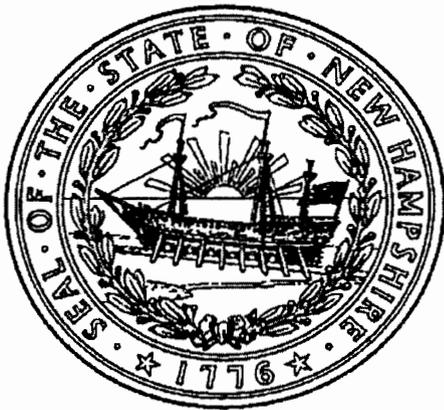
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MID-STATE HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 09, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 285492



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of April A.D. 2017.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Ann Blair, of Mid-State Health Center, do hereby certify that:

1. I am the duly elected Secretary of Mid-State Health Center;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Mid-State Health Center, duly held on April 23, 2013:

RESOLVED: That this Corporation may enter into contracts with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the Chief Executive Officer of Mid-State Health Center is hereby authorized on behalf of this Corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments in addition to any amendments, revisions or modifications thereto, as she may deem necessary, desirable or appropriate.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effective as of 5/8/17.
4. Sharon Beaty is the duly appointed Chief Executive Officer of the Corporation. Robert MacLeod is the duly elected Board President of the Corporation.

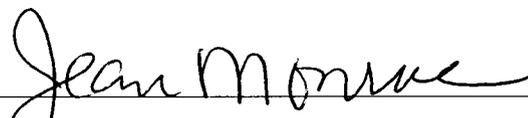
IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of Mid-State Health Center on this, the 8 day of May, 2017.



Ann Blair, Secretary

STATE OF New Hampshire
COUNTY OF Grafton

The foregoing instrument was acknowledged before me this 8 day of May, 2017 by Ann Blair.



Notary Public/Justice of the Peace

My Commission Expires: April 9, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2016

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).

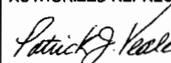
PRODUCER Arthur J Gallagher Risk Management Services 470 Atlantic Avenue Boston MA 02210	CONTACT NAME: _____ PHONE (A/C No., Ext): 617-261-6700 FAX (A/C No.): 617-646-0400 E-MAIL ADDRESS: _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Fire & Marine Insurance Co</td> <td>20079</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 : National Fire & Marine Insurance Co	20079	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED Mid-State Health Center 101 Boulder Point Drive Suite 1 Plymouth NH 03264	MID-HEA-03													

COVERAGES **CERTIFICATE NUMBER:** 1060360448 **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
A	<input checked="" type="checkbox"/> 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: _____			HN004919	10/1/2016	10/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Physicians Professional Liability			HN004919	10/1/2016	10/1/2017	\$1,000,000 \$3,000,000 Claims Made Coverage Each Claim Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services 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 
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Where your care comes together.

Mission Statement

Mid-State Health Center provides sound primary care to the community accessible to all regardless of the ability to pay.

Vision for the Future

- ◇ Patients are satisfied, knowledgeable and involved in their healthcare.
- ◇ Mid-State Health Center has developed collaborative relationships with the medical community.
- ◇ Facilities are comfortable, functional and accessible.
- ◇ Working environment is characterized by professional behavior, mutual respect and focused on finding solutions to problems.
- ◇ Mid-State operates in a manner that results in financial stability, enhances efficiency, respects the importance of the working environment and supports a premier teaching experience.

Core Values

- ◇ Employees and providers are held to high ethical and professional standards.
- ◇ Committed to creating a healthier community.
- ◇ Respects the privacy of the provider-patient relationship.
- ◇ Continuing education is supported at all levels of the organization.
- ◇ Provides high-quality primary care.
- ◇ Recognizes the importance of employees' need to lead healthy and balanced lives.
- ◇ Respects and considers the opinions of all stakeholders.
- ◇ Board members are actively involved, interested and committed to the success of Mid-State.

**MID-STATE HEALTH CENTER
AND SUBSIDIARY**

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2016 and 2015

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2016

and

Independent Auditors' Report



MID-STATE HEALTH CENTER AND SUBSIDIARY

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As of and for the Years Ended June 30, 2016 and 2015

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TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Mid-State Health Center and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2016 and 2015, and the related consolidated statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits 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 auditor's 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 Organization'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 Organization'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 financial position of Mid-State Health Center and Subsidiary as of June 30, 2016 and 2015, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. The consolidating information is also presented on pages 27-32 for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of the Organization's 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 Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 18, 2016, on our consideration of the Organization'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 results 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 the Organization's internal control over financial reporting and compliance.

Tyler, Lemus and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
October 18, 2016

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Financial Position

As of June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 1,445,269	\$ 751,010
Restricted cash	37,473	37,416
Patient accounts receivable, net	735,772	628,140
Estimated third-party settlements	50,000	50,000
Contracts and grants receivable	1,244,899	1,125,416
Prepaid expenses and other receivables	508,047	1,072,405
Total current assets	<u>4,021,460</u>	<u>3,664,387</u>
Property and equipment, net	<u>6,444,673</u>	<u>6,626,580</u>
Other assets		
Deferred financing costs	48,258	52,926
Other assets	-	916
Total other assets	<u>48,258</u>	<u>53,842</u>
Total assets	<u>\$ 10,514,391</u>	<u>\$ 10,344,809</u>
Liabilities		
Current liabilities		
Accounts payable	\$ 107,523	\$ 223,688
Accrued expenses and other current liabilities	317,100	810,356
Accrued payroll and related expenses	269,391	151,805
Accrued earned time	368,116	286,748
Current portion of long-term debt	431,412	173,453
Current portion of capital lease obligations	1,857	2,742
Deferred grants and state contract revenue	1,131,021	838,830
Total current liabilities	<u>2,626,420</u>	<u>2,487,622</u>
Long-term debt, less current portion	<u>4,747,376</u>	<u>5,178,787</u>
Capital lease obligations, less current portion	<u>5,053</u>	<u>-</u>
Total liabilities	<u>7,378,849</u>	<u>7,666,409</u>
Commitments and contingencies (See Notes)		
Net assets		
Unrestricted	2,406,849	1,878,219
Temporarily restricted	728,693	800,181
Total net assets	<u>3,135,542</u>	<u>2,678,400</u>
Total liabilities and net assets	<u>\$ 10,514,391</u>	<u>\$ 10,344,809</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Activities and Changes in Net Assets
For the Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Changes in unrestricted net assets		
Unrestricted revenue, gains and other support		
Patient service revenue (net of contractual allowances and discounts)	\$ 6,318,226	\$ 5,193,744
Provision for bad debts	350,491	246,767
Net patient service revenue	<u>5,967,735</u>	<u>4,946,977</u>
Contracts and grants	1,768,650	1,728,568
Contributions	9,336	11,845
Other operating revenue	1,319,892	1,134,035
Net assets released from restrictions used for operating	198,384	27,220
Total unrestricted revenue, gains and other support	<u>9,263,997</u>	<u>7,848,645</u>
Expenses		
Salaries and wages	5,311,523	4,730,533
Employee benefits	1,118,449	917,197
Insurance	76,446	97,966
Professional fees	536,807	454,019
Supplies and expenses	1,195,801	1,179,685
Depreciation and amortization	284,435	252,473
Interest expense	234,011	276,380
Total expenses	<u>8,757,472</u>	<u>7,908,253</u>
Increase (decrease) in net assets from operating activities	<u>506,525</u>	<u>(59,608)</u>
Non-operating gains (losses)		
Loss on disposal of fixed assets	(999)	-
Net assets released from restrictions used for property and equipment	23,104	223,104
Total non-operating gains (losses)	<u>22,105</u>	<u>223,104</u>
Increase in unrestricted net assets	<u>528,630</u>	<u>163,496</u>
Changes in temporarily restricted net assets		
Contributions	150,000	240,000
Net assets released from restrictions	(221,488)	(250,324)
Decrease in temporarily restricted net assets	<u>(71,488)</u>	<u>(10,324)</u>
Change in net assets	457,142	153,172
Net assets, beginning of year	<u>2,678,400</u>	<u>2,525,228</u>
Net assets, end of year	<u>\$ 3,135,542</u>	<u>\$ 2,678,400</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Cash Flows

For the Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash flows from operating activities		
Change in net assets	\$ 457,142	\$ 153,172
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities		
Depreciation and amortization	284,435	252,473
Amortization reflected as interest	5,584	14,953
Provision for bad debts	350,491	246,767
Loss on disposal of fixed assets	999	-
Contributions restricted for long-term investments	-	(150,000)
(Increase) decrease in the following assets:		
Restricted cash	(57)	(37,416)
Patient accounts receivable	(458,123)	(310,392)
Contracts and grants receivable	(119,483)	(152,623)
Prepaid expenses and other receivables	564,358	(696,805)
Increase (decrease) in the following liabilities:		
Accounts payable	(116,165)	(170,049)
Construction payable	-	(221,468)
Accrued payroll and related expenses	117,586	19,780
Accrued earned time	81,368	25,707
Accrued other expenses	(493,256)	731,440
Deferred grants and state contract revenue	292,191	70,070
Net cash provided by (used in) operating activities	<u>967,070</u>	<u>(224,391)</u>
Cash flows from investing activities		
Purchases of property and equipment	(95,527)	(192,480)
Proceeds from sale of assets	-	17,727
Net cash used in investing activities	<u>(95,527)</u>	<u>(174,753)</u>
Cash flows from financing activities		
Contributions restricted for long-term investment	-	150,000
Line of credit - SMH	-	(75,000)
Payments on capital leases	(3,832)	(6,972)
Payments on long-term debt	(173,452)	(128,441)
Proceeds on long-term debt	-	182,800
Net cash provided by (used in) financing activities	<u>(177,284)</u>	<u>122,387</u>
Net increase (decrease) in cash and cash equivalents	694,259	(276,757)
Cash and cash equivalents, beginning of year	<u>751,010</u>	<u>1,027,767</u>
Cash and cash equivalents, end of year	<u>\$ 1,445,269</u>	<u>\$ 751,010</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Cash Flows (continued)
For the Years Ended June 30, 2016 and 2015

Supplemental Disclosures of Cash Flow Information

	<u>2016</u>	<u>2015</u>
Cash payments for:		
Interest	\$ <u>228,427</u>	\$ <u>267,486</u>

Supplemental Disclosures of Non-Cash Transactions

During 2016, the Organization entered into a capital lease agreement to acquire equipment totaling \$8,000.

During 2015, the Organization refinanced certain obligations and financed certain outstanding construction invoices through the issuance of a long-term note payable totaling \$2,423,000 (see Note 10).

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

1. Summary of Significant Accounting Policies:

Organization

Mid-State Health Center ("MSHC") is a physician practice which provides health care to a large number of Medicare, Medicaid and charity care patients on an outpatient basis. MSHC maintains facilities in Plymouth and Bristol, New Hampshire. During fiscal year 2014, MSHC was approved as a Federally Qualified Health Center (FQHC), which helps non-profit health care organizations that serve predominately uninsured or medically underserved populations through increased Medicare and Medicaid reimbursement rates.

The consolidated financial statements include the accounts of Mid-State Community Development Corporation (MSCDC), collectively, "the Organization". MSCDC was formerly known as CRDC Plymouth Community Development Corporation prior to its name change effective in 2015.

Effective September 23, 2010, the Organization was transferred a sole member interest in MSCDC, which owns the 19,500 square foot operating facility that was developed to house the Organization, providing medical services to the underserved community in the Plymouth, New Hampshire region.

During the year ended June 30, 2012, after having participated in a pilot program with the New Hampshire Citizens Health Initiative (NHCHI) the Organization was officially recognized as a medical home.

Basis of Statement Presentation

The consolidated financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The consolidated financial statements have been prepared consistent with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Organizations* (Audit Guide). All significant intercompany transactions between MSHC and MSCDC have been eliminated in consolidation.

Classes of Net Assets

The Organization reports information regarding its consolidated financial position and activities to three classes of net assets; unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

- (1) Unrestricted Net Assets are not subject to donor-imposed stipulations.
- (2) Temporarily Restricted Net Assets are subject to donor-imposed stipulations that may or will be met by actions of the Organization and/or the passage of time. Gifts of long-lived assets with explicit restrictions that 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 temporarily restricted net assets until the Organization satisfies the donor imposed restriction. Absent explicit donor stipulations about how long-lived assets must be maintained, the Organization reports expirations of donor restrictions over the remaining useful life of the donated or acquired long-lived asset.
- (3) Permanently Restricted Net Assets are subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the institution to use all or part of the income earned on related investments for general or specific purposes. There were no permanently restricted net assets as of June 30, 2016 and 2015.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

1. Summary of Significant Accounting Policies (continued):

Contractual Arrangements with Third-Party Payors

The Medicare and Medicaid programs pay the Organization for services at predetermined rates by treatment. The Organization is reimbursed for Medicare cost reimbursable items at a tentative rate with final settlement determined after the submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Changes in Medicare and Medicaid programs or reduction of funding levels for programs could have an adverse effect on future amounts recognized as net patient service revenue.

The laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Organization also enters into preferred provider agreements with certain commercial insurance carriers. Payment arrangements to the Organization under these agreements include discounted charges and fee schedule payments.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy with minimal charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Income Taxes

MSHC and MSCDC are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for its uncertain tax positions in accordance with the accounting methods under ASC Subtopic 740-10. The UTP rules prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken in an organization's tax return. The Organization believes that it has appropriate support for the tax positions taken and, as such, does not have any uncertain tax positions that might result in a material impact on the Organization's statements of financial position, activities and changes in net assets and cash flows. The Organization's management believes it is no longer subject to examinations for the years prior to 2012.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Notes to Consolidated Financial Statements
As of and for the Years Ended June 30, 2016 and 2015

1. Summary of Significant Accounting Policies (continued):

Cash and Cash Equivalents

Cash and cash equivalents include demand deposits, petty cash funds and investments with a maturity of three months or less, and exclude amounts whose use is limited by Board designation or other arrangements under trust agreements or with third-party payors.

Receivables

Patient receivables are carried at their estimated collectible amounts. Patient credit is generally extended on a short-term basis; thus, patient receivables do not bear interest.

Patient receivables are periodically evaluated for collectability based on credit history and current financial condition. The Organization uses the allowance method to account for uncollectible accounts receivable.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the life of the capital lease. Such amortization is included in depreciation and amortization in the financial statements.

Estimated useful lives are as follows:

	<u>YEARS</u>
Buildings	5 - 40
Leasehold improvements	5
Equipment	3 - 7
Furniture and fixtures	5 - 15
Capital leases	3 - 15

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends and prospects, as well as the effects of obsolescence, demand, competition and other economic factors.

Concentration of Credit Risk

Financial instruments that potentially expose the Organization to concentrations of credit and market risks consist primarily of cash. The Organization has not experienced any losses on its cash.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

1. Summary of Significant Accounting Policies (continued):

Fair Value of Financial Instruments

The carrying amount of cash, patient accounts receivable, accounts and notes payable and accrued expenses approximates fair value.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2016 and 2015 was \$23,966 and \$24,507, respectively.

Functional Allocation of Expenses

Expenses that can be identified with specific program or supporting services are charged directly to the related program or supporting service. Expenses that are associated with more than one program or supporting service are allocated based on an evaluation by management.

Expenses by function totaled the following for the years ended June 30:

	<u>2016</u>	<u>2015</u>
Program	\$ 6,553,371	\$ 5,742,082
Management and general	2,181,651	2,143,786
Fundraising	<u>22,450</u>	<u>22,385</u>
	<u>\$ 8,757,472</u>	<u>\$ 7,908,253</u>

Recent Accounting Pronouncements

In April 2015, the FASB issued Accounting Standards Update (ASU) 2015-03, *Interest – Imputation of Interest*, Subtopic 835-30. The update simplifies the presentation of debt issuance costs and will require that debt issuance costs related to a recognized debt liability be presented in the statement of financial position as a direct reduction from the carrying amount of that debt liability, consistent with the handling of debt discounts. The update is effective for financial statements issued for fiscal years beginning after December 31, 2015 with early adoption permitted and requires that it be retrospectively applied. The Organization has not elected to early adoption of the provisions of ASU 2015-03.

In February 2016, the FASB issued ASU 2016-02, *Leases*, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. The update is effective for financial statements issued for fiscal years beginning after December 15, 2019 with early adoption permitted, using a modified retrospective approach. The Organization has not elected early adoption of the provisions of ASU 2016-02 and is undetermined if it will have a significant impact on its financial position, results of operations or cash flows.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

2. Charity Care:

The Organization maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. The total cost estimate is based on an overall cost to charge ratio applied against gross charity care charges. The net cost of charity care provided was approximately \$244,000 and \$197,000 for the years ended June 30, 2016 and 2015, respectively. Gross patient service revenue provided on a charity care basis was approximately 1.4% and 2.9% for the years ended June 30, 2016 and 2015, respectively.

The Organization estimates its cost of charity care by applying the percentage of operating expenses to unrestricted revenues and gains to the gross charges foregone. In 2016 and 2015, 623 and 612 patients received charity care out of a total of 11,513 and 9,881 patients, respectively. The Organization provides health care services to residents of Plymouth, New Hampshire as well as Bristol, New Hampshire and their surrounding areas, without regard to the individual's ability to pay for their services.

Determination of eligibility for charity care is granted on a sliding fee basis:

For dental services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 125% of the Federal Poverty Guidelines, receive a 65% discount. Those with family income at least equal to 126%, but not exceeding 150% of the guidelines, receive a 55% discount. Those with family income at least equal to 151%, but not exceeding 200% of the guidelines, receive a 45% discount.

For all other services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 138% of the Federal Poverty Guidelines, shall be responsible for a \$20 fee for each encounter. Those with family income at least equal to 139%, but not exceeding 160% of the guidelines, will be responsible for a \$30 fee for each encounter. Those with family income at least equal to 161%, but not exceeding 180% of the guidelines, will be responsible for a \$40 fee for each encounter. Those with family income at least equal to 181%, but not exceeding 200% of the guidelines, will be responsible for a \$50 fee for each encounter.

3. Net Patient Service Revenue and Patient Accounts Receivable:

Net Patient Service Revenue – Net patient service revenue is reported net of contractual allowances, allowance for bad debts and other discounts as follows for the years ended June 30:

	<u>2016</u>	<u>2015</u>
Gross patient service revenue	\$ 8,797,536	\$ 6,964,894
Third-party payor settlements	71,183	61,632
Less: Contractual allowances and discounts	<u>2,550,493</u>	<u>1,832,782</u>
Net patient service revenue before provision for bad debts	6,318,226	5,193,744
Less: Provision for bad debt	<u>350,491</u>	<u>246,767</u>
Net patient service revenue	<u>\$ 5,967,735</u>	<u>\$ 4,946,977</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

3. Net Patient Service Revenue and Patient Accounts Receivable (continued):

Net Patient Service Revenue by Payor Source

The Organization's net patient service revenue before provision for bad debts was comprised of the following for the years ended June 30:

	<u>2016</u>	<u>2015</u>
Governmental payors	\$ 3,507,333	\$ 2,677,929
Other third-party payors	2,481,572	2,265,898
Self-pay	329,321	249,917
Total all payors	<u>\$ 6,318,226</u>	<u>\$ 5,193,744</u>

Patient Accounts Receivable -- Patient accounts receivable is reported net of estimated contractual allowances and allowance for doubtful accounts, as follows, as of June 30:

	<u>2016</u>	<u>2015</u>
Patient accounts receivable	\$ 1,318,578	\$ 1,132,241
Less: Estimated contractual allowances and discounts	340,435	267,101
Less: Estimated allowance for doubtful accounts	242,371	237,000
Patient accounts receivable, net	<u>\$ 735,772</u>	<u>\$ 628,140</u>

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with service provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, including both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for only part of the bill, the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

4. Estimated Third-Party Settlements:

Provision has been made for estimated adjustments that may result from final settlement of reimbursable amounts as may be required upon completion and audit of related cost finding reports under terms of contracts with the Center for Medicare and Medicaid Services and the New Hampshire Division of Welfare (Medicaid). Differences between estimated adjustments and amounts determined to be recoverable or payable are accounted for as income or expense in the year that such amounts become known.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

5. Grants and State Contracts:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public and private agencies. The following is a summary of the grant activity for the years ended June 30:

	Earned Grant and State Contract Revenue		Outstanding Receivable		Deferred Grants and State Contract Revenue	
	2016	2015	2016	2015	2016	2015
HPHC Quality Grant - 2013	\$ -	\$ -	\$ 17,939	\$ 17,939	\$ 17,939	\$ 17,939
HRSA-PATT Grant - 2015	40,992	107,001	-	-	-	-
HRSA Grant - 2014 - 2016	1,056,374	1,013,623	942,239	665,017	943,007	540,353
Bi-State PCA Grant	90	124,142	-	58,740	-	-
NH Primary Care Contract - 2015	-	175,511	-	14,626	-	23,676
NH Primary Care Contract - 2016	193,933	-	17,758	227,722	4,254	227,722
NH Primary Care Contract - 2017	-	-	157,222	-	157,222	-
Emergency Preparedness Grant - 2014	-	157,768	45,433	48,547	-	-
Emergency Preparedness Grant - 2015	260,554	-	-	-	-	-
HRSA-IGNITE-2016	107,480	-	-	-	-	-
Other Grant and Contract Awards	109,227	150,523	64,308	92,825	8,599	29,140
	<u>\$ 1,768,650</u>	<u>\$ 1,728,568</u>	<u>\$ 1,244,899</u>	<u>\$ 1,125,416</u>	<u>\$ 1,131,021</u>	<u>\$ 838,830</u>

6. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2016	2015
Land	\$ 525,773	\$ 525,773
Buildings	6,346,118	6,346,118
Leasehold improvements	170,174	97,798
Furniture, fixtures and equipment	1,115,766	1,028,215
Projects in progress	-	72,376
	<u>8,157,831</u>	<u>8,070,280</u>
Less: Accumulated depreciation	<u>1,713,158</u>	<u>1,443,700</u>
	<u>\$ 6,444,673</u>	<u>\$ 6,626,580</u>

Depreciation and amortization expense, including amortization expense on capital lease obligations, for the years ended June 30, 2016 and 2015 amounted to \$284,435 and \$252,473, respectively.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

7. Deferred Financing Costs:

Costs related to obtaining financing are deferred and reported net of accumulated amortization. Amortization is recognized on a straight-line basis over the period the related obligations are outstanding.

In August 2013, the Organization recognized financing costs related to the mortgaging of its Plymouth facility totaling \$49,015. The obligation has a term of 240 months and matures in August 2033. Accumulated amortization as of June 30, 2016 and 2015 was \$7,149 and \$4,697, respectively. Amortization expense included in interest expense for the years ended June 30, 2016 and 2015 was \$2,451.

In August 2013, the Organization recognized financing costs related to the issuance of a note payable totaling \$6,000. The obligation has a term of 60 months and matures in August 2016. Accumulated amortization as of June 30, 2016 and 2015 was \$5,833 and \$3,833, respectively. Amortization expense included in interest expense for the years ended June 30, 2016 and 2015 was \$2,000.

8. Other Assets:

Included in other assets are capitalized legal fees related to the rental agreement and potential purchase of the building the Organization currently occupies in the amount of \$9,163. Amortization expense related to the capitalized fees for the years ended June 30, 2016 and 2015 was \$916. Accumulated amortization was \$9,163 and \$8,247 as of June 30, 2016 and 2015, respectively.

9. Lines of Credit:

The Organization had an available line of credit with a maximum borrowing amount of \$100,000 as of June 30, 2016. The line carries an interest rate equal to 5.25% (prime plus 2%). The line is secured by all business assets. The line was not drawn upon as of June 30, 2016 and 2015.

10. Long-Term Debt:

Long-term debt consisted of the following as of June 30:

	<u>2016</u>	<u>2015</u>
Woodsville Guarantee Savings Bank note payable, maturing August 2033, principal and interest payable in 240 monthly installments of \$18,194 through August 2033. Interest is charged at a rate of 5.25%.	\$ 2,466,618	\$ 2,552,970
Woodsville Guarantee Savings Bank note payable, maturing August 2018, principal and interest payable in 60 monthly installments of \$3,757. Interest is charged at a rate of 4%.	93,419	133,884
Capital Regional Development Council note payable, maturing August 2016, 36 interest only payments at a rate of 6%. Pending compliance with provisions of the loan agreement, the outstanding principal of the note will be forgiven in August 2016.	250,000	250,000

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

10. Long-Term Debt (continued):

	<u>2016</u>	<u>2015</u>
United States of America Department of Agriculture note payable, maturing April 2045, principal and interest payable in 360 monthly payments of \$10,904. Interest is charged at a rate of 3.5% (see Note 10a).	<u>2,368,751</u>	<u>2,415,386</u>
Total debt	5,178,788	5,352,240
Less: current portion	<u>431,412</u>	<u>173,453</u>
Long-term debt, less current portion	\$ <u>4,747,376</u>	\$ <u>5,178,787</u>

10a In September 2013, the Organization refinanced its then outstanding Woodsville Guarantee Savings Bank interim note payable with a construction loan. The new loan had an advancement amount of up to \$2,700,000, and called for interest only payments at a rate of 5% beginning October 2013, for 23 consecutive months, and 1 balloon payment of principal and accrued unpaid interest due September 2015. In April 2015, the Organization entered into a long-term debt arrangement with the United States of American Department of Agriculture ("USDA") totaling \$2,423,000. The proceeds from the loan were used to refinance the construction loan balance and unpaid accrued interest and to satisfy outstanding invoices related to the construction of the Bristol property. The loan is secured by the Organization's property located in Bristol, New Hampshire. The loan agreement requires the Organization to establish a reserve account which is to be funded in monthly installments of \$1,090 until the accumulated sum of reserve funding reaches \$130,848, after which no further funding is required except to replace withdrawals. As of June 30, 2016, the reserve account totaled \$37,473, reflected on the consolidated statement of financial position as restricted cash.

Future maturities of long-term debt are as follows as of June 30, 2016:

2017	\$ 431,412
2018	189,748
2019	160,342
2020	160,152
2021	167,797
Thereafter	<u>4,069,337</u>
	\$ <u>5,178,788</u>

11. Capital Lease Obligations:

The Organization has entered into capital lease obligations on certain equipment. The term of the lease is for five years expiring in September 2019. Accordingly, the Organization has recorded the transactions as capital lease obligations. For the years ended June 30, 2016 and 2015, amortization expense totaling \$2,729 and \$6,371, respectively, was included in depreciation and amortization expense. The cost basis of all equipment under capital leases was \$31,108 and \$23,108 as of June 30, 2016 and 2015, respectively.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

11. Capital Lease Obligations (continued):

The following is a schedule, by year, of future minimum lease payments under the capital leases as of June 30, 2016:

2017	\$	2,400
2018		2,400
2019		2,400
2020		600
Total minimum lease payments		<u>7,800</u>
LESS: Amount representing interest		<u>890</u>
Present value of minimum lease payments		6,910
LESS: Current portion		<u>1,857</u>
Long-term capital lease obligations	\$	<u><u>5,053</u></u>

12. Malpractice Insurance Coverage:

The Organization is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against the Organization. The Organization is insured for malpractice under a claims-made policy. This type of policy covers malpractice claims which are reported to the insurance carrier during the policy term. Based on management's evaluation of malpractice claims, reserves for professional liability claims were \$250,000 and \$750,000 as of June 30, 2016 and 2015, respectively, and are included in accrued expenses and other current liabilities in the accompanying consolidated statements of financial position.

The Organization's professional liability risks, in excess of certain per claim amounts, are insured through the policy described above. The amounts receivable under the policy totaled \$250,000 and \$750,000 as of June 30, 2016 and 2015, respectively, and are included in prepaid expenses and other receivables in the accompanying consolidated statements of financial position.

13. Commitments and Contingencies:

Real Estate Taxes – As of June 30, 2016, the Organization was in discussions with the Town of Plymouth, New Hampshire Municipal Corporation ("Town") related to the tax-exempt status of its operating facility. The Organization's management team contended that the Organization was no longer required to pay real estate taxes associated with its operating facility effective the date that MSCDC received its tax-exempt status (see Note 1), so long as the Organization timely files its application for tax exemption with the Town on an annual basis. Subsequent to June 30, 2016, the Organization and the Town agreed to a payment in lieu of taxes for a period of 10 years. The agreement identified real estate taxes previously paid by the Organization to the Town that the Organization was not required to pay as a result of its tax-exempt status. The sum of the overpayments will be applied evenly on an installment basis over the 10 year period, totaling \$50,000. The Organization remains subject to its requirement to timely file its application for tax exemption with the Town on an annual basis.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

14. Concentration of Credit Risk:

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows at June 30:

	<u>2016</u>	<u>2015</u>
Medicare	17.9%	27.6%
Medicaid	27.7%	22.8%
Blue Cross	16.9%	13.6%
Patients	10.6%	12.3%
Other third-party payors	<u>26.9%</u>	<u>23.7%</u>
	<u>100.0%</u>	<u>100.0%</u>

The mix of gross patient service revenue from patients and third-party payors was as follows at June 30:

	<u>2016</u>	<u>2015</u>
Medicare	33.2%	37.0%
Medicaid	17.4%	14.7%
Blue Cross	18.6%	20.9%
Patients	6.7%	6.2%
Other third-party payors	<u>24.1%</u>	<u>21.2%</u>
	<u>100.0%</u>	<u>100.0%</u>

15. Retirement Program:

During 2007, the Organization adopted a tax sheltered annuity plan under 403(b) of the Code for eligible employees. Eligible employees are specified as those who normally work more than 20 hours per week and are not classified as independent contractors. The Organization provides for matching of employee contributions, 50% of the first 6% contributed. Contributions to the plan for the years ended June 30, 2016 and 2015 were \$112,637 and \$95,333, respectively.

16. Other Operating Revenue:

The following summarizes components of other operating revenue for the years ended June 30:

	<u>2016</u>	<u>2015</u>
Other operating revenue:		
Pharmacy income - 340B	\$ 957,003	\$ 772,881
Anthem shared savings	195,423	131,067
Montessori Center	139,226	140,198
Meaningful Use	-	52,353
Other operating revenue	<u>28,240</u>	<u>37,536</u>
	<u>\$ 1,319,892</u>	<u>\$ 1,134,035</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2016 and 2015

17. Health Insurance:

The Organization offers health insurance benefits to all employees under available Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans. Deductibles under the HMO and PPO plans in aggregate are \$2,500 and \$3,000, respectively. The Organization is obligated to pay a certain portion of the deductible required under either plan once the employee's portion has been fully exhausted. For the HMO and PPO plans, the maximum portion of the deductible the Organization is potentially obligated for is \$500 and \$1,000, respectively. The total deductible expense incurred during the years ended June 30, 2016 and 2015 was \$3,110 and \$6,020, respectively.

The Organization provides for an accrual based on the aggregate amount of the liability for reported claims and an estimated liability for claims incurred but not yet reported. At June 30, 2016 and 2015, "accrued expenses and other current liabilities" include an accrued liability related to these plans of \$8,600.

18. Related Party:

During 2011, the Organization was gifted a sole membership interest in MSCDC (see Note 1). As a result of the gift, management of the Organization was required to determine the fair value of the underlying assets gifted to and liabilities assumed by the Organization and determine if the transaction contained a differential from the existing book values as of the date of the gift.

Management utilized valuation techniques for medical office space to determine an estimated fair value per square foot resulting in a differential attributed to the building in the amount of \$847,145. The differential will be amortized over the life of the building asset it was attributed to. Amortization related to the differential for both years ended June 30, 2016 and 2015 was \$23,104, included in depreciation and amortization in the consolidated statement of activities.

19. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2016 through October 18, 2016, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued. Other than the items noted below, the Organization has not identified other events requiring disclosure that have occurred between the period of June 30, 2016 and the report date, October 18, 2016. The Organization has not reviewed events occurring after the report date for their potential impact on the information contained in these consolidated financial statements.

In September 2016, the Organization reached an agreement with the Town of Plymouth New Hampshire Municipal Corporation regarding its tax-exempt status and a payment in lieu of taxes (Note 13).

In September 2016, the Organization entered into a settlement agreement regarding a malpractice suit that was outstanding as of the year ended June 30, 2016 (Note 12). The settlement calls for the Organization's malpractice insurance to pay \$250,000.

In August 2016, MSCDC's \$250,000 Capital Regional Development Council note payable was forgiven, as scheduled, given compliance with requirements in the note agreement (Note 10).

MID-STATE HEALTH CENTER
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2016

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-through Entity or Award Identifying Number	Federal Expenditures	Passed through to Subrecipients
U.S. Department of Health and Human Services: Health Center Program	93.224		\$ 1,056,374	-
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93.912		<u>40,992</u>	-
			1,097,366	-
Passed through N.H. Department of Health and Human Services: Grant to States to Support Oral Health Workforce Activities	93.236	22-3061156	90	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	FAIN T1010035-14 FAIN T1010035-15	209,364	-
Immunization Cooperative Agreements	93.268	FAIN H23IP000757	11,840	-
Prevention Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	93.758	FAIN B01OT009037	17,717	-
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHERP) Aligned Cooperative Agreements	93.074	FAIN U90TP000535	55,412	-
Maternal and Child Health Services Block Grant to the States	93.994	Unknown	<u>10,735</u>	-
Total passed through N.H. Department of Health and Human Services			<u>305,158</u>	-
Total U.S. Department of Health and Human Services			<u>1,402,524</u>	-
TOTAL EXPENDITURES OF FEDERAL AWARDS			<u>\$ 1,402,524</u>	<u>-</u>

The accompanying notes to financial statements are an integral part of this schedule.

MID-STATE HEALTH CENTER
Notes to Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2016

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal grant activity of MSHC under programs of the federal government for the year ended June 30, 2016. The information in the schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Since the schedule presents only a selected portion of the operations of MSHC, it is not intended to and does not present the statement of financial position, statement of activities and changes in net assets or cash flows of MSHC.

2. Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Subpart E of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Schedule includes Catalog of Federal Domestic Assistance (CFDA) and pass-through award numbers when available.

MSHC did not elect to use the 10% de minimis indirect cost rate.



TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 1

**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***

To the Board of Trustees of
Mid-State Health Center:

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 financial statements of Mid-State Health Center ("MSHC") (a nonprofit organization), which comprise the statement of financial position as of June 30, 2016, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 18, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered MSHC'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 MSHC's internal control. Accordingly, we do not express an opinion on the effectiveness of MSHC'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 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.

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* (continued)

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. 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.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether MSHC's 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 results of that testing, and not to provide an opinion on the effectiveness of the organization'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 organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
October 18, 2016



TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 2

Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Trustees of
Mid-State Health Center:

Report on Compliance for Each Major Federal Program

We have audited Mid-State Health Center's ("MSHC") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of MSHC's major federal programs for the year ended June 30, 2016. MSHC'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 federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of MSHC'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 the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance 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 MSHC'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 MSHC's compliance.

**Independent Auditors' Report on Compliance for Each Major Program and on
Internal Control Over Compliance Required by the Uniform Guidance
(continued)**

Opinion on Each Major Federal Program

In our opinion, MSHC 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, 2016.

Report on Internal Control Over Compliance

Management of MSHC 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 MSHC'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 the Uniform Guidance, 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 MSHC'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 results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Tyler, Lemus and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
October 18, 2016

MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs
 As of and For the Year Ended June 30, 2016

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued *Unmodified*

Internal control over financial reporting:

Material weakness identified Yes No

Significant deficiencies identified that are not considered to be material weaknesses Yes None reported

Non-compliance material to financial statements noted Yes No

Federal Awards

Internal control over major programs:

Material weakness identified Yes No

Significant deficiencies identified that are not considered to be material weaknesses Yes None reported

Type of auditors' report issued on compliance for major programs *Unmodified*

Any audit findings disclosed that are required to be reported in accordance with Section 200.516(a) of the Uniform Guidance Yes No

Identification of major programs:

<u>Federal CFDA Number</u>	<u>Name of Federal/Local Program</u>
93.224	Health Center Program

Dollar threshold used to distinguish between Type A and Type B programs \$750,000

Auditee qualified as low-risk auditee? Yes No

SECTION II - FINANCIAL STATEMENT FINDINGS

There were no findings related to the financial statements which are required to be reported in accordance with generally accepted Government Auditing Standards (GAGAS).

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

There were no findings or questioned costs for Federal awards (as defined in Section 200.516(a) of the Uniform Guidance) that are required to be reported.

MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs (continued)
As of and For the Year Ended June 30, 2016

SECTION IV - PRIOR YEAR AUDIT FINDINGS

2015-001

Criteria: There should be a review of grant awards for their classification and recording as either contributions or exchange transactions.

Condition: A policy and method have been developed to determine the classification of grant awards as either contributions or exchange transactions.

2015-002

Criteria: There should be segregation of duties.

Condition: There are now more employees involved in the duties related to patient receivables and grant activity.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Financial Position – Assets – Schedule I
As of June 30, 2016

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Assets				
Current assets				
Cash and cash equivalents	\$ 1,009,778	\$ 435,491	\$ -	\$ 1,445,269
Restricted cash	37,473	-	-	37,473
Patient accounts receivable, net	735,772	-	-	735,772
Estimated third-party settlements	50,000	-	-	50,000
Contracts and grants receivable	1,244,899	-	-	1,244,899
Prepaid expenses and other receivables	508,047	-	-	508,047
Total current assets	<u>3,585,969</u>	<u>435,491</u>	<u>-</u>	<u>4,021,460</u>
Related party note receivable	418,162	-	(418,162)	-
Property and equipment, net	<u>2,803,939</u>	<u>2,926,437</u>	<u>714,297</u>	<u>6,444,673</u>
Other assets				
Deferred financing costs	6,225	42,033	-	48,258
Other assets	120,896	-	(120,896)	-
Investment in subsidiary	714,297	-	(714,297)	-
Total other assets	<u>841,418</u>	<u>42,033</u>	<u>(835,193)</u>	<u>48,258</u>
Total assets	<u>\$ 7,649,488</u>	<u>\$ 3,403,961</u>	<u>\$ (539,058)</u>	<u>\$ 10,514,391</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Financial Position – Liabilities and Net Assets – Schedule 1
As of June 30, 2016

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Liabilities				
Current liabilities				
Accounts payable	\$ 100,923	\$ 6,600	-	\$ 107,523
Accrued expenses and other current liabilities	300,944	16,156	-	317,100
Accrued payroll and related expenses	269,391	-	-	269,391
Accrued earned time	368,116	-	-	368,116
Current portion of long-term debt	48,302	383,110	-	431,412
Current portion of capital lease obligations	1,857	-	-	1,857
Deferred grants and state contract revenue	1,131,021	-	-	1,131,021
Total current liabilities	<u>2,220,554</u>	<u>405,866</u>	<u>-</u>	<u>2,626,420</u>
Lease deposits	-	120,896	(120,896)	-
Related party note payable	-	418,162	(418,162)	-
Long-term debt, less current portion	<u>2,320,449</u>	<u>2,426,927</u>	<u>-</u>	<u>4,747,376</u>
Capital lease obligations, less current portion	5,053	-	-	5,053
Total liabilities	<u>4,546,056</u>	<u>3,371,851</u>	<u>(539,058)</u>	<u>7,378,849</u>
Net assets				
Unrestricted	2,374,739	32,110	-	2,406,849
Temporarily restricted	728,693	-	-	728,693
Total net assets	<u>3,103,432</u>	<u>32,110</u>	<u>-</u>	<u>3,135,542</u>
Total liabilities and net assets	<u>\$ 7,649,488</u>	<u>\$ 3,403,961</u>	<u>\$ (539,058)</u>	<u>\$ 10,514,391</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Activities and Changes in Net Assets – Schedule 2
For the Year Ended June 30, 2016

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	\$ 6,318,226	\$ -	\$ -	\$ 6,318,226
Provision for bad debts	350,491	-	-	350,491
Net patient service revenue	5,967,735	-	-	5,967,735
Contracts and grants	1,768,650	-	-	1,768,650
Contributions	9,336	-	-	9,336
Other operating revenue	1,319,338	308,765	(308,211)	1,319,892
Net assets released from restrictions used for operating	198,384	-	-	198,384
Total unrestricted revenue, gains and other support	9,263,443	308,765	(308,211)	9,263,997
Expenses				
Salaries and wages	5,311,523	-	-	5,311,523
Employee benefits	1,118,449	-	-	1,118,449
Insurance	76,446	-	-	76,446
Professional fees	529,307	7,500	-	536,807
Supplies and expenses	1,501,626	2,386	(308,211)	1,195,801
Depreciation and amortization	166,142	95,189	23,104	284,435
Interest expense	77,968	156,043	-	234,011
Total expenses	8,781,461	261,118	(285,107)	8,757,472
Increase in net assets from operating activities	481,982	47,647	(23,104)	506,525
Non-operating gains (losses)				
Loss on disposal of fixed assets	(999)	-	-	(999)
Loss on investment in subsidiary	(23,104)	-	23,104	-
Net assets released from restrictions used for property and equipment	23,104	-	-	23,104
Total non-operating gains (losses)	(999)	-	23,104	22,105
Increase in unrestricted net assets	480,983	47,647	-	528,630
Changes in temporarily restricted net assets				
Contributions	150,000	-	-	150,000
Net assets released from restrictions	(221,488)	-	-	(221,488)
Decrease in temporarily restricted net assets	(71,488)	-	-	(71,488)
Change in net assets	409,495	47,647	-	457,142
Net assets (deficit), beginning of year	2,693,937	(15,537)	-	2,678,400
Net assets, end of year	\$ 3,103,432	\$ 32,110	\$ -	\$ 3,135,542

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Financial Position – Assets – Schedule 3
As of June 30, 2015

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Assets				
Current assets				
Cash and cash equivalents	\$ 309,854	\$ 441,156	\$ -	\$ 751,010
Restricted cash	37,416	-	-	37,416
Patient accounts receivable, net	628,140	-	-	628,140
Estimated third-party settlements	50,000	-	-	50,000
Contracts and grants receivable	1,125,416	-	-	1,125,416
Prepaid expenses and other receivables	1,074,680	-	(2,275)	1,072,405
Total current assets	<u>3,225,506</u>	<u>441,156</u>	<u>(2,275)</u>	<u>3,664,387</u>
Related party note receivable	450,322	32,160	(482,482)	-
Property and equipment, net	<u>2,867,553</u>	<u>3,021,626</u>	<u>737,401</u>	<u>6,626,580</u>
Other assets				
Deferred financing costs	6,442	46,484	-	52,926
Deposits and other assets	121,534	-	(120,618)	916
Investment in subsidiary	737,401	-	(737,401)	-
Total other assets	<u>865,377</u>	<u>46,484</u>	<u>(858,019)</u>	<u>53,842</u>
Total assets	<u>\$ 7,408,758</u>	<u>\$ 3,541,426</u>	<u>\$ (605,375)</u>	<u>\$ 10,344,809</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Financial Position – Liabilities and Net Assets (Deficit) – Schedule 3
As of June 30, 2015

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Liabilities and net assets				
Current liabilities				
Accounts payable	\$ 192,050	\$ 33,913	\$ (2,275)	\$ 223,688
Accrued expenses and other current liabilities	795,100	15,256	-	810,356
Accrued payroll and related expenses	151,805	-	-	151,805
Accrued earned time	286,748	-	-	286,748
Current portion of long-term debt	46,635	126,818	-	173,453
Current portion of capital lease obligations	2,742	-	-	2,742
Deferred grants and state contract revenue	838,830	-	-	838,830
Total current liabilities	<u>2,313,910</u>	<u>175,987</u>	<u>(2,275)</u>	<u>2,487,622</u>
Lease deposits	-	120,618	(120,618)	-
Related party note payable	32,160	450,322	(482,482)	-
Long-term debt, less current portion	<u>2,368,751</u>	<u>2,810,036</u>	<u>-</u>	<u>5,178,787</u>
Capital lease obligations, less current portion	-	-	-	-
Total liabilities	<u>4,714,821</u>	<u>3,556,963</u>	<u>(605,375)</u>	<u>7,666,409</u>
Net assets (deficit)				
Unrestricted	1,893,756	(15,537)	-	1,878,219
Temporarily restricted	800,181	-	-	800,181
Total net assets (deficit)	<u>2,693,937</u>	<u>(15,537)</u>	<u>-</u>	<u>2,678,400</u>
Total liabilities and net assets (deficit)	<u>\$ 7,408,758</u>	<u>\$ 3,541,426</u>	<u>\$ (605,375)</u>	<u>\$ 10,344,809</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Activities and Changes in Net Assets (Deficit) – Schedule 4
For the Year Ended June 30, 2015

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	\$ 5,193,744	-	-	\$ 5,193,744
Provision for bad debts	246,767	-	-	246,767
Net patient service revenue	4,946,977	-	-	4,946,977
Contracts and grants	1,728,568	-	-	1,728,568
Contributions	11,845	-	-	11,845
Other operating revenue	1,133,735	331,011	(330,711)	1,134,035
Net assets released from restrictions used for operating	27,220	-	-	27,220
Total unrestricted revenue, gains and other support	<u>7,848,345</u>	<u>331,011</u>	<u>(330,711)</u>	<u>7,848,645</u>
Expenses				
Salaries and wages	4,730,533	-	-	4,730,533
Employee benefits	917,197	-	-	917,197
Insurance	97,966	-	-	97,966
Professional fees	447,394	6,625	-	454,019
Supplies and expenses	1,473,997	36,399	(330,711)	1,179,685
Depreciation and amortization	147,576	81,793	23,104	252,473
Interest expense	114,346	162,034	-	276,380
Total expenses	<u>7,929,009</u>	<u>286,851</u>	<u>(307,607)</u>	<u>7,908,253</u>
Increase (decrease) in net assets from operating activities	<u>(80,664)</u>	<u>44,160</u>	<u>(23,104)</u>	<u>(59,608)</u>
Non-operating gains (losses)				
Loss on investment in subsidiary	(23,104)	-	23,104	-
Net assets released from restrictions used for property and equipment	223,104	-	-	223,104
Total non-operating gains (losses)	<u>200,000</u>	<u>-</u>	<u>23,104</u>	<u>223,104</u>
Increase in unrestricted net assets	<u>119,336</u>	<u>44,160</u>	<u>-</u>	<u>163,496</u>
Changes in temporarily restricted net assets				
Contributions	240,000	-	-	240,000
Net assets released from restrictions	(250,324)	-	-	(250,324)
Decrease in temporarily restricted net assets	<u>(10,324)</u>	<u>-</u>	<u>-</u>	<u>(10,324)</u>
Change in net assets	109,012	44,160	-	153,172
Net assets (deficit), beginning of year	2,584,925	(59,697)	-	2,525,228
Net assets (deficit), end of year	<u>\$ 2,693,937</u>	<u>\$ (15,537)</u>	<u>\$ -</u>	<u>\$ 2,678,400</u>



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Mid-State Health Center Board of Directors

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Tonya Warren, PsyD, Behavioral Health Director

Angel Ekstrom, EdD

101 Boulder Point Dr. Ste. 1, Plymouth, NH 03264
(603)238-3582 • aekstrom@midstatehealth.org

EDUCATION

Doctor of Education - Curriculum and Instruction, Argosy University, Sarasota, Florida, 2008

Certificate of Advanced Graduate Studies - Educational Leadership Plymouth State University, Plymouth, New Hampshire, 2004

Master of Science - Recreation Administration, University of Nebraska at Omaha, Omaha, Nebraska, 1998

Bachelor of Science - Interdisciplinary, Physical Education and Health, Southwest State University, Marshall, Minnesota, 1996

Associate of Arts - Anoka Ramsey Community College, Anoka, Minnesota, 1993

SELECTED PROFESSIONAL EXPERIENCE

2002- June 2014 Skills Application Teacher - 90% time split position between Academic Affairs and Student Affairs
Plymouth State University, Plymouth, NH
Manage the challenge course. 2002-2008
Health and Human Performance Department - Adventure Education (2002-2009)
Outdoor Center Coordinator

1998- 1999 Lead Wilderness Counselor, Lathrop Park Experiential Program, Walsenburg, CO

1991 - 1996 Activities Coordinator / Counselor, Robert E. Miller (REM), Inc. - Minneapolis and Bloomington, MN and Marshall, MN

UNIVERSITY SERVICE

PAT Committees:

Athletic Council, 2004-2008, 2011, 2012
PAT Observer to Student Senate, 2005-2006

Health & Human Performance (HHP) Department Committees:

Adventure Education Risk Management committee member, 2006-present
Faculty search committee, 2012
Center for Active Living & Wellness Case Statement subcommittee member, 2006-2008
New Majors Orientation committee member, 2004-2006
Open House Committee member, 2003-2006

Student Scholarship Committees,

Brennan Hart Scholarship committee member, 2003-2014
Outdoor Center Student Scholarships committee chair, 2007-2011

Leadership Effectiveness and Development Series (L.E.A.D.S.) Presenter

PE Center Planning committee member, 2006-2008

Center for Rural Partnerships; Rural Health and Wellness Working Group member, 2006

PROFESSIONAL SERVICE

Association of Outdoor Recreation and Education (AORE)

Board of Directors (BOD) member, 2004-2007

Executive Council of AORE (treasurer), 2005-2007

Environmental Stewardship Committee BOD Liaison of AORE, 2006-2007

Northeast Regional Representative, 2005-2006

COMMUNITY OUTREACH, SERVICE, and CONSULTION

Center for Young Children and Families (Plymouth, NH) guest presenter: Bear Hang with Pulley System: How to Keep Food from Bears and Other Wildlife, December 2013

20th Anniversary for Rivers Management and Protection Programs (Plymouth, NN) August 2013

FAST Squad volunteer (Rumney, NH) 2005-2007

Fire Department volunteer (Rumney, NH) 2005-2007

Plymouth-Area Renewable Energy Initiative (PAREI) member & volunteer for local energy raisers, 2005-present • Search and Rescue Lake County volunteer (Leadville, CO) 1999-2001 • Lake County Parks & Recreation (Leadville, CO) o board member 1998-2000 o Vice President 1998-2000

Leadership Leadville participant (Leadville, CO) 2000-2001

Challenge Course Facilitator Training & Local Operating Procedure Consulting o

University of Wisconsin, Stout o Mississippi Gulf Coast Community College

SELECTED TRAININGS

Suicide, Postvention Suicide, and Suicide Postvention Train the Trainer (April 2015)

Voices Against Violence 30 hour Training (Feb./March 2015)

Leave No Trace Master Educator (Leave No Trace Center for Outdoor Ethics and National Outdoor Leadership School), 2009

Trip Leader Training (American Canoe Association), 2008

High 5 Adventure Learning Center Adventure Practitioners Symposium (Brattleboro, VT), 2007

Instructor Course (National Outdoor Leadership School 35 day training), 2000

Advanced Skills and Standards Workshop (Project Adventure 4 day training), 2002

Horse Packing Seminar (National Outdoor Leadership School), 2000

Women's Rock Seminar (National Outdoor Leadership School), 2000

Juvenile Detention Services training program (MN Department of Corrections), 1996

Time, Stress, and management training (Southwest Technical College, MN), 1996

RECOGNITIONS

Patricia A. Storer Award nominee (Plymouth State University) 2012

Distinguished Adjunct Teaching Award nominee (Plymouth State University, Office of the Provost and Vice President for Academic Affairs) 2007

Leave No Trace Master Educator Course Scholarship recipient (Association of Outdoor Education and Recreation) 2008

Instructor Course Scholarship recipient (National Outdoor Leadership School) 2000

Certificate of Appreciation 1998 (U.S. Department of the Interior National Park Service, Great Sand Dunes National Monument) 1998

Recognition for Research (NWBA/PVA National Basketball Camp) 1997

Most Valuable Player (University of NE at Omaha Wheelchair Basketball Team) 1997

SHARON BEATY

Career Objective

To apply administrative and financial expertise in the health-care industry, encouraging positive relationships between a growing physician community and its associated medical system, and promoting capabilities of service providers to treat patients effectively while improving financial viability and profitability

Credentials

FACMPE, Fellow of the American College of Medical Practice Executives

Master of Business Administration, Baylor University Bachelor of Science in Chemistry, Texas Tech University

Summary of Qualifications

Expertise in strategic planning, financial management and analysis and contract negotiations with providers and managed-care entities. Administrative skills, specifically in management of medical facilities. Experience in operations, finance, and billing including regulatory compliance and legislative issues. Understanding of ancillary services and procedures. Knowledge of Medicare/Medicaid and third-party-payor billing/ filing requirements. Computer literacy, both software and hardware. Communication and personnel management expertise.

Professional Experience

October 2002 to Present

Chief Executive Officer, Mid-State Health Center, Plymouth, New Hampshire. Direct operations for three clinic sites including strategic planning, marketing, budgeting, contracting and physician management. Develop programs for physician recruitment and retention as well as physician compensation plans. Provide venues for financial reporting and analysis and improvement of revenue streams while assuring access to care for local populations. Attained FQHC Look-Alike status and planned for new facility.

October 1999 to October 2002

Vice President for Business Development, Central Kansas Medical Center, Great Bend, Kansas (as of April 2001) Direct all hospital-owned and contracted practices, strategic planning, marketing, managed-care contracting, billing, and accounts receivable. Responsibilities include direction of outlying operations for multiple specialists, labs, radiology, pathology, and physician recruitment. Develop strategies for physician retention and provision of administrative support and expertise for local physician groups, including contract negotiation. . To expand availability of primary care, recently opened an additional family practice, including acquisition of facility and installation of paperless medical record system.

Director of Clinics and Physician Recruitment, Central Kansas Medical Center, Great Bend, Kansas Administered hospital-owned rural health practices, including strategic planning, marketing, managed-care contracting, billing and accounts receivable. Developed outlying operations for multiple specialists. Act as physician recruiter, developing strategies for physician retention and providing administrative support and expertise for local physician groups, including contract negotiation. Improved internal medicine practice, reducing losses by 55% in first year, with projection of 10% profit (above physician salaries) for coming budget

year. Developed hospital-owned family practice in adjacent community, remodeling building to house practice and separate specialty clinic.

January 1998 to October 1999

Administrator, Abilene Lung Physicians, Abilene, Texas Full responsibility for management of practice including long-term planning, managed care contracting, accounts receivable, accounts payable, maintenance of computer software (including formatting and design of system) and hardware, payroll, personnel, and retirement planning. Served as consultant to other physician groups concerning billing and insurance claims, as well as cost reporting for rural health clinics.

July 1994 to December 1997

Administrator, Rolling Plains Rural Health Clinic and Rolling Plains Physicians Office, Sweetwater, Texas Merged six individual physician practices, including two nurse practitioners, full-reference laboratory, radiology department, and forty employees. Developed and installed systems for billing, collections, and personnel management, including provisions for rural health clinic status, cost reporting and billing. Increased revenues by more than 80% in two and one-half years while maintaining profitability of above 50%. Oversaw all aspects of design and construction of new facility, from initial planning to transition management, including development of financing package and all contracting.

May 1981 to July 1994

Private consultant for professional offices Consulted for professional practices including medical practices: Researched needs for software and hardware. Purchased and installed computer systems. Evaluated office management performance and recommended and implemented solutions for office problems or limitations. Served on the elected board of the Nolan County Hospital District, 1991-1993.

September 1979 to May 1981

Research Assistant, Center for Private Enterprise and Entrepreneurship, Hankamer School of Business, Baylor University, Waco, Texas. Interviewed and surveyed national sample of entrepreneurs and their lifetime experiences while pursuing graduate studies.

January 1974 to September 1979

Laboratory Director, Rolling Plains Memorial Hospital, Sweetwater, Texas Served on Joint Commission Accreditation Committee, and assisted hospital administrator with public relations. Recognized future needs for administrative expertise that would be required for medical service industry to adapt to a new era. Resigned to acquire MBA.

Memberships and Interests

Fellow in American College of Medical Practice Executives, Medical Group Management Association, National Assoc. of Rural Health Clinics, Rotary International, former member of Taylor County Board of American Heart Association, former board member of West Texas Girl Scout Council, enjoy skiing and scuba diving as well as musical interests and community theatre.

William Sweeney

- Objective** Seeking a challenging and rewarding job in finance and accounting within a medical office context.
- Education** 5/1997 Plymouth State College Plymouth, NH
Bachelor's of Science in Accounting
- Graduated Cum Laude with a 3.33 GPA on a 4.0 scale.
 - Minor in Mathematics
- Professional experience** 1/1997-Present Mid-State Health Center Plymouth, NH
Chief Financial Officer
- Prepare financial statements, reconcile bank account and compile provider productivity which is used to calculate their salary. Experience with billing office and hospital charges for PCP office, management of employees, use of MS Office, and some technical support ability; bill all hospital and home visit claims for 10 providers, supervise business office staff, assist reception staff to ensure proper charge entry for office visits, and answer coding questions from providers, receptionists, and other business office personnel. Download and transmit all insurance claims and patient statements to a clearinghouse. Created a hospital procedures form for out of office procedures.
- References** Available upon request.
- Awards received**
- Dean's list, spring semester 1994
 - President's list, fall semester 1994
 - Dean's list, spring semester 1995
 - Certificate of Merit, May 1995
 - Certificate of Merit, May 1996
 - Certificate of Attendance: Troubleshooting, Maintaining & Upgrading PCs

PEGGY ROSEN

EDUCATION

- 1987-1990 University of Maryland College Park, MD
Master of Arts, Health Education
Specialty: Worksite Health Promotion
- 1977-1979 University Of Maryland at Baltimore Baltimore, MD
Bachelor of Science, Nursing
- 1975-1977 Frostburg State College Frostburg, MD
Pre-Nursing Curriculum

PROFESSIONAL EXPERIENCE

3/2007 to Present

Director of Quality Mid-State Health Center Plymouth, NH

- Implementing a system of continuous quality improvement for appropriate and high-quality patient care.

5/2009 to Present Central New Hampshire Health Partnership
Projects Manager

Providing project oversight and reporting for grant-funded and contract-funded projects implemented through the Central New Hampshire Health Partnership.

10/2004 to Present Campton, NH
Freelance Writer

- Published in Natural New England, New Hampshire ToDo Magazine, Heart of New Hampshire Magazine, Fandangle magazine, and Stories That Lift.

9/1997 to Present Plymouth State University , NH
Ice Skating Instructor (Part-time, contracted services)

- Competencies include individual and group on-ice instruction, lesson plan development, program choreography and training for competition and exhibition for students of all ages and abilities. Program Director for

- Responsibilities included direct patient care, patient teaching, and coordinating LPN and Nursing Assistant activities for assigned patients.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Mid-State Health Center

Name of Program: Regional Public Health Network Services

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Angel Ekstrom	PHN Coordinator	\$54,536	100.00%	\$54,536.00
Sharon Beaty	CEO	\$188,115	0.00%	\$0.00
Bill Sweeney	CFO	\$132,100	1.75%	\$2,311.76
Peggy Rosen	Director of Quality	\$69,532	0.70%	\$486.73
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$57,334.49

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Angel Ekstrom	PHN Coordinator	\$56,970	100.00%	\$56,969.60
Sharon Beaty	CEO	\$199,992	0.00%	\$0.00
Bill Sweeney	CFO	\$136,063	1.50%	\$2,040.95
Peggy Rosen	Director of Quality	\$69,998	0.75%	\$524.99
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$59,535.54

44, 13

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-13

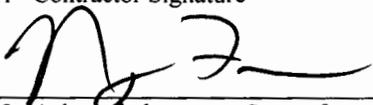
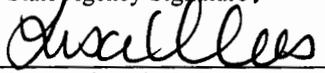
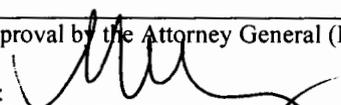
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name North Country Health Consortium		1.4 Contractor Address 262 Cottage Street, Suite 230 Littleton, NH 03561	
1.5 Contractor Phone Number 603-259-3700 ext 223	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731, 05-95-90-902510-2239-102-500731	1.7 Completion Date 06/30/19	1.8 Price Limitation \$946,538
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Nancy Frank, CEO	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Grafton</u> On <u>5/8/17</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 [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Amy J Holmes</u>			
1.14 State Agency Signature, 		Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Date: <u>5/23/17</u> Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  <u>Megan A. Cole Attorney</u> <u>6/5/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials n f
Date 5/2/12

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.
 - 2.2.7. Provide coordination for responding to behavioral health needs of individuals, families, and communities following disasters and critical incidents. Facilitate increased local and regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities to include training, planning, and exercising behavioral health resources.



3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
- 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
- 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
- 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
- 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
- 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
- 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
- 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
- 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
- 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
- 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
- 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.

3.1.2. Public Health Emergency Preparedness

- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.

DNZ

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- 3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.
 - 3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

- 3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018
- 3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.
- 3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.
- 3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.
- 3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
- 3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.
- 3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.
- 3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.



3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.
- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.



3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.
- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.



- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.
- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.



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- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
 - 3.1.8.3. Enroll students for vaccination with written parental consent.
 - 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
 - 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
 - 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
 - 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
 - 3.1.8.8. Evaluate clinics' success and areas for improvement.
- 3.1.9. Disaster Behavioral Health Response Team Liaison**
- 3.1.9.1. Establish and maintain relationships, including attending regularly scheduled meetings, with each of the RPHNs, community mental health centers, hospitals, Red Cross Chapters and Department of Safety field representatives in the assigned service area. Engage other stakeholders as appropriate
 - 3.1.9.2. Inform state-level Disaster Behavioral Health Coordinator (DBHC) of local/regional needs and planning issues that may require the attention of the state.
 - 3.1.9.3. Promote behavioral health as an essential component of disaster/emergency planning and responses activities.
 - 3.1.9.4. Integrate disaster behavioral health planning efforts with those of public health, public safety and emergency medical entities to ensure coordination with local, regional and state plans. Ensure sustainability of the behavioral health component of the plans.
 - 3.1.9.5. Participate in the design of and attend all drills, simulations and exercises in the assigned service area. Recruit DBHRT member involvement in drills/exercises. Contribute to after action report and post-deployment check in of participating DBHRT members.
 - 3.1.9.6. Recruit, train, and retain response teams to ensure that team members meet the conditions of their agreement and receive training in order to ensure their capacity to respond to an emergency.
 - 3.1.9.7. Conduct quarterly meetings of DBHRT members to share information, solicit concerns and explore suggestions for improving the team.
 - 3.1.9.8. Coordinate and provide ongoing training for established DBHRT members with the state-level DBHC.
 - 3.1.9.9. Inform state-level DBHC of team member involvement in drills/exercises, training and response to actual events.
 - 3.1.9.10. Maintain regional "GO Kits" for teams.



- 3.1.9.11. Maintain and update annually an accurate and complete resource directory of local behavioral health professionals who are trained to provide acute crisis, intermediate and long term behavioral health support to victims, families, vulnerable populations, first responders and the general public.
- 3.1.9.12. Promote knowledge and use of directory with local city, town and state officials.
- 3.1.9.13. In the event of a disaster/emergency/critical incident, assist in coordinating the behavioral health response with local and state officials and the state-level DBHC.
- 3.1.9.14. Assist in the activation of DBHRT members.
- 3.1.9.15. Coordinate orientation and pre-deployment briefings for DBHRT members.
- 3.1.9.16. Conduct an Initial Community Needs Assessment to determine the local behavioral health needs.
- 3.1.9.17. Serve in a Team Leader role in the absence of team leaders.
- 3.1.9.18. Assist in the coordination of response and recovery efforts. Provide leadership in local planning, coordination and collaboration of behavioral health services to disaster victims.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.



4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.



Exhibit A

- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
 - 5.1.4.1.5. Submit annual report
 - 5.1.4.1.6. Provide additional reports or data as required by the Department.
 - 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.
 - 5.1.4.1.8. Meet with a team authorized by the Department once a year or as needed to conduct a site visit.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.



5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.
- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated, as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

5.1.8. Disaster Behavioral Response Team Liaison

- 5.1.8.1. Submit quarterly progress reports to DHHS ESU. .
- 5.1.8.2. Provide other programmatic updates as requested by DHHS and DPHS.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.



Exhibit A

- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledge, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
 - 6.1.3.3. Attend bimonthly meetings (6 per year).
 - 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
 - 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
 - 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
 - 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.
- 6.1.4. Continuum of Care**
- The CoC facilitator shall:
- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
 - 6.1.4.2. Attend every other month CoC Facilitator meetings.
 - 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
 - 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
 - 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.
- 6.1.5. Young Adult Strategies**
- 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.



6.1.6. School-Based Clinics

- 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

6.1.7. Disaster Behavioral Response Team Liaison

- 6.1.7.1. The DBHRTL will receive training in the following areas (with ongoing continuing education in subject matter relevant to disaster behavioral health, emergency preparedness / response, trauma, etc.):
 - 6.1.7.1.1. DBHRT-Initial training
 - 6.1.7.1.2. DBHRT-Team Leader training
 - 6.1.7.1.3. American Red Cross-Disaster Mental Health training
 - 6.1.7.1.4. Federal Emergency Management Agency-Incident Command System (FEMA-ICS) and National Incident Management System (NIMS) training
 - 6.1.7.1.5. Homeland Security and Emergency Management (HSEM)-Emergency Operations Center training
- 6.1.7.2. Attend bi-monthly meetings of PHEP coordinators and Public Health Network Emergency Preparedness Coordinators as available.
- 6.1.7.3. Complete at least one training, in coordination with the State DBHC, to recruit new volunteers.
- 6.1.7.4. Review research specific to Disaster Behavioral Health and trauma for continuous development and revision of training materials.

7. Performance Measures

- 7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.



- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.



7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.1.8. Disaster Behavioral Health Response Team Liaison

7.1.8.1. Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.1.6. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.889, Federal Award Identification Number (FAIN) #U90TP000535.
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 19,734.00	\$ 2,466.75	\$ 22,200.75	
2. Employee Benefits	\$ 3,940.00	\$ 492.50	\$ 4,432.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,355.00	\$ 169.00	\$ 1,524.00	
6. Travel	\$ 400.00	\$ 50.00	\$ 450.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 640.00	\$ 80.00	\$ 720.00	
9. Software	\$ 598.00	\$ 74.75	\$ 672.75	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 26,667.00	\$ 3,333.00	\$ 30,000.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: _____

Handwritten initials

Date: _____

Handwritten date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 19,693.00	\$ 2,461.50	\$ 22,154.50	
2. Employee Benefits	\$ 3,932.00	\$ 491.50	\$ 4,423.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,418.00	\$ 177.00	\$ 1,595.00	
6. Travel	\$ 400.00	\$ 50.00	\$ 450.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 624.00	\$ 78.00	\$ 702.00	
9. Software	\$ 600.00	\$ 75.00	\$ 675.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 26,667.00	\$ 3,333.00	\$ 30,000.00	

Indirect As A Percent of Direct

\$ -

12.5%

Contractor Initials: _____

 72

Date: _____

 5/8/12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: PHEP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 54,538.00	\$ 6,817.25	\$ 61,355.25	
2. Employee Benefits	\$ 10,908.00	\$ 1,363.00	\$ 12,271.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,432.00	\$ 179.00	\$ 1,611.00	
6. Travel	\$ 1,100.00	\$ 137.50	\$ 1,237.50	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,532.00	\$ 191.50	\$ 1,723.50	
9. Software	\$ 1,046.00	\$ 130.75	\$ 1,176.75	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 125.00	\$ 1,125.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,556.00	\$ 8,944.00	\$ 80,500.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: _____

Date: _____

NJ
5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 55,773.00	\$ 6,971.63	\$ 62,744.63	
2. Employee Benefits	\$ 11,055.00	\$ 1,381.38	\$ 12,436.38	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,355.00	\$ 169.38	\$ 1,524.38	
6. Travel	\$ 1,000.00	\$ 125.00	\$ 1,125.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,451.00	\$ 181.38	\$ 1,632.38	
9. Software	\$ 922.00	\$ 115.25	\$ 1,037.25	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,556.00	\$ 8,944.00	\$ 80,500.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: _____

NH

Date: _____

5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 51,215.00	\$ 6,401.88	\$ 57,616.88	
2. Employee Benefits	\$ 10,243.00	\$ 1,280.38	\$ 11,523.38	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,911.00	\$ 238.88	\$ 2,149.88	
6. Travel	\$ 1,200.00	\$ 150.00	\$ 1,350.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,460.00	\$ 182.75	\$ 1,642.75	
9. Software	\$ 1,105.00	\$ 138.13	\$ 1,243.13	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ 250.00	\$ 2,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 69,134.00	\$ 8,642.00	\$ 77,776.00	

Indirect As A Percent of Direct

\$ -

12.5%

Contractor Initials: _____

NJ

Page 1 of 1

Date: _____

5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 52,437.00	\$ 6,554.63	\$ 58,991.63	
2. Employee Benefits	\$ 10,487.00	\$ 1,310.88	\$ 11,797.88	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 945.00	\$ 118.13	\$ 1,063.13	
6. Travel	\$ 1,200.00	\$ 150.00	\$ 1,350.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,463.00	\$ 182.88	\$ 1,645.88	
9. Software	\$ 1,096.00	\$ 137.00	\$ 1,233.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,250.00	\$ 156.50	\$ 1,406.50	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 68,878.00	\$ 8,610.00	\$ 77,488.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: NJ

Date: 5/8/12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 54,689.00	\$ 6,836.13	\$ 61,525.13	
2. Employee Benefits	\$ 10,938.00	\$ 1,367.25	\$ 12,305.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 896.00	\$ 112.00	\$ 1,008.00	
6. Travel	\$ 1,450.00	\$ 181.25	\$ 1,631.25	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,614.00	\$ 201.75	\$ 1,815.75	
9. Software	\$ 1,300.00	\$ 162.50	\$ 1,462.50	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 125.13	\$ 1,125.13	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,887.00	\$ 8,986.00	\$ 80,873.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: n7

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: CoC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 55,141.00	\$ 6,892.63	\$ 62,033.63	
2. Employee Benefits	\$ 11,028.00	\$ 1,378.50	\$ 12,406.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 941.00	\$ 117.63	\$ 1,058.63	
6. Travel	\$ 1,400.00	\$ 175.00	\$ 1,575.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,548.00	\$ 193.50	\$ 1,741.50	
9. Software	\$ 1,085.00	\$ 135.63	\$ 1,220.63	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 125.12	\$ 1,125.12	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,143.00	\$ 9,018.00	\$ 81,161.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: _____

N2

Date: _____

5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,618.00	\$ 702.25	\$ 6,320.25	
2. Employee Benefits	\$ 1,124.00	\$ 140.50	\$ 1,264.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 81.00	\$ 10.25	\$ 91.25	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 147.00	\$ 18.38	\$ 165.38	
9. Software	\$ 141.00	\$ 17.63	\$ 158.63	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,111.00	\$ 889.00	\$ 20,000.00	

Indirect As A Percent of Direct

4.7%

Contractor Initials: 77

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,658.00	\$ 707.25	\$ 6,365.25	
2. Employee Benefits	\$ 1,032.00	\$ 129.00	\$ 1,161.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 102.00	\$ 12.88	\$ 114.88	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 167.00	\$ 20.88	\$ 187.88	
9. Software	\$ 152.00	\$ 19.00	\$ 171.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,111.00	\$ 889.00	\$ 20,000.00	

Indirect As A Percent of Direct

4.7%

Contractor Initials: NJ

Date: 5/8/12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 52,131.00	\$ 6,516.38	\$ 58,647.38	
2. Employee Benefits	\$ 10,426.00	\$ 1,303.25	\$ 11,729.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 5,166.00	\$ 645.75	\$ 5,811.75	
6. Travel	\$ 3,500.00	\$ 437.50	\$ 3,937.50	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,690.00	\$ 211.25	\$ 1,901.25	
9. Software	\$ 1,587.00	\$ 198.38	\$ 1,785.38	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 5,500.00	\$ 687.50	\$ 6,187.50	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,200.00	\$11,191.00	\$ 90,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: _____

Date: _____

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,452.00	\$ 7,056.50	\$ 63,508.50	
2. Employee Benefits	\$ 11,190.00	\$ 1,398.75	\$ 12,588.75	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 5,177.00	\$ 647.13	\$ 5,824.13	
6. Travel	\$ 1,750.00	\$ 218.75	\$ 1,968.75	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,790.00	\$ 223.75	\$ 2,013.75	
9. Software	\$ 1,641.00	\$ 205.13	\$ 1,846.13	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ 250.00	\$ 2,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 80,000.00	\$10,000.00	\$ 90,000.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: MZ

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: SBC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 4,706.00	\$ 588.25	\$ 5,294.25	
2. Employee Benefits	\$ 941.00	\$ 117.63	\$ 1,058.63	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 385.00	\$ 48.13	\$ 433.13	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 153.00	\$ 19.00	\$ 172.00	
9. Software	\$ 144.00	\$ 18.00	\$ 162.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,000.00	\$ -	\$ 2,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 8,329.00	\$ 791.00	\$ 9,120.00	

Indirect As A Percent of Direct

9.5%

Contractor Initials: NJ

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: SBC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 4,685.00	\$ 585.63	\$ 5,270.63	
2. Employee Benefits	\$ 954.00	\$ 119.25	\$ 1,073.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 384.00	\$ 48.00	\$ 432.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 148.00	\$ 18.50	\$ 166.50	
9. Software	\$ 158.00	\$ 19.62	\$ 177.62	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,000.00	\$ -	\$ 2,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 8,329.00	\$ 791.00	\$ 9,120.00	

Indirect As A Percent of Direct

9.5%

Contractor Initials: _____

nz

Date: _____

5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: DBART
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 10,450.00	\$ 1,306.25	\$ 11,756.25	
2. Employee Benefits	\$ 2,090.00	\$ 261.25	\$ 2,351.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 188.00	\$ 23.88	\$ 211.88	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 287.00	\$ 35.88	\$ 322.88	
9. Software	\$ 318.00	\$ 39.75	\$ 357.75	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 70,000.00	\$ -	\$ 70,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,333.00	\$ 1,667.00	\$ 85,000.00	

Indirect As A Percent of Direct

2.0%

Contractor Initials: NJ

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Budget Request for: Regional Public Health Network Services - DBART
(Name of RFP)

Budget Period: SFY ~~2018~~ 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 10,536.00	\$ 1,317.00	\$ 11,853.00	
2. Employee Benefits	\$ 2,107.00	\$ 263.38	\$ 2,370.38	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 145.00	\$ 18.50	\$ 163.50	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 262.00	\$ 32.75	\$ 294.75	
9. Software	\$ 283.00	\$ 35.38	\$ 318.38	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 70,000.00	\$ -	\$ 70,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,333.00	\$ 1,667.00	\$ 85,000.00	

Indirect As A Percent of Direct

2.0%

Contractor Initials: _____

Handwritten initials

Date: _____

Handwritten date 5/8/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the 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:
 - 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;



- 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

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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



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. **Extension:**

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

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- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name:

5/2/17
Date

[Signature]
Name: Waney Frank
Title: CEO



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

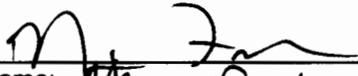
The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
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.

Contractor Name:

Date 5/8/17


Name: Danny Frank
Title: CEO



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

[Handwritten Signature]
5/2/17



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/8/17
Date

[Signature]
Name: Danny Frank
Title: CEO



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations
and Whistleblower protections

Contractor Initials

MT

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:

Date 5/2/17


Name Nancy Frank
Title CEO

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials NF

Date 5/2/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

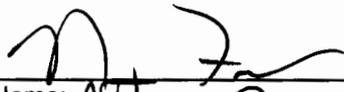
Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

Date 5/8/17


Name: Henry Frank
Title: CEO

Contractor Initials HF
Date 5/8/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

na

5/8/17



Exhibit I

- I. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

[Handwritten Signature]

5/8/07



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

 m

 5/8/17



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
 The State
Lisa Morris
 Signature of Authorized Representative
 Lisa Morris, MSSW
 Name of Authorized Representative
 Director
 Title of Authorized Representative
5/23/17
 Date

North Country Health Consortium
 Name of the Contractor
[Signature]
 Signature of Authorized Representative
Nancy Frank
 Name of Authorized Representative
CEO
 Title of Authorized Representative
5/23/17
 Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

5/2/17
Date

[Signature]
Name: Wancy Frank
Title: CEO



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 01771-1198
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

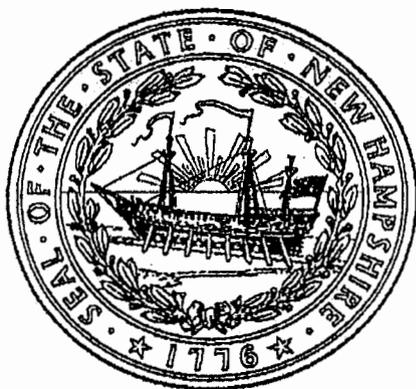
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTH COUNTRY HEALTH CONSORTIUM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 05, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 301456



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of April A.D. 2017.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Edward D. Shanshala, II of North Country Health Consortium, do hereby certify that:

1. I am the duly elected President of North Country Health Consortium;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the North Country Health Consortium, in Minutes dated April 14, 2017;

RESOLVED: Be it resolved that North Country Health Consortium enters into contracts with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: Be it resolved that the Chief Executive Officer and/or Board President is hereby authorized on behalf of this corporation to enter into said contracts with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Nancy Frank is the Chief Executive Officer of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 8, 2017.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the North Country Health Consortium this 8th day of May 2017.



Edward D. Shanshala, II, President

STATE OF NEW HAMPSHIRE
COUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 8th day of May 2017 by
Edward D. Shanshala, II.



Notary Public/Justice of the Peace
My Commission Expires:

AROL A. HEMENWAY, Notary Public
My Commission Expires October 21, 2020



North Country Health Consortium Mission Statement:

“To lead innovative collaboration to improve the health status of the region.”

The North Country Health Consortium (NCHC) is a non-profit 501(c)3 rural health network, created in 1997, as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern New Hampshire.

NCHC is engaged in activities for:

- Solving common problems and facilitating regional solutions
- Creating and facilitating services and programs to improve population health status
- Health professional training, continuing education and management services to encourage sustainability of the health care infrastructure
- Increasing capacity for local public health essential services
- Increasing access to health care for underserved and uninsured residents of Northern New Hampshire.

A.M. PEISCH & COMPANY, LLP

**NORTH COUNTRY HEALTH
CONSORTIUM, INC. AND SUBSIDIARY**

CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 30, 2016 AND 2015



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A.M. PEISCH & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of North Country Health Consortium, Inc. (a nonprofit organization) and Subsidiary, which comprise the consolidated statements of financial position as of September 30, 2016 and 2015, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits 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 auditor's 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.

- 1 -

401 Water Tower Circle Suite 302 Colchester, VT 05446 (802) 654-7255	27 Center Street P. O. Box 326 Rutland, VT 05702 (802) 773-2721	30 Congress Street Suite 201 St. Albans, VT 05478 (802) 527-0505	1020 Memorial Drive St. Johnsbury, VT 05819 (802) 748-5654	24 Airport Road, Suite 402 West Lebanon, NH 03784 (603) 306-0100
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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 financial position of North Country Health Consortium, Inc. and Subsidiary as of September 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, 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 Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 10, 2017 on our consideration of North Country Health Consortium, 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 results of that testing, and not to provide an opinion on the 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 North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting and compliance.

A.M. Peisch and Company, LLP

St. Johnsbury, Vermont
March 10, 2017
VT Reg. No. 92-0000102

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2016 AND 2015

ASSETS	2016	2015
Current Assets		
Cash and cash equivalents	\$ 985,845	\$ 912,270
Accounts receivable, net		
Grants and contracts	340,530	188,257
Dental services	9,284	4,016
Certificates of deposit	125,020	124,509
Prepaid expenses	35,326	21,676
Restricted cash - ACO	-	76,701
Restricted cash - IDN	813,235	-
Total Current Assets	2,309,240	1,327,429
Property and Equipment:		
Computers and equipment	76,178	72,057
Dental equipment	71,332	71,332
Furnitures and fixtures	32,257	32,257
Vehicles	18,677	18,677
Accumulated depreciation	(156,770)	(141,048)
Property and Equipment, Net	41,674	53,275
Other Assets		
Restricted cash - IDN	1,600,000	-
Total Other Assets	1,600,000	-
Total Assets	\$ 3,950,914	\$ 1,380,704
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 63,105	\$ 25,646
Accrued expenses	7,908	11,643
Accrued wages and related liabilities	97,381	71,980
Deferred revenue	979,869	287,172
Total Current Liabilities	1,148,263	396,441
Long-Term Liabilities		
Deferred revenue - Long term portion	1,600,000	-
Total Long-Term Liabilities	1,600,000	-
Total Liabilities	2,748,263	396,441
NET ASSETS		
Unrestricted	1,202,651	984,263
Total Net Assets	1,202,651	984,263
Total Liabilities and Net Assets	\$ 3,950,914	\$ 1,380,704

See accompanying notes.

**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015**

	2016	2015
Support:		
Grant and contract revenue	<u>\$ 1,874,936</u>	<u>\$ 1,620,106</u>
Revenue:		
Dental patient revenue	165,687	136,687
Fees for programs and services	182,432	232,483
Interest income	1,528	2,683
Other income	3,056	1,164
Donated services	-	9,113
Total Revenue	<u>352,703</u>	<u>382,130</u>
Total Support and Revenue	<u>2,227,639</u>	<u>2,002,236</u>
Program Expenses:		
Workforce	780,074	519,117
Public health	177,924	164,287
Molar	362,503	412,602
CSAP	441,232	429,079
North Country ACO	70,361	111,534
Total Program Expenses	<u>1,832,094</u>	<u>1,636,619</u>
Management and General	<u>177,157</u>	<u>176,357</u>
Total Expenses	<u>2,009,251</u>	<u>1,812,976</u>
Change in Net Assets	218,388	189,260
NET ASSETS, Beginning of the Year	<u>984,263</u>	<u>795,003</u>
NET ASSETS, End of the Year	<u>\$ 1,202,651</u>	<u>\$ 984,263</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2016

	Workforce	Public Health	Molar	CSAP	North Country ACO	Total Program	Management & General	Total
Personnel:								
Salaries	\$ 388,374	\$ 83,406	\$ 183,302	\$ 197,310	\$ 29,937	\$ 882,329	\$ 70,141	\$ 952,470
Payroll taxes and employee benefits	60,863	14,848	31,030	32,395	4,700	143,836	9,350	153,186
Subtotal	449,237	98,254	214,332	229,705	34,637	1,026,165	79,491	1,105,656
Site Expenses:								
Computer supplies	10,515	2,723	7,751	6,122	579	27,690	2,547	30,237
Medical and pharmacy supplies	169,370	52,704	99,443	125,053	-	446,570	2,088	448,658
Office supplies	15,395	1,427	2,279	7,585	203	26,889	14,124	41,013
Subtotal	195,280	56,854	109,473	138,760	782	501,149	18,759	519,908
General:								
Bad debts (recoveries)	-	-	(976)	-	-	(976)	-	(976)
Depreciation	-	-	6,616	-	-	6,616	9,105	15,721
Dues and memberships	4,598	40	20	25	-	4,683	10,157	14,840
Education and training	4,636	1,370	1,192	370	-	7,568	5,332	12,900
Equipment and maintenance	11,410	-	150	-	1,008	12,568	1,200	13,768
Rent and occupancy	21,707	6,347	12,765	11,054	1,850	53,723	7,811	61,534
Insurance	1,354	918	1,934	1,112	131	5,449	3,779	9,228
Miscellaneous	25	-	-	-	-	25	7,569	7,594
Data collection contract	-	-	-	-	25,667	25,667	-	25,667
Payroll processing fees	-	-	-	-	-	-	4,570	4,570
Postage	923	256	590	498	79	2,346	437	2,783
Printing	2,795	1,593	1,799	1,375	239	7,801	1,703	9,504
Professional fees	8,460	4,281	6,808	4,930	5,528	30,007	8,187	38,194
Training fees and supplies	60,878	1,751	527	40,228	-	103,384	12,786	116,170
Travel	16,133	5,144	1,886	11,166	378	34,707	5,594	40,301
Telephone	2,638	1,116	1,568	2,009	62	7,393	677	8,070
Vehicle expense	-	-	3,819	-	-	3,819	-	3,819
Subtotal	135,557	22,816	38,698	72,767	34,942	304,780	78,907	383,687
Total Expenses	\$ 780,074	\$ 177,924	\$ 362,503	\$ 441,232	\$ 70,361	\$ 1,832,094	\$ 177,157	\$ 2,009,251

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2015

	Workforce	Public Health	Molar	CSAP	North Country ACO	Total Program	Management & General	Total
Personnel:								
Salaries	\$ 247,263	\$ 70,370	\$ 216,451	\$ 170,561	\$ 56,894	\$ 761,539	\$ 72,486	\$ 834,025
Payroll taxes and employee benefits	42,099	11,979	39,915	31,616	10,651	136,260	18,610	154,870
Subtotal	<u>289,362</u>	<u>82,349</u>	<u>256,366</u>	<u>202,177</u>	<u>67,545</u>	<u>897,799</u>	<u>91,096</u>	<u>988,895</u>
Site Expenses:								
Computer supplies	11,553	1,498	6,721	4,253	1,412	25,437	2,131	27,568
Medical and pharmacy supplies	113,154	62,978	93,404	117,137	30	386,703	5,118	391,821
Office supplies	7,583	3,837	2,269	11,094	340	25,123	3,986	29,109
Subtotal	<u>132,290</u>	<u>68,313</u>	<u>102,394</u>	<u>132,484</u>	<u>1,782</u>	<u>437,263</u>	<u>11,235</u>	<u>448,498</u>
General:								
Bad debt	-	-	4,551	-	-	4,551	-	4,551
Depreciation	-	-	7,985	-	-	7,985	9,099	17,084
Dues and memberships	1,683	9	273	993	105	3,063	7,937	11,000
Education and training	300	-	42	13,518	-	13,860	6,026	19,886
Equipment and maintenance	3,996	130	881	-	-	5,007	222	5,229
Rent and occupancy	17,328	4,827	16,311	13,012	4,125	55,603	6,699	62,302
Insurance	1,275	822	1,770	935	268	5,070	3,748	8,818
Miscellaneous	10,282	-	311	350	-	10,943	757	11,700
Data collection contract	-	-	-	-	21,953	21,953	-	21,953
Payroll processing fees	-	-	-	25	-	25	3,618	3,643
Postage	443	130	633	370	153	1,729	529	2,258
Printing	3,900	1,229	2,396	1,275	333	9,133	1,257	10,390
Professional fees	4,972	1,486	7,783	4,639	13,260	32,140	21,409	53,549
Training fees and supplies	38,214	1,885	41	43,507	1	83,648	3,539	87,187
Travel	14,208	2,071	5,046	14,293	1,842	37,460	7,857	45,317
Telephone	864	1,036	2,003	1,501	167	5,571	1,329	6,900
Vehicle expense	-	-	3,816	-	-	3,816	-	3,816
Subtotal	<u>97,465</u>	<u>13,625</u>	<u>53,842</u>	<u>94,418</u>	<u>42,207</u>	<u>301,557</u>	<u>74,026</u>	<u>375,583</u>
Total Expenses	<u>\$ 519,117</u>	<u>\$ 164,287</u>	<u>\$ 412,602</u>	<u>\$ 429,079</u>	<u>\$ 111,534</u>	<u>\$ 1,636,619</u>	<u>\$ 176,357</u>	<u>\$ 1,812,976</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015

	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 218,388	\$ 189,260
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	15,721	17,084
Bad debt expense (recovery)	(976)	4,551
(Increase) decrease in operating assets:		
Accounts receivable - Grants and contracts	(152,273)	(32,816)
Accounts receivable - Dental services	(4,292)	(7,818)
Prepaid expenses	(13,650)	(9,431)
Restricted cash - ACO	76,701	122,443
Restricted cash - IDN	(2,413,235)	-
Increase (decrease) in operating liabilities:		
Accounts payable	37,459	6,585
Accrued expenses	(3,735)	(15,243)
Accrued wages	25,401	882
Deferred revenue	2,292,697	(144,834)
Net cash provided by operating activities	<u>78,206</u>	<u>130,663</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of certificates of deposit	(511)	(61,497)
Maturities of certificates of deposit	-	24,408
Purchases of property and equipment	(4,120)	(16,975)
Net cash used by investing activities	<u>(4,631)</u>	<u>(54,064)</u>
Net increase in cash and cash equivalents	73,575	76,599
Beginning cash and cash equivalents	<u>912,270</u>	<u>835,671</u>
Ending cash and cash equivalents	<u>\$ 985,845</u>	<u>\$ 912,270</u>

See accompanying notes.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Nature of Activities and Summary of Significant Accounting Policies

Nature of activities

North Country Health Consortium, Inc. and Subsidiary (NCHC) (the Organization) is a not-for-profit health center chartered under the laws of the State of New Hampshire. The Organization's mission is to lead innovative collaboration to improve the health status of the region. NCHC is engaged in promoting and facilitating access to services and programs that improve the health status of the area population, provide health training and educational opportunities for healthcare purposes, and provide region-wide dental services for an underserved and uninsured residents.

The Organization's wholly owned subsidiary, North Country ACO (the ACO), is a non-profit 501(c)(3) charitable corporation formed in December 2011. This entity was formed as an accountable care organization (ACO) with its purpose to support the programs and activities of the ACO participants to improve the overall health of their respective populations and communities. North Country ACO members participate in the Medicare Shared Savings Program to pay for services to Medicare beneficiaries. North Country ACO performs administration and manages the distribution of funds to participants using a patient based model.

Medicare payments to North Country ACO have ceased. The Organization did not submit an application to reapply to the Medicare Shared Savings Program. As a result, North Country ACO was issued a status of non-renewal, and its participation agreement with the Shared Savings Program has been terminated. Substantially all funds have been distributed to participants. A nominal cash balance remained to fund closing activities and completion of the required notifications to participants. After these activities have been completed, it is the intent of the Organization to dissolve North Country ACO.

The Organization's primary programs are as follows:

Network and Workforce Activities – To provide workforce education programs and promote oral health initiatives for the Organization's dental services.

Public Health and CSAP – To conduct community substance abuse prevention activities, coordination of public health networks, and promote community emergency response plan.

Dental Services and Molar – To sustain a program offering oral health services for children and low income adults in Northern New Hampshire.

Following is a summary of the significant accounting policies used in the preparation of these consolidated financial statements.

Principles of consolidation

The accompanying consolidated financial statements include the accounts of North Country Health Consortium, Inc. and its wholly owned subsidiary, North Country ACO. All significant inter-company transactions and balances have been eliminated in consolidation.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Use of estimates

In preparing the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of risk

The Organization's operations are affected by various risk factors, including credit risk and risk from geographic concentration and concentrations of funding sources. Management attempts to manage risk by obtaining and maintaining revenue funding from a variety of sources. A substantial portion of the Organization's activities are funded through grants and contracts with private and federal and state agencies. As a result, the Organization may be vulnerable to the consequences of change in the availability of funding sources and economic policies at the agency level. The Organization generally does not require collateral to secure its receivables.

Revenue recognition

Below are the revenue recognition policies of the Organization:

Dental Patient Revenue

Dental services are recorded as revenue within the fiscal year related to the service period.

Grant and Contract Revenue

Grants and contracts are recorded as revenue in the period they are earned by satisfaction of grant or contract requirements.

Fees for Programs and Services

Fees for programs and services are recorded as revenue in the period the related services were performed.

Cash and cash equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Restricted cash - ACO

Restricted cash – ACO consists of advanced funding received from Medicare to be used for the development of systems to improve care coordination, technical improvements, data collection coordination, and promote cost saving. For the years ending September 30, 2016 and 2015, these amounts were \$0 and \$76,701, respectively.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Restricted cash - IDN

Restricted cash – IDN consists of advanced funding received from The State of New Hampshire Department of Health and Human Services. Of the total advance of funds, \$2,000,000 of the cash is to be used to fund the Organization’s cost of administering the Integrated Delivery Network over a period of five years. The remaining balance of \$413,235 is to be distributed to participants. For the years ending September 30, 2016 and 2015, these amounts were \$2,413,235 and \$0, respectively.

Accounts receivable

The Organization has receivable balances due from dental services provided to individuals and from grants and contracts received from federal, state, and private agencies. Management reviews the receivable balances for collectability and records an allowance for doubtful accounts based on historical information, estimated contractual adjustments, and current economic trends. Management considers the individual circumstance when determining the collectability of past due amounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to earnings and a credit to accounts receivable. Any collection fees or related costs are expensed in the year incurred. The Organization recorded an allowance for doubtful accounts for dental service of \$7,776 and \$8,752 as of September 30, 2016 and 2015, and an allowance for doubtful accounts for grants and contracts of \$0 as of September 30, 2016 and 2015. The Organization does not charge interest on its past due accounts, and collateral is generally not required.

Certificates of deposit

The Organization has three certificates of deposit with one financial institution. These certificates carry original terms of 12 months to 24 months, have interest rates ranging from .40% to .55%, and mature at various dates through February 2018. All certificates are fully insured by the FDIC.

Property and equipment

Property and equipment is stated at cost less accumulated depreciation. The Organization generally capitalizes property and equipment with an estimated useful life in excess of one year and amounts over \$2,500. Lesser amounts are generally expensed. Purchased property and equipment is capitalized at cost.

Property and equipment are depreciated using the straight-line method using the following ranges of estimated useful lives:

Computers and Equipment	3-7 years
Dental equipment	5-7 years
Furniture and fixtures	5-7 years
Vehicles	5 years

Depreciation expense totaled \$15,721 and \$17,084 for the years ended September 30, 2016 and 2015, respectively.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Deferred revenue

Deferred revenue is related to advance payments on grants or advance billings relative to anticipated expenses or events in future periods. The revenue is realized when the expenses are incurred or as services are provided in the period earned.

Net assets

The Organization is required to report information regarding its financial position and activity according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted net assets – consist of unrestricted amounts that are available for use in carrying out the mission of the Organization.

Temporarily restricted net assets – consist of those amounts that are donor restricted for a specific purpose. When a donor restriction expires, either by the passage of a stipulated time restriction or by the accomplishment of a specific purpose restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization has elected, however, to show those restricted contributions whose restrictions are met in the same reporting period as they are received as unrestricted support. The Organization had no temporarily restricted net assets at September 30, 2016 and 2015.

Permanently restricted net assets – result from contributions from donors who place restrictions on the use of donated funds mandating that the original principal remain invested in perpetuity. The Organization had no permanently restricted net assets at September 30, 2016 and 2015.

Income taxes

The Organization and the ACO are exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and are not classified as private foundations. FASB ASC 740-10 prescribes a recognition threshold and measurement attributable for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. The Organization is not aware of any such uncertain tax positions. The tax years ending September 30, 2013 through 2016 are still open to audit.

Functional expenses

The costs of providing the various programs and activities have been summarized on a functional basis in the Statement of Activities. Expenses are charged to programs based on direct expenses incurred and certain costs, including salaries and fringe benefits, are allocated to the programs and supporting services based upon related utilization and benefit.

Reclassification

Certain amounts in the 2015 financial statements have been reclassified to conform to the current year presentation.

Note 2. Cash Concentrations

The Organization maintains bank account balances which, at times, may exceed federally insured limits. The Organization has not experienced any losses with these accounts, and management believes the Organization is not exposed to significant credit risk on cash as of September 30, 2016 and 2015.

The Organization attempts to manage credit risk relative to cash concentrations by utilizing "sweep" accounts. The Organization maintains ICS Sweep accounts that invest cash balances in other financial institutions at amounts that do not exceed FDIC insurable limits. All cash at these institutions is held in interest-bearing money market accounts. Interest rates on these balances ranged from .10% to .15% as of September 30, 2016.

Note 3. Donated Services

For the year ending September 30, 2015, the subsidiary recorded contribution revenue totaling \$9,113 as a result of donated legal services. The contribution revenue was recorded at fair market value.

Note 4. Operating Leases

The Organization leases office space in Littleton, NH under a three year operating lease that expires in April 2017. The Organization has the option to renew the lease for two additional years.

Future minimum rental payments under lease commitments are as follows:

Year Ended September 30,

2017	\$	34,218
Thereafter		<u>-</u>
	\$	<u>34,218</u>

Lease expense for the aforementioned leases was \$59,105 and \$60,777 for the years ended September 30, 2016 and 2015, respectively.

Note 5. Deferred Revenue

The summary of the components of deferred revenue as of September 30, are as follows:

	2016	2015
Deferred Revenue- IDN	\$ 2,392,816	\$ -
Deferred Revenue- ACO	-	74,810
Deferred Revenue- Other	187,053	212,362
Total	<u>\$ 2,579,869</u>	<u>\$ 287,172</u>

Note 5. Deferred Revenue (Continued)

Deferred revenue - IDN

Under the terms of an agreement between CMS and the State of New Hampshire Department of Health and Human Services, various Integrated Delivery Networks (IDN) are to be established within geographic regions across the state to develop programs to transform New Hampshire's behavioral health delivery system by strengthening community-based mental health and substance use disorder services and programs to combat the opioid crisis. The Organization has been designated to be the administrative lead of one of these IDNs.

In September 2016, the Organization was awarded a five-year grant from the Centers for Medicare and Medicaid Services (CMS), passed through the State of New Hampshire Department of Health and Human Services. At that date, the Organization was advanced \$2,413,256 upon fulfillment of the condition of successful submission and state approval of an IDN Project Plan. Of that amount, \$2,000,000 will be retained by the Organization as administrative fees for five years and the remaining funds will be disbursed to participants. For years two through five, The IDNs will continue to earn performance-based incentive funding by achieving defined targets and any funds received will be passed through to the participants.

Deferred revenue – ACO

Deferred revenue – ACO consists of monies received from Medicare that are applicable to initial funding that are to be used for the purpose of the ACO infrastructure and administration. Revenue is to be recognized as qualified costs are incurred.

Note 6. Related Party Transactions

A majority of the Organization's members and the Organization are also members of a Limited Liability Company. There were no transactions between the Limited Liability Company and the Organization's members in 2016 and 2015.

The Organization contracts various services from other organizations of which members of management of these other organizations may also be board members of North Country Health Consortium, Inc. and Subsidiary. Amounts paid to these organizations were \$121,264 and \$144,561 for the years ended September 30, 2016 and 2015, respectively. Outstanding amounts due to these organizations as of September 30, 2016 and 2015 amounted to \$0 and \$3,200, respectively. Outstanding amounts due from these organizations as of September 30, 2016 and 2015 amounted to \$1,380 and \$5,844, respectively.

Note 7. Retirement Plan

The Organization offers a defined contribution savings and investment plan (the Plan) under section 403(b) of the Internal Revenue Code. The Plan is available to all employees who are 21 years of age or older. There is no service requirement to participate in the Plan. Employee contributions are permitted and are subject to IRS limitations. Monthly employer contributions are \$50 for each part-time employee and \$100 for each full-time employee. Employer contributions for the years ended September 30, 2016 and 2015 were \$16,725 and \$14,570, respectively.

Note 8. Commitment and Contingencies

In September 2016, the Organization entered into an agreement with a vendor for the purchase of a server and related hardware for approximately \$40,000. The Organization paid \$20,000 on the contract in September 2016, of which \$19,125 is included in prepaid expenses and \$875 in labor costs, is recorded in property and equipment. The remaining balance on the contract is substantially due upon completion of the project. At that time, the remaining cost of the server and hardware will be transferred to property and equipment and will be depreciated.

The Organization receives a significant portion of its support from various funding sources. Expenditure of these funds requires compliance with terms and conditions specified in the related contracts and agreements. These expenditures are subject to audit by the contracting agencies. Any disallowed expenditures would become a liability of the Organization requiring repayment to the funding sources. Liabilities resulting from these audits, if any, will be recorded in the period in which the liability is ascertained.

Note 9. Federal Reports

Additional reports, required by *Government Auditing Standards* and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, including the Schedule of Expenditures of Federal Awards, are included in the supplements to this report.

Note 10. Subsequent Events

The Organization has evaluated subsequent events through March 10, 2017, the date the financial statements were available to be issued.

A.M. PEISCH & COMPANY, LLP

**NORTH COUNTRY HEALTH
CONSORTIUM, INC. AND SUBSIDIARY**

ADDITIONAL REQUIRED REPORTS

SEPTEMBER 30, 2016



NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2016**

Federal Grantor/Pass through Grantor/Program Title	Federal CFDA Number	Pass-through Grantor's Subgrant No.	Federal Expenditures
U.S Department of Health and Human Services			
<i>Direct Programs:</i>			
Rural Health Care Services Outreach Program	93.912	D04RH28387	\$ 225,090
Quality Improvement	93.912	G20RH26398	135,983
Network Development	93.912	D06RH28031	<u>262,692</u>
			623,765
Health Careers Opportunity	93.329	G06HP27887	<u>146,799</u>
<i>Total direct programs:</i>			<u>770,564</u>
<i>Passed through the State of New Hampshire:</i>			
Public Health Emergency Preparedness	93.074	U90TP000535	<u>118,420</u>
SAP - 5 Schools INTERIM	93.243	TI010035-16	26,484
SAP - 2 Schools	93.243	SP020796	9,454
SAP - 5 Schools	93.243	SP019425	<u>106,516</u>
			<u>142,454</u>
School-Based Immunization	93.268	H23IP0007757	<u>10,024</u>
Continuum of Care	93.959	TI010035-14	94,432
Substance Misuse Prevention	93.959	TI010035-14	<u>46,000</u>
			<u>140,432</u>
Community Health Workers	93.752	58DP004821	<u>110</u>
Public Health Advisory Council	93.758	B010T00937	<u>34,458</u>
Hypertension	93.757	U58DP004821	<u>38,675</u>
Medical Assistance Program - Integrated Delivery Networks	93.778	NH20164	<u>20,953</u>
Community Health Workers	93.945	58DP003930	<u>275</u>
<i>Total pass through State of New Hampshire:</i>			<u>505,801</u>
<i>Passed through the University of Dartmouth Area Health Education Center:</i>			
Area Health Education Centers	93.107	U77HP03627-09-01	<u>57,001</u>
<i>Passed through the University of New Hampshire:</i>			
Practice Transformation Network	93.638	Agreement #16-039	<u>125,899</u>
<i>Passed through the New Hampshire Health Plan:</i>			
Marketplace	93.525	HBEIE130156	<u>36,000</u>
Total Expenditures of Federal Awards			\$ <u>1,495,265</u>

See accompanying notes to schedule of expenditures of federal awards.

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Notes to Schedule of Expenditures of Federal Awards
for the Year Ended September 30, 2016**

Note 1. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of North Country Health Consortium, Inc. and Subsidiary (the Organization) under programs of the federal government for the year ended September 30, 2016. The information in this Schedule is presented in accordance with the requirements of OMB Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

Note 2. Summary of Significant Accounting Policies

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Pass-through entity identifying numbers are presented where available.
- (3) The Organization did not elect to use the 10% de minimus indirect cost rate.

A.M. PEISCH & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS

INDEPENDENT AUDITOR'S 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*

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

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 North Country Health Consortium, Inc. and Subsidiary (the Organization) (a New Hampshire nonprofit organization), which comprise the consolidated statement of financial position as of September 30, 2016, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated March 10, 2017.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered North Country Health Consortium, 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 consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of North Country Health Consortium, Inc. and Subsidiary's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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 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. 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.

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401 Water Tower Circle Suite 302 Colchester, VT 05446 (802) 654-7255	27 Center Street P. O. Box 326 Rutland, VT 05702 (802) 773-2721	30 Congress Street Suite 201 St. Albans, VT 05478 (802) 527-0505	1020 Memorial Drive St. Johnsbury, VT 05819 (802) 748-5654	24 Airport Road, Suite 402 West Lebanon, NH 03784 (603) 306-0100
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Compliance and Other Matters

As part of obtaining reasonable assurance about whether North Country Health Consortium, 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 results of that testing, and not to provide an opinion on the effectiveness of the Organization'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 Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A.M. Peisch and Company, LLP

St. Johnsbury, Vermont
March 10, 2017
VT Reg. No. 92-0000102

A.M. PEISCH & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited North Country Health Consortium, Inc. and Subsidiary's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of North Country Health Consortium, Inc. and Subsidiary's major federal programs for the year ended September 30, 2016. North Country Health Consortium, Inc. and Subsidiary's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of North Country Health Consortium, 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 the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance 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 North Country Health Consortium, 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 North Country Health Consortium, Inc. and Subsidiary's compliance.

Opinion on Each Major Federal Program

In our opinion, North Country Health Consortium, 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 September 30, 2016.

Report on Internal Control Over Compliance

Management of North Country Health Consortium, 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 North Country Health Consortium, 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 the Uniform Guidance, 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 North Country Health Consortium, 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 results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

A.M. Peisch and Company, LLP

St. Johnsbury, Vermont
March 10, 2017
VT Reg. No. 92-0000102

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Schedule of Findings and Questioned Costs
Year Ended September 30, 2016**

A. SUMMARY OF AUDITOR'S RESULTS

1. The independent auditor's report expresses an unmodified opinion on the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary.
2. No material weakness or significant deficiencies relating to the audit of the financial statements of North Country Health Consortium, Inc. and Subsidiary are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Governmental Auditing Standards*.
3. No instances of noncompliance material to the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No material weakness or significant deficiencies relating to internal control over compliance for major federal award programs are reported in the Independent Auditor's Report on Compliance for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance.
5. The auditor's report on compliance for the major federal award programs for North Country Health Consortium, Inc. and Subsidiary expresses an unmodified opinion on the major federal program.
6. There were no audit findings that are required to be reported in this schedule in accordance with 2 CFR Section 200.516(a).
7. The program tested as a major program was U.S. Department of Health and Human Services – Rural Health Care Services, Quality Improvement, and Network Development (CFDA Number 93.912).
8. The threshold for distinguishing Types A and B programs was \$750,000.
9. North Country Health Consortium, Inc. and Subsidiary was determined to be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENT AUDIT

There were no reported findings related to the audit of the financial statements for the year ended September 30, 2016.

C. FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAM AUDIT

There were no reported findings related to the audit of the federal program for the year ended September 30, 2016.

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Summary Schedule of Prior Audit Findings
Year Ended September 30, 2016**

**2015 and 2014 FINDINGS AND QUESTIONED COSTS – AUDIT OF MAJOR FEDERAL
AWARD PROGRAMS**

2015 Finding:

There were no reported findings related to the audit of the federal program for the year ended September 30, 2015.

2014 Finding:

There were no reported findings related to the audit of the federal program for the year ended September 30, 2014.

“To lead innovative collaboration to improve the health status of the region.”

NCHC Board Members 2016 to 2017

President

Ed Shanshala, Chief Executive Officer, Ammonoosuc Community Health Services

Vice President

Russ Keene, Chief Financial Officer, North Country Healthcare

Treasurer

Jonathan Brown, Chief Executive Officer, Indian Stream Health Center

Secretary

Kristina Fjeld-Sparks, NH AHEC Director, NH AHEC/Geisel School of Medicine

Assistant Secretary

Nancy Bishop, Human Services Administrator, Grafton County Human Services

Directors

Sharon Beaty, Chief Executive Officer, Mid-State Health Center

Michael Lee, President, Weeks Medical Center

Ken Gordon, Chief Executive Officer, Coos County Family Health Services

Suzanne Gaetjens-Oleson, Regional Mental Health Administrator, Northern Human Services

Pauline Tibbetts, Interim Executive Director, Androscoggin Valley Home Care

Scott Colby, Director, Upper Connecticut Valley Hospital

Kristy Letendre, Division Director, Tri-County Community Action Program

Roxie Severance, Director, RS Consulting

Robert Nutter, President, Littleton Regional Healthcare

Karen Woods, Administrative Director, Cottage Hospital

Rev. Curtis Metzger, All Saints' Episcopal Church

Morrison Nursing Home

NANCY FRANK, MPH

PROFESSIONAL EXPERIENCE

North Country Health Consortium

Littleton, New Hampshire

August 2011 – present

Executive Director

- Responsible for supervision of all agency staff
- Director of the Northern New Hampshire Area Health Education Center
- Lead strategic planning and board development efforts
- Prepare and manage organization's budget
- Provide oversight and technical assistance to all agency projects and programs

December 2009- July 2011

Development Director/Workforce Development

- Responsible for researching and writing grant applications, developing work plans, identifying funding opportunities
- Serves as North Country Health Consortium Evaluator
- Provides consultation to member organizations and assists in community needs assessment, evaluation, and resource development
- Serves as project director on workforce development initiatives
- Provides supervision to the Workforce Development Program
- Member of NCHC Management Team

Vermont Department of Health

St. Johnsbury, Vermont

November 2006-June 2008

Public Health Supervisor

- Responsible for administration of local public health programs, including school health, immunizations, healthy babies, ladies first (breast and cervical cancer screening), and environmental health
- Participated in local emergency preparedness planning
- Collaborated with community partners to develop community health education prevention programs
- Participated in local community health assessment and identification of public health priorities
- Facilitated local Maternal/Child Health coalition
- Supervision of professional/para-professional staff

Northeastern Vermont Area Health Education Center

St. Johnsbury, Vermont

December 1999-October 2006

Community Resource Coordinator

Program Coordinator, National Community Center of Excellence in Women's Health

- Responsible for coordination of community health education programs in a six county region in Northeastern Vermont
- Collaborated with five regional hospitals to increase access to health information and education programs
- Worked with community partners to plan and implement community health and wellness programs
- Developed community health status reports
- Responsible for grant writing, including successful award for five year federal grant to establish

National Community Center of Excellence in Women's Health (CCOE) in Vermont's Northeast Kingdom

- Responsible for all aspects of development, implementation, management, and evaluation of a rural CCOE model
- Responsible for submission of all federal reports and documentation of CCOE program highlights
- Attended and presented at national meetings

Northeastern Vermont Area Health Education Center

St Johnsbury, Vermont

July 1999 – October 1999

Consultant, Community Diabetes Project

- Established partnerships with primary care provider practices to plan and implement diabetes education program
- Developed educational packets for providers and patients with an emphasis on chronic disease management

Vermont Department of Health

Burlington, Vermont

June 1992 – December 1998

Public Health Specialist (February 1998 - December 1998)

Primary Care Coordinator

- Wrote, managed, and administered Federal Grant establishing Vermont's Primary Care Cooperative Agreement
- Assessed access to primary care services for all Vermonters, particularly underserved populations
- Assisted communities, providers, and special populations in development of strategies to increase access to care
- Participated in policy development related to primary care delivery systems
- Responsible for Vermont's applications for Federal Health Professional Shortage Area designations
- Facilitated and coordinated meetings of Primary Care Cooperative Agreement Steering Committee

Maternal and Child Health Planning Specialist (October 1993 - February 1998)

Project Coordinator, State Systems Development Initiative

- Facilitated community health needs assessment process in various communities throughout the state by providing technical assistance for development and data analysis
- Managed community grants focused on integrated health care systems development for children and families.
- Responsible for development of community assessment and evaluation tools.
- Responsible for federal grant and report writing
- Member of statewide advisory boards, including the Primary Care Cooperative Agreement, the Robert Wood Johnson Making the Grade Project, and the Indicator and Outcomes Committee of the State Team for Children and Families

Maternal and Child Health Planning Specialist (June 1992 - September 1993)

- Responsible for statewide planning for maternal and child health programs and policies.
- Evaluated Department of Health programs and make recommendations for programmatic changes
- Responsible for coordinating Vermont's Maternal and Child Health Title V grant proposal and annual report
- Coordinator for statewide systems development project focused on the primary health care needs of children and adolescents in Vermont.
- Vermont Genetics Coordinator - manage contracts and grants with the Vermont Regional Genetics

Center

- Responsible for grant and report writing
- Member of Vermont's Child Fatality Review Committee

University of Illinois at Chicago, School of Public Health

Prevention Research Center, Chicago, IL

January 1990 – May 1991

Project Director, Youth AIDS Prevention Project

- Responsible for directing all aspects of a multiple risk reduction HIV prevention education/research project
- Developed comprehensive risk reduction curriculum for 7th and 8th grade students
- Developed research questionnaires for students, parents, and school administrators
- Responsible for writing annual National Institutes of Mental Health progress and evaluation reports
- Participated in budget management of project
- Supervised staff of three health educators and two research assistants

Cook County Department of Public Health

Maywood, Illinois

September 1987 – January 1990

AIDS Education Coordinator (July 1988 - January 1990)

- Responsible for administration, planning and implementation for all HIV/AIDS community and school-based education programs
- Managed subcontracts with community based organizations
- Responsible for writing quarterly progress/evaluation reports submitted to the Illinois Department of Public Health
- Supervised staff of four health educators

Community Health Educator (September 1987 - July 1988)

- Organized and conducted conferences, workshops, training, and classes for students, teachers, and community groups on a variety of public health issues, emphasis on HIV/AIDS and sexuality education

Case Western Reserve University

Cleveland, Ohio

November 1982 – May 1985

Research Assistant, Department of Nutrition

- Primary research assistant for the laboratory analysis component of a project to study the vitamin D levels of bottle-fed versus breast-fed infants

Research Assistant, Department of Medicine

- Prepared statistical and technical data for publications
- Managed research grants

PROFESSIONAL AFFILIATIONS/BOARDS

- Grafton County Mental Health Court, Advisory Council
- New England Rural Health Round Table, Board Member
- New Hampshire Oral Health Coalition, Steering Committee
- New Hampshire Governor's Primary Care Workforce Commission
- National Cooperative of Health Networks
- American Public Health Association

EDUCATION

May 1987 Master of Public Health, Community Health Sciences, Maternal & Child Health
University of Illinois at Chicago, School of Public Health

June 1981 Bachelor of Science, Consumer Science
University of Wisconsin - Madison

Colleen Gingue

Self-Starter

Team Player

Task Oriented

Cheerful

Highlights of Qualifications

- Proficient in Microsoft Suite (Access, Excel, Power Point, Word) and Microsoft Outlook (Email, Calendar, Reminder, Notes), QuickBooks Pro, Customer Relationship Management (CRM), SharePoint, ADP, ReportSmith, Red Beam

Experience

Finance Director North Country Health Consortium 2012-Present

- Prepare monthly financial management reporting packages and analyses
 - Present financial statements to Finance Committee and Board
- Direct preparation of monthly, quarterly, and annual budget reports with recommendations for areas of improvements
- Direct administration of financial management systems, strategies, fiscal policy and procedures
- Oversee and participate in annual external audit
 - Review auditor reports and financial statements, and provide recommendation as needed
- Supervise annual insurance renewals and review coverage requirements
- Supervise Administrative Assistant

Multi-Client Bookkeeper Service Abacus Bookkeeping 2012

- Assist Montpelier tax preparer and bookkeeper service with QuickBooks and Intuit ProSeries tax preparation software
 - Concentration in reconciliations, Excel spreadsheets, and analysis

Accounting Manager microDATA 911, Inc. 2002-2011

- Supervise and Participate in Management of Accounting Department
 - Reconcile A/R, A/P, Payroll, Accrual and Prepaid Accounts, Fixed Assets
- Perform Daily Cash Management and Monthly/Annual Projections
- Prepare Financial Reports for Internal and External Distribution
- Team with external CPA for Annual Review and Tax Return Preparation
- Supervise and Participate in Year-End Closing Duties
 - Payroll Multi-State Reporting Requirements
 - Closing Journal Entries and Financial Statement Preparation
 - New year Prepaid, Accrual and Depreciation Journal Entries
 - Interview, Manage Benefits, Provide Employee Reviews & Coaching

Office Manager/Accountant Gingue Electric Corporation 1989-2007 (closed)

- Orchestrate Multitude of Tasks for Successful Business Operation
 - Manage Payroll and Employee Benefit Duties
 - Track Apprenticeship Program Requirements
 - Manage Full-Charge Bookkeeper Duties: A/P, A/R, Financial Reporting
 - Create and Maintain Inventory and Billing Database

Experience (continued)

Accountant *Deerfield Village Furniture* *1999-2002(office closed)*

- Perform A/R, A/P, Payroll, General Ledger, and Financial Reporting Duties

Various Positions with Northern Community Management Corporation *1993-1998*

Property Manager - Administrative Manager - Accounting Manager

Education

Bachelor's Degree in Business Administration, Johnson State College (in progress)

Cum Laude Graduate with Associate in Science in Accounting, Champlain College

Amy E. Jeroy

Contact Information:
North Country Health Consortium
262 Cottage St Suite 230
Littleton, NH 03574

Education

- 1993 **Tulane University.** School of Public Health and Tropical Medicine
New Orleans, Louisiana
Master of Health Administration
- 1990 **Tulane University.**
New Orleans, Louisiana
Bachelor of Science: Anthropology Minor: Biology

Professional Experience

10/09–PRESENT **PUBLIC HEALTH DIRECTOR**, North Country Health Consortium, Littleton, NH

Responsibilities include:

Oversee and support collaborative work with public and private sector partners to develop and implement public health interventions aimed at fulfilling the 10 essential services of public health in the North Country of New Hampshire. Duties: utilize community health data; research and implement strategies for population-based health promotion and disease prevention; develop and implement plans to evaluate program activities; coordinate communications activities; provide technical assistance to local citizen groups; supervise to program staff; liaise with academic, state, federal, and private departments and agencies involved with public health and prevention work; manage program budgets

11/08 - 10/09 **Workforce Education and Development Program Manager**, Northern New Hampshire Area Health Education Center (AHEC), a program of the North Country Health Consortium, Whitefield, NH

Responsibilities include:

- Developing, planning, and coordinating continuing education programs for health and human service providers in northern New Hampshire communities
- Working with the central New Hampshire AHEC to promote health care careers and health professional continuing education
- Managing funding sources and budgets for education programs and projects
- Community health promotion and training activities through the various programs of the North Country Health Consortium.

Volunteer Work

9/03 - 9/06 **President**, Littleton Regional Hospital Auxiliary

Responsibilities included:

- Presiding at all board meetings and supervising the Auxiliary Board Members
- Creating quarterly newsletters to maintain communications with Auxiliary membership
- Appointing committee chairpersons as necessary
- Representing the Auxiliary at regional and state meetings

3/05 - 3/06 **Member**, Profile / Littleton School District Regionalization Committee

Elaine M Belanger, LPN, BA

Education

College for Lifelong Learning of the University System of New Hampshire (Granite State College), Berlin, NH-- Bachelor of Arts - English, 2002
New Hampshire Community Technical College, (White Mountains Community College) Berlin, NH Diploma - Licensed Practical Nurse, 1977

Employment

2002-Present

North Country Health Consortium
262 Cottage St, Suite 230, Littleton, NH 03561

2016 to Present Building Community Health Worker Capacity

- Review and Update Curriculum as needed using approved materials
- Part of the CHW Instructor Team for scheduled CHW trainings on line and in person
- Compile local, regional and statewide CHW resources
- Provide CHW support for NCHC CHW, and those who have graduated from the program
- Compile list of Continuing Education Topics for CHWs and plan presentations

2007-Present Community and Public Health Coordinator

- June 6, 2016 Certified as a Naloxone Administration Trainer by State of NH
- Provide community Naloxone Administration Training at community events, meetings, and at non-profit organization sites and businesses
- Direct, plan and implement public health activities with the towns and agencies in Coös and Northern Grafton Counties.
- Provide staffing support to the North Country Public Health Region
- Medical Reserve Corps Coordinator
- Develop community relations
- Identify community health needs
- Assess health status indicators and coordination of program activities.
- Liaise with federal and state departments and agencies, academic and research personnel and other public health network sites and agencies.
- HSEEP Evaluator
- Organize School Based Influenza Vaccination Clinics in North Country Schools collaborating with school nurses, Medical Reserve Corps and Public Health Region volunteers; administer vaccine at clinics

2013 to Present Certified Marketplace Navigator and Marketplace Assister

- Certified to help consumers through the process of applying for health insurance through Healthcare.gov
- Organize and conduct outreach and educational community events throughout the North Country Public Health Region

2012-2013 Healthy Homes Strategic Planning Initiative and Childhood Lead Poisoning and Prevention Program

- Worked closely with State of NH Public Health Nurse
- Followed up with families of children who were diagnosed with blood lead levels above limit with Lead Poisoning Prevention Education
- Developed North Country Healthy Homes Strategic Plan
- Arranged for educational opportunities for community members, health and human service providers, painters, home construction and rehabilitation workers

10/ 2009-12/11 Immunization Program Coordinator/Public Health Coordinator

- Support New Hampshire Immunization Program Initiatives
- Convene and facilitate meetings with regional stakeholders
- Conduct needs assessment to identify gaps in immunization services
- Coordinate and provide education and training to immunization providers, regional preparedness staff, healthcare providers, and the public in general

- Mobilize and coordinate with community partners to implement school based, community and workplace immunization clinics
- Link with local and regional emergency preparedness staff and participate in emergency mass-vaccination planning and dispensing

2002 -2007 Community Care Coordinator/Enrollment Coordinator for North Country

Cares

- Interviewed clients for financial eligibility for sliding fee/New Hampshire Health Access Program/care coordination
- Client teaching coordinated with Primary Care Providers' office
- Contributed to process of developing care coordination policies
- Maintained clients' confidentiality as well as clients' records on paper and in electronic care coordination/screening program
- Worked with local agencies in meeting clients' needs as well as encouraging patient self-advocacy.

2005-2007 Program Coordinator for Rural Women's Health Coordinating Center

- Participated in the process of creating a Women's Registration Form, for use at North Country Cares sites
- Assisted the Program Director to coordinate the integration of women's health information to appropriate existing NCHC programs
- Assisted the Program Director in contacting area agencies and committees involved in care giving and set meeting dates in order to speak about RWHCC and to gather information on resources and needs

1986 - 2002 Mountain Health Services, 2 Broadway, Gorham, NH, 03581; Office Nurse

- Team member in family practice medical office
- Daily interaction with children, adolescents, and adults
- Referrals arranged for patients to medical specialists and social service agencies

Member of:

- Androscoggin Valley Community Partners
- St Kieran's Community Center for the Arts—Board Member 2004-2007;2012 to Present
- Androscoggin Valley Hospital Diabetes Advisory Board, 2005-2014
- Berlin Health Department Advisory Board, 2009 to 2014

Additional Language—French

Continuing Education

2016 Certified as Naloxone Administration Trainer by state of NH

Public Health Nurse Ready Certificate of Completion, University of Albany & Empire State Public Health Training Center, January 29, 2013

Community Health Workers Leadership Training, Women's Health Leadership Institute, Region I, Lebanon, NH, August 2012

National Alliance on Mental Illness, Connect, Training Professionals and Communities in Suicide and Response, June 2010;

Cultural Effectiveness in the North Country, January 2008

Health Literacy Institute Health Literacy and Plain Language: Creating Clear Health Communication, October 2007

JENNIFER J FRENETTE

Overview: **Proficient in Public Health Planning, Emergency Preparedness, Response and Recovery.** Distinguished rural New England and National focus with Community Volunteer Programs, Community Health Advocacy Initiatives, and provision of Emergency Medical Services. Areas of expertise include: Program Development, Advocacy, and Coordination, Strategic Planning, Educational Outreach and Training, Community Engagement, Partner Relations, Leadership Training and Support, Government and Interagency Communications, Information Management, Event Planning and Team Building

Work Experience: **Rural Health Network Program Manager 7/2016-current.**
Community Health and Safety Coordinator, 9/2001–12/2004.
Health Careers Educator 8/1998 – 9/2001
North Country Health Consortium, Littleton, NH
Supervisor: Francine Morgan (603-259-3700)

- Secure clinical rural rotations for third year medical students within local clinical facilities via contracts with approved preceptors.
- Created and executed a Community Healthcare Worker (CHW) hybrid curriculum on a Moodle Virtual Learning Management System (VLMS) platform.
- Administrator for Social Solutions Apricot software and Moodle; form and report development, troubleshooting and system assistance.
- Media promotion for trainings and event programming.
- Event planning and implementation of community events.
- Participate in Area Resource Teams and community health organizations for coordinated planning, unified activities, resource sharing and area networking for improved access and quality of healthcare.
- Increased capacity of local community to provide for the health and safety of the public via innovative public health and safety outreach initiatives.
- Program management including budgets, community needs assessments, grant writing, and group facilitation/organizational structure.
- Development of community outreach programs, regional emergency planning, community health fairs, and planning efforts for an inclusive model community, tobacco and substance abuse prevention, and public transportation initiatives.
- Informed and educated middle school students about health-related careers, pathways to obtain the necessary education, and the health field as a viable, dynamic career choice.

Regional Technical Assistance Liaison, Boston, MA 12/2004 – Present. Medical Reserve Corps Program (MRC), Office of Emergency Management (OEM), Assistant Secretary of Preparedness and Response (ASPR), U.S. Department of Health and Human Services (USDHHS)

Contract* Aveshka, Arlington, VA 2/2017 - current

GAP Solutions Inc. Herndon, VA 7/2016 – 2/2017

ICF International Senior Associate Fairfax, VA 12/2004–6/2016

Supervisor: Carla Mitchell (443-621-8003)

- Contracted Regional Liaison for public health emergency response for the Medical Reserve Corps Program, USDHHS, ASPR.
- Provides technical assistance, resources, and information to more than 92 independent local MRC units in six New England states (CT, MA, ME, NH, RI, VT) including integration into existing health and safety agencies, systems, and planning/programs/activities.
- Increased numbers of MRC units from an initial 24 to a current 92 units over 12 years, strategically located throughout the six states in New England.
- Outreach to targeted communities for MRC development using risk analysis, national health statistical data, population and infrastructure.
- Administered technical assessment process using online tool annually with 100% compliance of all region MRC units, assisting with the prioritization of local technical assistance needs for long term sustainability of MRC units and program.
- Facilitates communication, coordination, and information sharing between local MRC units and partner agencies and programs.
- Coordinates with six New England State Coordinators, local public health, emergency management and other authorities to ensure MRC unit engagement in state plans, grants and processes.
- Shares collective resources with current MRC units and partners based on the collection of available relevant internet resources and/or associated programs with the Regional Health Administrator and ASPR Regional Administrator.
- Liaison between MRC program officials, unit leaders, stakeholders and local entities to increase and raise awareness of the MRC program and volunteerism.
- Subject matter expert on volunteer management and unit administration.
- Invited speaker at national emergency management, public health, public safety and volunteer-focused conferences and meetings throughout the US and region.
- Develops and coordinates annual regional conferences for local and state MRC leaders, recognized state and local officials, stakeholders and partner organizations.
- Active team leader with peer MRC Regional Coordinators, the MRC Program Director and staff, and Regional Health Administrator and ASPR Regional Administrator.
- Regular reporting of MRC regional activities weekly/monthly/quarterly using the MRC Web site reporting tools.
- Reporting Point of Contact(POC) to the Secretary Operations Center (SOC) and local Emergency Operation Center (EOC) for situational awareness of regional disasters and events of national significance when volunteers response is in effect via established program pathways; e.g. Boston Marathon, Hurricanes Irene and Sandy, Tornado of Springfield, Ma, HINI Activities, Opioid issues/Narcan distribution.
- Created a quarterly call-down drill/exercise designed to test local MRC leader response. Increased capacity from 20% to 88% response within 24 hours over a year's time. Program maintains an 88% rate consistently.
- Data analysis for use by local and national MRC program leaders.
- Data distribution on potential impacts of health and safety issues globally that may have local impact: Zika, Ebola, Opioid use, local disease outbreaks, and natural disasters via local media outlets and internal program situational knowledge.
- Facilitated the Rural Workgroup for the National MRC Program Office, producing a national poster presentation.