



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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February 11, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into an agreement with the JSI Research and Training Institute, Inc, d/b/a Community Health Institute, (Vendor #161611-B001), 501 South St., 2nd Floor, Bow, NH 03304, to develop, manage and evaluate a media campaign that targets adults at high risk for type 2 diabetes, statewide, in an amount not to exceed \$223,988, effective upon Governor and Executive Council approval through June 30, 2016. 100% Federal Funding.

Funds are available in the following account(s) for SFY 2015. Funds are anticipated to be available in SFY 2016 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust encumbrances between State Fiscal Years through the Budget Office, without further approval from the Governor and Executive Council, if needed and justified.

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	102-500731	Contracts for Prog Svc	90017417	\$111,999
SFY 2016	102-500731	Contracts for Prog Svc	90017417	\$111,999
			Sub Total	\$223,988

EXPLANATION

This purpose of this request is to develop and implement a statewide media campaign in order to increase awareness of prediabetes and increase participation in National Diabetes Prevention Programs among New Hampshire adults at high risk for type 2 diabetes. The vendor will develop, manage and evaluate a statewide media campaign utilizing advertising messages and materials created by the Centers for Disease Control and Prevention (CDC) and specifically tested for New Hampshire.

The Centers for Disease Control and Prevention (CDC) estimates that 37% of American adults and half of those aged 65 years and older have prediabetes. However, very few adults with prediabetes – only about 11% - are aware of their condition. Prediabetes is a medical condition where

an individual's blood sugar is higher than normal, but not yet high enough to be diagnosed with diabetes. Without intervention, 15% to 30% of individuals who have prediabetes will likely develop type 2 diabetes within five years. Type 2 diabetes is a serious condition that can lead to heart attack; stroke; blindness; kidney failure; or loss of toes, feet or legs.

Media messages will encourage New Hampshire residents to learn about their risk for diabetes and prediabetes and to participate in activities such as National Diabetes Prevention Programs, if appropriate. The National Diabetes Prevention Program is proven to prevent or delay type 2 diabetes in people at high risk for the disease. It is estimated that nationwide implementation of the National Diabetes Prevention Program could save the United States health care system \$5.7 billion and prevent about 885,000 future cases of type 2 diabetes.

A Request for Proposals was posted on the Department of Health and Human Services' web site from November 24, 2014 through January 2, 2015. Two proposals were received in response to the Request for Proposals. Three reviewers who work for the Department reviewed the proposals. The reviewers represent seasoned public health professionals who have between six to nine years of experience managing agreements with vendors for various public health programs. JSI Research and Training Institute, Inc., d/b/a Community Health Institute, was selected for this project through a competitive bid process. The Bid Summary is attached.

The vendor will create a Campaign Advisory Board to identify Diabetes Prevention Ambassadors in each geographic are of the State and to review pre-developed messages and materials. The board will include representatives from existing National Diabetes Prevention Programs, diabetes educators and other specialists working in the chronic disease field. The vendor will collaborate with the advisory board to adapt existing materials and messages based on format need and to develop new materials, as needed, based on media placement.

Media placement will include radio, print, websites, mobile messaging, promotional social media postings and out of home and community outreach. The vendor will prepare media buy plans for the Department's review, which includes, but is not limited to negotiating media placement rates to provide added value for each media buy. The vendor will also extend campaign reach after the paid media runs out through collaboration with healthcare and community partners as identified by the Department.

The vendor will determine the success of the campaign to increase traffic to National Diabetes Prevention Programs by obtaining participation data and activity detail from each National Diabetes Prevention Program in the State to document current and past participation. Documenting participation rates will enable the Department to compare numbers of enrollees on a regular basis to determine the effectiveness of the campaign in various areas of the State.

Should Governor and Executive Council not authorize this Request, individuals at risk for type 2 diabetes may not realize the programs and tools available that could prevent progression to this chronic disease. Without this public awareness campaign, there will be an increase in the number of individuals that will progress from prediabetes to type 2 diabetes. The result will be an unnecessary increase in New Hampshire's health and economic burden, which will negatively impact the citizens, statewide.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
February 11, 2015
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Area served: Statewide.

Source of Funds: 100% Federal Funds from the U.S. Centers for Disease Control and Prevention.

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by:



Nicholas A. Toumpas
Commissioner



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

Prediabetes Media Development and Placement Services

RFP Name

15-DHHS-DPHS-CCD-10

RFP Number

Bidder Name

1. **JSI Research and Training Institute, Inc.**
2. **Millennium Intergrated Marketing, LLC**
3. **0**
4. **0**
5. **0**

Pass/Fail	1	2	3	4	5

Reviewer Names

1. **Christin Dovidio, Programs Information Officer**
2. **Lissa Sirolis, Health Promotion Advisor**
3. **Marisa Lara, Program Specialist**
4. **Shelley Swanson, Administrator III**
5. **Dolores Cooper, Administrator III**
- 6.
- 7.

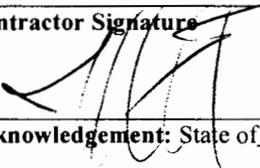
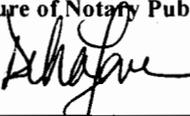
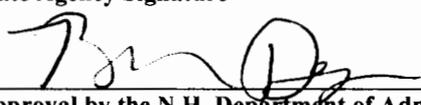
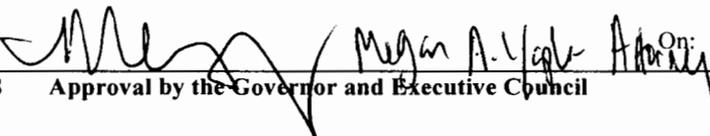
Subject: Prediabetes Media Development and Placement Services

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health & Human Services Division of Public Health Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name JSI Reasearch & Training Institute, Inc. d/b/a Community Health Institute		1.4 Contractor Address 501 South Street, 2 nd Floor Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Number 05-95-90-902010-1227	1.7 Completion Date June 30, 2016	1.8 Price Limitation \$223,988
1.9 Contracting Officer for State Agency Eric D. Borrin		1.10 State Agency Telephone Number (603) 271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart, Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>2/4/15</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 Public DEBRA L. LOVE, Notary Public My Commission Expires October 16, 2018			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Brook S. Duce / Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Megan A. York Attorney On: <u>2/28/15</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: AS
Date: 2-4-15

8. EVENT OF DEFAULT/REMEDIES.

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

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

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

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

14. INSURANCE.

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

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials: AS
Date: 2-4-15

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

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

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor shall develop, manage and evaluate a statewide media campaign that targets adults at high risk for type 2 diabetes, statewide utilizing pre-existing materials available through the Centers for Disease Control and Prevention (CDC), or other resources, as identified and approved by the Department.
- 1.2. The Contractor shall test and adapt materials in Section 1.1, as appropriate, for New Hampshire.
- 1.3. For the purpose of this contract, campaign materials shall be:
 - 1.3.1. Tagged with local National Diabetes Prevention Program site information; the CDC's Diabetes Prevention Program website; or other site approved by the Department.
 - 1.3.2. Approved by the Department and placed based on target audience and media channel demographic.
 - 1.3.3. Design specifically to increase prediabetes awareness among high risk individuals, which include but are not limited to:
 - 1.3.3.1. Adults age 45 years of age or older.
 - 1.3.3.2. Women with a history of gestational diabetes.
 - 1.3.3.3. People diagnosed with prediabetes.
 - 1.3.3.4. Health professionals that serve the above populations.
 - 1.3.3.5. Cities and counties that have an available National Diabetes Prevention Program.
- 1.4. For the purpose of this contract, the National Diabetes Prevention Program (NDPP) is a program that prevents or delays type 2 diabetes in high-risk patients, through group classes led by trained lifestyle coaches.
- 1.5. The Department shall retain sole possession of all materials resulting from this contract.
- 1.6. The Department shall review all co-sponsorship opportunities created on behalf of this project to ensure appropriateness with campaign.

2. Scope of Work

The Contractor shall develop, manage and evaluate a statewide media campaign utilizing advertising messages and materials created by the CDC, as approved by the Department.

2.1. Media Development

- 2.1.1. The Contractor shall create a Campaign Advisory Board to identify "Diabetes Prevention Ambassadors" in each geographic area of the State and review pre-developed messages and materials. The Contractor shall ensure membership includes, but is not limited to:
 - 2.1.1.1. Representatives from existing NDPP programs.



Exhibit A

- 2.1.1.2. Diabetes educators.
- 2.1.1.3. Other specialists working in the chronic disease field.
- 2.1.2. The Contractor shall create and test media messages and materials for target audience receptivity, as approved by the Department. The Contractor shall collaborate with the campaign advisory board:
 - 2.1.2.1. Adapt existing materials or create new materials based on test results and format need.
 - 2.1.2.2. Develop additional materials, as needed, based on spot placement including, but not limited to vignettes with personal New Hampshire stories.
 - 2.1.2.3. Develop a plan to utilize media in order to increase participation in NDPPs, which includes tagging materials with local program information. The plan must:
 - 2.1.2.3.1. Include a data and evaluation component.
 - 2.1.2.3.2. Be developed in consultation with the Department and local National Diabetes Prevention Programs.

2.2. Media Placement

- 2.2.1. The Contractor shall establish placement of media developed in Section 2.1 above, as approved by the Department, which may include, but is not limited to:
 - 2.2.1.1. Radio.
 - 2.2.1.2. Print.
 - 2.2.1.3. Web.
 - 2.2.1.4. Mobile.
 - 2.2.1.5. Promotional social media postings.
 - 2.2.1.6. Out of home and community outreach.
- 2.2.2. The Contractor shall ensure media placement activities are far reaching in the New Hampshire audience and include, but are not limited to:
 - 2.2.2.1. Preparing media buy plans for Department review and approval.
 - 2.2.2.2. Requesting proposals from media outlets for spot placements.
 - 2.2.2.3. Negotiating media placement rates to provide added value for each media buy.
 - 2.2.2.4. Invoicing media outlets and paying for media buys.
 - 2.2.2.5. Extending campaign reach after the paid media run ends by running public service announcements. The Contractor shall:
 - 2.2.2.5.1. Foster buy-in and a shared mission with all collaborators.



Exhibit A

- 2.2.2.5.2. Leverage both buy-in and mission to facilitate a change in systems where service providers view the National Diabetes Prevention Program as a valuable referral resource for people with prediabetes.
- 2.2.2.5.3. Ensure the campaign endures after the media buys cease by creating and printing enduring materials including, but not limited to posters, brochures and displays.
- 2.2.2.6. Collaborating with healthcare and community partners, as identified by the Department, to distribute media through their networks.

2.3. Media Evaluation

- 2.3.1. The Contractor shall evaluate the effectiveness of the media campaign by conducting evaluation activities, which shall include, but not be limited to:
 - 2.3.1.1. Using geo-targeting and audience segmentation for analyzing placement opportunities to determine the most cost effective placement that reaches the maximum number of individuals in the target audience(s).
 - 2.3.1.2. Requesting and reviewing affidavits that show:
 - 2.3.1.2.1. Actualized media run.
 - 2.3.1.2.2. Added value delivered.
 - 2.3.1.2.3. Credit received/used.
 - 2.3.1.3. Analyzing media metrics to determine accuracy in reaching target audience(s).
 - 2.3.1.4. Providing customized post-buy reports, presentations, and evaluations to the Department.
 - 2.3.1.5. Evaluating:
 - 2.3.1.5.1. Reach and frequency through media metrics, provided by media vendors and using the industry standard for frequency to determine measure success of the project's statewide distribution.
 - 2.3.1.5.2. Effectiveness of of social media presence through Facebook, Twitter, and YouTube.
 - 2.3.1.5.3. Implementation timelines and project activities through key informant interviews, focus groups and a representative sample survey of individuals from target populations in selected areas.
 - 2.3.1.5.4. The extent to which the campaign impacted knowledge, beliefs and/or attitudes regarding prediabetes and participation in National Diabetes Prevention Programs.

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Exhibit A

- 2.3.1.5.5. Necessary modifications, including but not limited to media buy adjustments based on evaluation information gathered through the:
 - 2.3.1.5.5.1. Tracking of televisions, radio print and PSAs including reach, frequency, number of placements, audience size and location.
 - 2.3.1.5.5.2. Track results of press releases including the number of news stories place, geographic location and circulation of publications.
 - 2.3.1.5.5.3. Tracking the number of public inquiries.
 - 2.3.1.5.5.4. Monthly web statistics and unique visits to websites, number of downloads of publications.
 - 2.3.1.5.5.5. Number of marketing materials ordered.
 - 2.3.1.5.5.6. Number of materials distributed, frequency of inquiries for new materials by partners who use promotional materials.
 - 2.3.1.5.5.7. Survey data about partner satisfaction to identify challenges with campaigns, materials, how/where materials are being used.
- 2.3.1.5.6. Awareness of NDPP among community and other organizations in areas of the state that do not have active programs; and to document initial willingness and readiness to screen for prediabetes and changes in actual screenings following the media campaign, via phone survey.
- 2.3.1.5.7. Attitudes, beliefs, awareness of prediabetes, importance of screening, and NDPP among at-risk populations via focus groups and or targeted surveying before and after the media campaign.
- 2.3.1.6. Conducting data collection using surveys and other methodologies, as approved by the Department, which may include website redirects via Google Analytics.
- 2.3.2. The Contractor shall determine the success of the campaign to increase traffic to local National Diabetes Prevention Programs by obtaining participation data and activity detail from each NDPP in order to document current and past participation. The Contractor shall:

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Exhibit A

- 2.3.2.1. Track information including, but not limited to, participation rates in each key activity in order to compare numbers on a regular basis before the campaign begins and while the campaign is running.
- 2.3.2.2. Capture demographic information and risk factors regarding each participant in the program.
- 2.3.3. The Contractor shall raise awareness of prediabetes in areas of the State without National Diabetes Prevention Programs by forming linkages with community based organizations, health providers/educators and employers, statewide. The Contractor shall:
 - 2.3.3.1. Create messaging customized to the local level by ensuring materials are developed in a template that can easily be adapted to include provider-specific information.

3. Reporting Requirements

3.1. Monthly Reports

- 3.1.1. The Contractor shall provide monthly reports that include, but are not limited to:
 - 3.1.1.1. Costs of advertising versus earned/social media cost.
 - 3.1.1.2. Return on investment.
 - 3.1.1.3. Audience reach.
 - 3.1.1.4. Target segmentation.
 - 3.1.1.5. Demographics.
 - 3.1.1.6. Other metrics as identified by the Department.
- 3.1.2. The Contractor shall provide a narrative summary of the qualitative market research findings to the Department no later than four (4) months from the contract effective date.

4. Requirements of Delivery of Services

4.1. Work Plan

- 4.1.1. The Contractor shall present a finalized Year 1 work plan to the Department no later than thirty (30) days from the contract effective date.
- 4.1.2. The Contractor shall present a draft Year 2 work plan to the Department no later than ninety (90) days prior to the start of Year 2.

4.2. Deliverables

- 4.2.1. The Contractor shall establish a Campaign Advisory Board, as described in Section 2.1.1, no later than sixty (60) days from the contract effective date. The Contractor shall
 - 4.2.1.1. Provide a list of advisory board members with contact information to the Department seven (7) days from the date of advisory board establishment.



Exhibit A

- 4.2.2. The Contractor shall meet all benchmarks, goals and measurable established by the finalized work plan in Section 4.1.1.



Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, Block 1.8, in accordance with the budget in Exhibit B-1, Budgets for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with federal funds made available under the Catalog of Federal Domestic Assistance, CFDA #93.757, Federal Agency, Centers for Disease Control and Prevention, State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health.
3. Payment for said services shall be made as follows:
 - 3.1. The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
 - 3.2. The invoice must be submitted by mail or e-mail to:
Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
dphscontractbilling@dhhs.state.nh.us
4. A final payment request shall be submitted no later than sixty (60) days from the Form P37, General Provisions, Contract Completion Date, Bock 1.7.
5. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
6. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
7. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budget in Exhibit B-1 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1 - Budget

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

Bidder/Program Name: JSI Research & Training Institute, Inc. d.b.a. Community Health Institute

Budget Request for: Prediabetes Media Development and Placement Services

Budget Period: March 1, 2015 - June 30, 2015

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 41,965.73	\$ 3,818.88	\$ 45,784.61	\$ -	\$ -	\$ -	\$ 41,965.73	\$ 3,818.88	\$ 45,784.61
2. Employee Benefits	\$ 15,946.98	\$ -	\$ 15,946.98	\$ -	\$ -	\$ -	\$ 15,946.98	\$ -	\$ 15,946.98
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ 3,776.92	\$ -	\$ 3,776.92	\$ -	\$ -	\$ -	\$ 3,776.92	\$ -	\$ 3,776.92
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 3,357.26	\$ -	\$ 3,357.26	\$ -	\$ -	\$ -	\$ 3,357.26	\$ -	\$ 3,357.26
Travel	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ -	\$ 300.00
6. Travel	\$ 4,196.57	\$ -	\$ 4,196.57	\$ -	\$ -	\$ -	\$ 4,196.57	\$ -	\$ 4,196.57
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ 1,636.66	\$ 1,636.66	\$ -	\$ -	\$ -	\$ -	\$ 1,636.66	\$ 1,636.66
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 35,000.00	\$ -	\$ 35,000.00	\$ -	\$ -	\$ -	\$ 35,000.00	\$ -	\$ 35,000.00
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Formative Research Costs	\$ 2,000.00	\$ -	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ -	\$ 2,000.00
TOTAL	\$ 106,543.46	\$ 5,455.54	\$ 111,999.00	\$ -	\$ -	\$ -	\$ 106,543.46	\$ 5,455.54	\$ 111,999.00

Indirect As A Percent of Direct 5.1%



- 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

 SM



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.



REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. The Department reserves the right to renew the contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of contracted services and Governor and Executive Council approval.



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



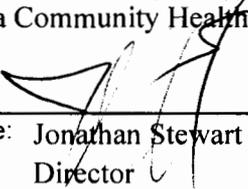
- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 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: JSI Research & Training Institute, Inc.
d/b/a Community Health Institute

2-4-15
Date


Name: Jonathan Stewart
Title: Director



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

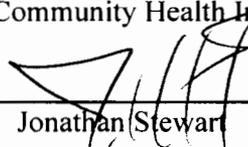
The undersigned certifies, to the best of his or her knowledge and belief, that:

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

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

Contractor Name: JSI Research & Training Institute, Inc.
d/b/a Community Health Institute

2-4-2015
Date


Name: Jonathan Stewart
Title: Director



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

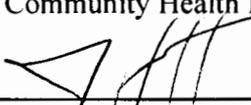
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (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: JSI Research & Training Institute, Inc.
d/b/a Community Health Institute

2-4-2015
Date


Name: Jonathan Stewart
Title: Director



**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.

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

New Hampshire Department of Health and Human Services
Exhibit G



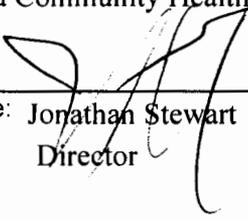
against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

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: JSI Research & Training Institute, Inc.
d/b/a Community Health Institute

2-4-2015
Date


Name: Jonathan Stewart
Title: Director



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: JSI Research & Training Institute, Inc.
d/b/a Community Health Institute

2-4-2015

Date

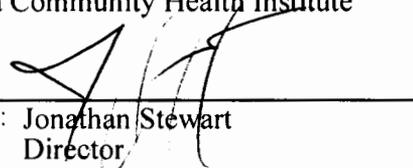

Name: Jonathan Stewart
Title: Director



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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



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



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.

<p>_____ The State</p> <p><i>[Signature]</i> _____ Signature of Authorized Representative</p> <p><i>Brook S Dyer</i> _____ Name of Authorized Representative</p> <p><i>Bureau chief</i> _____ Title of Authorized Representative</p> <p><i>2/18/15</i> _____ Date</p>	<p><u>JSI Research & Training Institute, Inc. d/b/a Community Health Institute</u> Name of the Contractor</p> <p><i>[Signature]</i> _____ Signature of Authorized Representative</p> <p><u>Jonathan Stewart</u> Name of Authorized Representative</p> <p><u>Director</u> Title of Authorized Representative</p> <p><u>February 4, 2015</u> Date</p>
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**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.

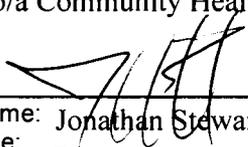
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees 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: JSI Research & Training Institute, Inc.
d/b/a Community Health Institute

2-4-2015

Date


Name: Jonathan Stewart
Title: Director



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: 14-5729117
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:

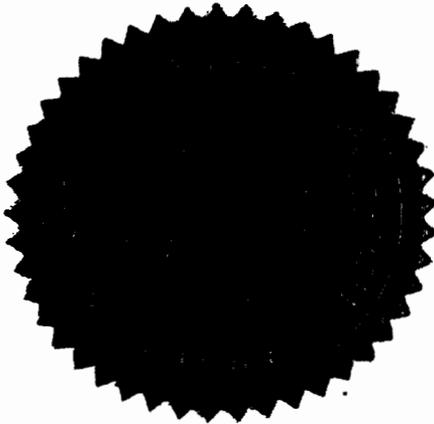
4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

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 Community Health Institute is a New Hampshire trade name registered on March 29, 2007 and that JSI RESEARCH AND TRAINING INSTITUTE, INC. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of May, A.D. 2014

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

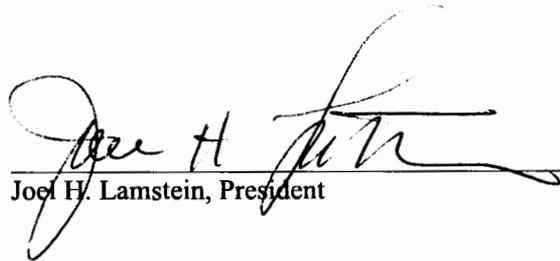
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;
2. By Unanimous Consent in Writing of the Board of Directors in Lieu of the 2008 Annual Meeting, the following is true copy of one resolution duly adopted by the Board of Directors of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, duly dated October 24, 2008;

RESOLVED: Appointment of Jonathan Stewart as Director of the Community Health Institute with the authority to enter into contracts and agreements binding the Corporation.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 4, 2015.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 4th day of February, 2015.

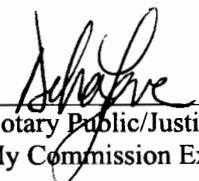


Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 4th day of February, 2015 by Joel H. Lamstein.



Notary Public/Justice of the Peace
My Commission Expires: October 16, 2018

DEBRA L. LOVE, Notary Public
My Commission Expires October 16, 2018



JOHNSNO-01

DMEANEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2014

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 Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382	CONTACT NAME: Judy Yeary PHONE (A/C, No, Ext): (781) 447-5531 FAX (A/C, No): (781) 447-7230 E-MAIL ADDRESS: JYeary@masoninsure.com														
INSURED JSI d/b/a Community Health Institute 501 South Street 2nd Floor Bow, NH 03304	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Federal Insurance Company</td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER B: Executive Risk Indemnity</td> <td style="text-align: center;">35181</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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Federal Insurance Company	20281	INSURER B: Executive Risk Indemnity	35181	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			35873320	09/09/2014	09/09/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
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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"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73546634	09/09/2014	09/09/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$ 1,000,000	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$ 1,000,000		\$				
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	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			79861066	09/09/2014	09/09/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 10,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 10,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 10,000,000	AGGREGATE	\$ 10,000,000		\$								
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	\$																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	71733182	09/09/2014	09/09/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 500,000</td></tr> </table>	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000								
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E.L. DISEASE - EA EMPLOYEE	\$ 500,000																				
E.L. DISEASE - POLICY LIMIT	\$ 500,000																				
A	DIRECTORS & OFFICERS			81595534	09/09/2013	11/09/2014	GEN AGG/EACH OCC \$ 3,000,000														
B	ERRORS & OMISSIONS			82120859	09/09/2014	09/09/2015	GEN AGG/EACH OCC \$ 1,000,000														

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

It is understood and agreed that NH Department of Health and Human Services is included as an additional insured as respects general liability as required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

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

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

AUTHORIZED REPRESENTATIVE

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JSI Research and Training

Mission Statement

JSI Research and Training Institute was incorporated in 1987 as a 501©3 non-profit organization in the Commonwealth of Massachusetts. Our mission is to alleviate public health problems both in the United States and in developing countries around the world through applied research, technical assistance and training. JSI maintains offices in Boston, Massachusetts; Washington, D.C.; Denver, Colorado and Concord, New Hampshire; as well as seven overseas offices in developing nations. Since its inception, JSI has successfully completed more than 400 contracts in the health and human service fields.

Community Health Institute

Mission Statement

The Community Health Institute's mission is to support and strengthen New Hampshire's health care system by providing coordinated information dissemination and technical assistance resources to health care providers, managers, planners, and policy makers, statewide. Our success translates into improved access to quality health and social services for all New Hampshire residents.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			
Direct Grants:			
36088 - Zambia HIV/AIDS	690-A-00-04-00250-00	98.001	\$ (5,958)
36131 - Indonesia DHMC	497-A-00-05-00031-00	98.001	(3,782)
36359 - Nepal Family Health Program II	367-A-00-08-00001-00	98.001	701,383
36514 - Liberia RBHS	669-A-00-09-00001-00	98.001	8,380,229
36521 - Uganda HIV/AIDS/TB	617-A-00-09-00007-00	98.001	8,310,358
36528 - Nigeria TSHIP	620-A-00-09-00014-00	98.001	19,778,026
36529 - Ghana Focus	641-A-00-09-00030-00	98.001	12,622,588
36532 - Turkmenistan YC	120-A-00-09-00029-00	98.001	191,848
36648 - Pakistan TAUH	391-A-00-11-01214-00	98.001	693,558
36662 - Madagascar CBIHP	687-A-00-11-00013-00	98.001	8,441,936
36697 - SPRING	OAA-A-11-00031	98.001	11,392,585
36702 - Nepal CHX Cord Care	OAA-A-11-00073	98.001	538,905
36747 - Ukraine HWUP	121-A-11-00003	98.001	1,652,156
36800 - Advancing Partners	OAA-A-12-00047	98.001	1,902,786
36807 - Live Learn & Play	OAA-L-12-00003	98.001	165,061
36845 - Pakistan HSSP	391-A-13-00002	98.001	1,233,865
36895 - Mozambique M-SIP	656-A-13-00006	98.001	25,341
Total Direct Grants			<u>76,020,885</u>
Pass-through Grants:			
Passed through Partnership for Supply Chain Management, Inc. (PSCM):			
36211/36344/36524 - Supply Chain Management System	GPO-I-00-05-00032-00	98.001	43,658,934
Passed through World Education:			
36591 - Tanzania OVC	64023-0556-1001	98.001	20,398
36840 - Zimbabwe - Vanc. Bantwana	64053-0556-1001	98.001	159,890
Passed through Family Health International (FHI):			
36620 - Africa FHI Neglected Tropical Disease	OAA-A-10-00050	98.001	333,474
Passed through University of California:			
36666 - Malawi Program in Global Health	1560 G PB010	98.001	11,030
Passed through International Business Initiatives, Corporation (IBI):			
36826 - Liberia Governance and Economic Management Support Program	669-C-00-11-00050-00	98.001	102,575
Total Pass-through Grants			<u>44,286,301</u>
Total - CFDA #98.001 - USAID Foreign Assistance for Programs Overseas			<u>120,307,186</u>
Sub-Total			<u>120,307,186</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT - CONTINUED			
Sub-Total from previous page			\$ 120,307,186
Direct Grant:			
36098 - Pakistan MNH Prog. Paimon	391-A-00-05-01037-00	98.004	(11,374)
Total - CFDA #98.004 - Non-Governmental Organization Strengthening (NGO)			(11,374)
TOTAL - U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			\$ 120,295,812
 U.S. DEPARTMENT OF HEATH AND HUMAN SERVICES			
Pass-through Grant:			
Passed through NACCHO:			
36773 - NH MRC Conferences	2012-041010	93.008	\$ 1,991
Total CFDA #93.008 - Medical Reserve Corps Small Grant Program			1,991
Direct Grant:			
36612 - Project HOPE	MPPWH100030	93.015	284,568
Total Direct Grant			284,568
Pass-through Grant:			
Passed through National Native American AIDS Prevention Center:			
36825 - OWH Progress Report	Agreement @ 12-6-12	93.015	9,265
Total Pass-through Grant			9,265
Total CFDA #93.015 - HIV Prevention Programs For Women			293,833
Pass-through Grants:			
Passed through State of New Hampshire:			
36502 - Conference on Aging	102-500731	93.043	7,478
36741 - Injury Prevention	1022534	93.043	4,478
Total CFDA #93.043 - Special Programs for the Aging - Title VII, Chapter 2			11,956
Sub-Total			307,780

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 307,780
Pass-through Grant:			
Passed through Boston Medical Center:			
36688 - ARRA - SHARE	2005	93.048	1,821
Total CFDA #93.048 - Special Programs for the Aging - Title IV and Title II			1,821
Direct Grants:			
36536 - CDC - Botswana IS	5U2GPS001958-03	93.067	54,814
36537 - CDC - Botswana IS	5U2GPS001958-04	93.067	197,099
36746 - CDC - Rwanda IS	5U2GPS001929-03	93.067	1,389
36901 - CDC - Strategic Assessments for Strategic Action in India	1U2GGH001132-01	93.067	1,823
Total CFDA #93.067 - Global AIDS			255,125
Pass-through Grants:			
Passed through City of Manchester, New Hampshire Health Department:			
36830 - Hazard Vulnerability Assessment	Agreement @ 1-25-13	93.069	16,050
Passed through State of New Hampshire:			
36681 - PH Prep FY12	PO# 1017180	93.069	110,335
36879 - Public Health Program Services Support	PO# 1031592	93.069	18,689
Total CFDA #93.069 - Public Health Emergency Preparedness			145,074
Pass-through Grants:			
Passed through Southern NH Area Health Education Center:			
36816 - NH Asthma Awareness	Agreement @ 12-10-12	93.070	1,729
Passed through State of Vermont:			
36847 - Asthma Control Program	23940	93.070	14,770
Total CFDA #93.070 - Environmental Public Health and Emergency Response			16,499
Pass-through Grants:			
Passed through State of Oregon:			
36778 - Cuidate TOT Training	PO# 319976	93.092	3,453
Passed through Puerto Rico Academy of Medical Directors, Inc.:			
36871 - Cuidate TDF Training	Agreement @ 7-2-13	93.092	12,752
Total CFDA #93.092 - Affordable Care Act Personal Responsibility Education Program			16,205
Sub-Total			742,504

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 742,504
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.110	18,559
Total CFDA #93.110 - Maternal and Child Health Federal Consolidated Programs			<u>18,559</u>
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.130	10,624
Passed through State of Vermont:			
36786 - Health Care Workforce Strategic Plan	22008	93.130	3,949
Passed through State of Vermont:			
36846 - Rural Health and Primary Care	1028499	93.130	3,273
Total CFDA #93.130 - Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices			<u>17,846</u>
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.136	49,740
Passed through State of New Hampshire:			
36741 - Injury Prevention	1022534	93.136	10,750
Total CFDA #93.136 - Injury Prevention and Control Research and State and Community Based Programs			<u>60,490</u>
Pass-through Grants:			
Passed through Health Research, Inc.:			
36805 - National Quality Center Program Evaluation Consultation Services	4538-01	93.145	122,030
36886 - National Quality Center Evaluation Activities	4538-02	93.145	13,862
Total CFDA #93.145 - AIDS Education and Training Centers			<u>135,892</u>
Pass-through Grant:			
Passed through Boston Medical Center:			
36775 - CMTP Agreement @ 8-15-12		93.191	7,190
Total CFDA #93.191 - Graduate Psychology Education Program and Patient Navigator and Chronic Disease Prevention Program			<u>7,190</u>
Sub-Total			<u>982,481</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEATH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 982,481
Pass-through Grants:			
Passed through Enterprise Services & Technologies, Inc.:			
36765 - FamPlan Data Systems	CO-12-006-01	93.217	14,258
Passed through Action for Boston Community Development, Inc.:			
36765 - FamPlan Data Systems	PO# 69857	93.217	12,461
36834 - FamPlan Data Systems		93.217	25,835
Passed through Planned Parenthood of Southern New England:			
36765 - FamPlan Data Systems		93.217	18,201
36834 - FamPlan Data Systems		93.217	33,774
Passed through Planned Parenthood of Northern New England:			
36765 - FamPlan Data Systems		93.217	9,059
36834 - FamPlan Data Systems		93.217	15,402
Passed through Health Imperatives, Inc.:			
36765 - FamPlan Data Systems		93.217	5,273
36834 - FamPlan Data Systems		93.217	10,907
Passed through Planned Parenthood League of Massachusetts:			
36765 - FamPlan Data Systems		93.217	2,218
36834 - FamPlan Data Systems		93.217	4,006
Passed through Health Quarters, Inc.:			
36765 - FamPlan Data Systems		93.217	3,986
36834 - FamPlan Data Systems		93.217	7,767
Passed through Planned Parenthood Association of Maine:			
36765 - FamPlan Data Systems		93.217	11,594
Passed through Tapestry Health Systems:			
36765 - FamPlan Data Systems		93.217	3,903
36834 - FamPlan Data Systems		93.217	7,863
Passed through State of New Hampshire:			
36834 - FamPlan Data Systems	PO# 1031566	93.217	7,719
Passed through State of Rhode Island:			
36834 - FamPlan Data Systems	PO# 3307663	93.217	18,643
Passed through Family Planning Association of Maine:			
36834 - FamPlan Data Systems		93.217	20,614
Total CFDA #93.217 - Family Planning Services			<u>233,483</u>
Sub-Total			<u>1,215,964</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 1,215,964
Pass-through Grants:			
Passed through First Nations Community Healthsource:			
36803 - Patient-Centered Medical Home Review	Agreement @ 10-10-12	93.224	4,284
36856 - Readiness Assessment	Agreement @ 5-3-13	93.224	7,700
Total CFDA #93.224 - Consolidated Health Centers			11,984
Pass-through Grants:			
Passed through State of New Hampshire:			
36808 - NH Center for Excellence	1025785	93.243	323,535
36875 - NH Center for Excellence - Drug and Alcohol	1025785	93.243	64,143
Passed through County of Cheshire, New Hampshire:			
36889 - Drug Court Program	Agreement @ 8-19-13	93.243	7,945
Passed through Institute for Health & Recovery:			
36619 - IHR - RENW Eval	Agreement @ 10-27-10	93.243	78,666
Passed through Action for Boston Community Development, Inc.:			
36699 - Entre Nosotras	PO# 68767	93.243	993
36806 - Entre Nosotras II	Agreement @ 12-2-12	93.243	21,008
Passed through City of Dover, New Hampshire:			
36837 - Dover STOP Act Grant Evaluation	PO# 201307604	93.243	2,261
Passed through Buildings Bright Futures State Advisory Council, Inc.:			
36850 - Vermont L.A.U.N.C.H. Project	13/7	93.243	36,946
Total CFDA #93.243 - Substance Abuse and Mental Health Services Projects of Regional and National Significance			535,497
Pass-through Grant:			
Passed through The Dartmouth Institute for Health Policy and Clinical Practice:			
36861 - Community Health Assessment and Improvement Process	Agreement @ 3-22-13	93.249	17,006
Total - CFDA #93.249 - Public Health Training Centers Program			17,006
Sub-Total			1,780,451

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 1,780,451
Direct Grants:			
36411 - Family Planning Personnel Training - Region VIII	FPTPA080012	93.260	50,028
36416/36417 - Family Planning Personnel Training - Reg. I	FPTPA010002	93.260	(75)
36777 - National Training Center - Quality Assurance, Quality Improvement, Evaluation	FPTPA006025	93.260	1,045,861
36787 - Reproductive Health Prevention Training and Technical Assistance	FPTPA006015	93.260	195,671
36792 - National Training Center for Management and Systems Improvement	FPTPA006023	93.260	809,281
36794 - Region VIII Sexual Health	FPTPA006016	93.260	159,910
Total - CFDA #93.260 - Family Planning - Personnel Training			<u>2,260,676</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36593 - NH Immun. Marketing	1009138	93.268	177,474
36879 - Public Health Program Services Support	PO# 1031592	93.268	24,210
Total CFDA #93.268 - Immunization Cooperative Agreements			<u>201,684</u>
Pass-through Grant:			
Passed through Merrimack, New Hampshire School District:			
36813 - Evaluation Services	Agreement @ 10-1-12	93.276	11,513
Total CFDA #93.276 - Drug-free Communities Support Program Grants			<u>11,513</u>
Sub-Total			<u>4,254,324</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 4,254,324
Pass-through Grants:			
Passed through State of Vermont:			
36745 - Oral Health Plan	21627	93.283	36,360
Passed through State of New Hampshire:			
36673 - TATS	1018535	93.283	217,400
36753 - NAP SACC Services	1022980	93.283	39,997
36768 - Coordinated Chronic Disease Prevention	PO# 1024694	93.283	110,473
36843 - Tobacco Helpline	1028499	93.283	39,475
Passed through State of Rhode Island:			
36849 - Smoker's Helpline - Quitline Tobacco Cessation	3320510	93.283	112,305
Passed through National Network of Public Health Institutes:			
36759 - HFHP Policy	C423	93.283	6,206
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV/AIDS Research, Training and Support	INTF-4971-M04603614082	93.283	<u>152,259</u>
Total - CFDA #93.283 - Centers for Disease Control and Prevention - Investigations and Technical Assistance			<u>714,475</u>
Direct Grant:			
36891 - PPHF 2013 - OSTLTS Partnerships	1U38OT000188	93.292	<u>2,870</u>
Total - CFDA #93.292 - National Public Health Improvement Initiative			<u>2,870</u>
Pass-through Grants:			
Passed through Black Ministerial Alliance of Greater Boston, Inc.:			
36664 - Healthy Futures	Agreement @ 6-1-11	93.297	177,611
36750 - Healthy Futures Health Education	Agreement @ 4-20-12	93.297	11,029
36848 - Teen Pregnancy Prevention Initiative	Agreement @ 5-1-13	93.297	<u>2,730</u>
Total - CFDA #93.297 - Teenage Pregnancy Prevention Program			<u>191,370</u>
Pass-through Grant:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.448	<u>3,597</u>
Total - CFDA #93.448 - Food Safety and Security Monitoring Project			<u>3,597</u>
Sub-Total			<u>5,166,636</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 5,166,636
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.458	<u>6,096</u>
Total - CFDA #93.458 - CDC - Division of Nutrition, Physical Activity and Obesity			<u>6,096</u>
Pass-through Grant:			
Passed through State of Vermont:			
36853 - Maternal, Infant, and Early Childhood Home Visitation Program	3160295	93.505	<u>6,290</u>
Total - CFDA #93.505 - Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program			<u>6,290</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36767 - Public Health Partner Feedback	PO# 1024222	93.507	1,457
36879 - Public Health Program Services Support	PO# 1031592	93.507	19,569
Passed through State of Connecticut:			
36732 - Planning and Workforce Development	2012-0197	93.507	<u>62,636</u>
Total - CFDA #93.507 - PPHF 2012 National Public Health Improvement Initiative			<u>83,662</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36673 - TATS	1018535	93.520	(2)
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV Preventative Activities	INTF-2915-M04900315005	93.520	<u>202,818</u>
Total - CFDA #93.520 - Centers for Disease Control and Prevention - Affordable Care Act Communities Putting Prevention to Work			<u>202,816</u>
Pass-through Grant:			
Passed through Denver Health Community Health Service:			
36885 - Board of Directors Training	Agreement @ 8-12-13	93.527	<u>1,161</u>
Total - CFDA #93.527 - Affordable Care Act Grants for New and Expanded Services under the Health Center Program			<u>1,161</u>
Sub-Total			<u>5,466,661</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEATH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 5,466,661
Pass-through Grant:			
Passed through Town of Hudson, Massachusetts:			
36754 - MetroWest Moves	Agreement @ 5-9-12	93.531	62,546
Total - CFDA #93.531 - PPHF 2012 - Community Transition Grants			62,546
Pass-through Grant:			
Passed through State of New Hampshire:			
36751 - Environmental Public Health Tracking	PO# 1022633	93.538	96,006
Total - CFDA #93.538 - Affordable Core Act - Nat'l Environmental Public Health Tracking Program			96,006
Pass-through Grant:			
Passed through Early Learning New Hampshire:			
36780 - ARRA - Spark NH Assessment	Agreement @ 8-30-12	93.708	41,075
Total - CFDA #93.708 - ARRA - Head Start			41,075
Pass-through Grants:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
Ensuring Quitline Capacity	INTF-2915-M04900315005	93.735	278,699
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.735	93,738
Total - CFDA #93.735 - State Public Health Approaches for Ensuring Quitline Capacity			372,437
Pass-through Grant:			
Passed through Ozarks Regional YMCA:			
36835 - Transformation Engagement Project	Agreement @ 2-28-13	93.737	92,920
Total - CFDA #93.737 - Community Transformation Grants			92,920
Pass-through Grant:			
Passed through Old Colony YMCA:			
36870 - Strategic Planning Services	Agreement @ 6-26-13	93.738	5,191
Total - CFDA #93.738 - Racial and Ethnic Approaches to Community Health Program			5,191
Sub-Total			6,136,836

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 6,136,836
Pass-through Grants:			
Passed through State of New Hampshire:			
36681 - PH Prep FY12	PO# 1017180	93.889	127,948
36879 - Public Health Program Services Support	PO# 1031592	93.889	<u>8,696</u>
Total - CFDA #93.889 - National Bioterrorism Hospital Preparedness Program			<u>136,644</u>
Pass-through Grants:			
Passed through Mid-State Health Center:			
36804 - Rural Health Outreach Grant	Agreement @ 10-19-12	93.912	4,433
Passed through Plains Medical Center:			
36872 - ECHO Evaluation	Agreement @ 6-24-13	93.912	2,365
36882 - ECHO Project	Agreement @ 7-1-13	93.912	<u>4,974</u>
Total - CFDA #93.912 - Rural Health Care Services Outreach			<u>11,772</u>
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.913	9,053
Passed through State of New Hampshire:			
36623 - Rural Health and Primary Care	PO# 1011440	93.913	<u>10,250</u>
Total - CFDA #93.913 - Grants to States for Operation of Offices of Rural Health			<u>19,303</u>
Pass-through Grant:			
Passed through Boston Public Health Commission:			
36453 - BPHC Quality Management	6307A	93.914	<u>136,777</u>
Total - CFDA #93.914 - HIV Emergency Relief Project Grants			<u>136,777</u>
Pass-through Grants:			
Passed through AIDS Care Ocean State:			
36828 - Database Support and Data Reporting	Agreement @ 2-14-13	93.917	453
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.917	7,438
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV Care	INTF-4971-M04603614082	93.917	<u>342,858</u>
Total - CFDA #93.917 - HIV Care Formula Grants			<u>350,749</u>
Sub-Total			\$ 6,792,081

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 6,792,081
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
Special Projects of National Significance	INTF-4971-M04603614082	93.928	<u>40,200</u>
Total - CFDA #93.928 - Special Projects of National Significance			<u>40,200</u>
Pass-through Grant:			
Passed through Albuquerque Area Indian Health Board, Inc.:			
36817 - Lorz Cuidate AAIHB	12-26	93.933	<u>4,271</u>
Total - CFDA #93.933 - Demonstration Projects for Indian Health			<u>4,271</u>
Direct Grant:			
36487 - CDC CBA Project	U65PS001661	93.939	<u>734,319</u>
Total - CFDA #93.939 - HIV Prevention Activities - NGO Based			<u>734,319</u>
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV Prevention Activities	INTF-4971-M04603614082	93.940	61,828
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.940	<u>4,959</u>
Total - CFDA #93.940 - HIV Prevention Activities - Health Department Based			<u>66,787</u>
Pass-through Grant:			
Passed through Denver Public Health:			
36734 - Federal Training Center Collaboration	Agreement @ 3-21-12	93.941	<u>5,446</u>
Total - CFDA #93.941 - HIV Demonstration, Research, Public and Professional Educ. Projects			<u>5,446</u>
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Surveillance	INTF-4971-M04603614082	93.944	<u>75,704</u>
Total - CFDA #93.944 - HIV/AIDS Surveillance			<u>75,704</u>
Sub-Total			<u>7,718,808</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 7,718,808
Direct Grant:			
36615 - CDC Teen Pregnancy	U58DP002906	93.946	541,416
Total - CFDA #93.946 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Initiative Programs			541,416
Pass-through Grant:			
Passed through State of Rhode Island:			
36801 - Prevention Resource Center	3316844	93.959	201,804
Total - CFDA #93.959 - Block Grants for Prevention and Treatment of Substance Abuse			201,804
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.994	48,656
Passed through State of Vermont:			
36730 - Family Planning Needs	21230	93.994	50
Total - CFDA #93.994 - Maternal & Child Health Services Block Grant to the States			48,706
TOTAL - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			\$ 8,510,734

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HOMELAND SECURITY			
Pass-through Grant:			
Passed through State of New Hampshire:			
36854 - Supplemental Oxygen Exercises	Agreement @ 5-1-13	97.067	\$ 49,587
Total CFDA #97.067 - Homeland Security Grant Program			49,587
Direct Grants:			
United States Coast Guard -			
35962 - Nat'l. Estimate of Life Jacket Wear Rate	1002.11/1102.14	97.012	(5,889)
36757 - Nat'l. Estimate of Life Jacket Wear Rate	3311FAN1202.03	97.012	342,804
36857 - Nat'l. Estimate of Life Jacket Wear Rate	3313FAN1302.15	97.012	181,621
Total CFDA #97.012 - Boating Safety Financial Assistance			518,536
TOTAL - U.S. DEPARTMENT OF HOMELAND SECURITY			\$ 568,123
U.S. ENVIRONMENTAL PROTECTION AGENCY			
Direct Grant:			
36789 - Reducing Asthma Disparities Through Adult Basic Education	96161301	66.034	\$ 26,492
Total CFDA #66.034 - Surveys Studies Research Investigations, Demonstrations and Special Purpose Activities Relating to the Clean Air Act			26,492
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	66.472	18,525
Total CFDA #66.472 - Beach Monitoring and Notification Program Implementation Grants			18,525
Direct Grant:			
36788 - Latino Youth Environment Awareness and Action	96159901	66.604	20,555
Total CFDA #66.604 - Environmental Justice Small Grant Program			20,555
Direct Grant:			
36698 - Children's Health	CH-83510601	66.609	48,764
Total CFDA #66.609 - Protection of Children From Environmental Health Risks			48,764
TOTAL - U.S. ENVIRONMENTAL PROTECTION AGENCY			\$ 114,336

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF JUSTICE			
Pass-through Grants:			
Passed through Seacoast Youth Services:			
36616 - Seacoast Youth Services	10-DJJS-OJDO-15	16.540	\$ 5,324
Passed through State of New Hampshire:			
36838 - Court Diversion	Agreement @ 2-1-13	16.540	51,845
Total - CFDA #16.540 - Juvenile Justice and Delinquency Prevention - Allocation to States			57,169
Passed through Keystone Hall:			
36809 - Family Based Residential Substance Abuse Treatment	1025785	16.812	3,855
Total - CFDA #16.812 - Second Chance Act Prisoner Re-entry Initiative			3,855
TOTAL U.S. DEPARTMENT OF JUSTICE			\$ 61,024
U.S. DEPARTMENT OF STATE			
Direct Grant:			
36867 - Russia - Healthcare Improvement Project	S-LMAQM-13-GR-0025	19.345	\$ 250,000
Total - CFDA #19.345 - International Programs to Support Democracy, Human Rights and Labor			250,000
Direct Grant:			
36796 - Pakistan - PRM	S-PRMCO-12-CA-1067	19.519	359,042
Total - CFDA #19.519 - Overseas Refugee Assistance Program for Near East and South Asia			359,042
TOTAL U.S. DEPARTMENT OF STATE			\$ 609,042

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2013

<u>Federal Grantor/Pass-through Grantor Program Title</u>	<u>Agency or Pass-through Number</u>	<u>Federal CFDA Number</u>	<u>Federal Expenditures</u>
U.S. DEPARTMENT OF AGRICULTURE			
Pass-through Grant:			
Passed through State of New Hampshire Department of Education:			
36822 - Child and Adult Care Food Program	Agreement @ 12-19-12	10.560	\$ <u>12,546</u>
Total CFDA #10.560 - State Administrative Expenses for Child Nutrition			<u>12,546</u>
TOTAL U.S. DEPARTMENT OF AGRICULTURE			\$ <u>12,546</u>
TOTAL FEDERAL AWARDS			\$ <u>130,171,617</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2013

NOTE 1 – BASIS OF PRESENTATION

JSI Research and Training Institute, Inc. is the sole member of World Education, Inc. (the affiliate).

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of JSI Research and Training Institute, Inc. under programs of the federal government for the year ended September 30, 2013. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of JSI Research and Training Institute, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of JSI Research and Training Institute, Inc.

The Schedule does not include the federal grant activity of World Education, Inc. (the affiliate). World Education, Inc. maintains a different fiscal year end (June 30) and has its own stand alone audit performed in accordance with the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, which includes its own separate schedule of expenditures of federal awards. However, the consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

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 OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Catalog of Federal Domestic Assistance (CFDA) numbers are presented when available.

JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2013

NOTE 3 – SUBRECIPIENTS

Of the federal expenditures presented in the schedule, JSI Research and Training Institute, Inc. provided federal awards to subrecipients as follows:

<u>Program</u>	<u>CFDA Number</u>	<u>Amount Provided to Subrecipients</u>
Juvenile Justice and Delinquency Prevention	16.540	\$ 10,808
International Programs to Support Democracy, Human Rights and Labor	19.345	250,000
Overseas Refugee Assistance Program for Near East and South Asia	19.519	246,674
Environmental Justice Small Grant Program	66.604	11,175
Protection of Children from Environmental Health Risks	66.609	14,478
Public Health Emergency Preparedness	93.069/93.889	72,997
Environmental Public Health and Emergency Response	93.070	5,293
AIDS Education and Training Centers	93.145	18,170
Family Planning Services	93.217	35,922
Family Planning - Personnel Training	93.260	81,750
Immunization Cooperative Agreements	93.268/93.539	60,852
Centers for Disease Control and Prevention - Investigations and Technical Assistance	93.283	416,743
Community Transition Grants	93.531	39
Centers for Medicare and Medicaid Services Research, Demonstrations and Evaluations	93.779	22,710
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Initiative Programs	93.946	(5,000)
Preventative Health and Health Services Block Grant	93.991	12,000
Homeland Security Grant Program	97.067	12,210
USAID Foreign Assistance for Program Overseas	98.001	<u>23,257,986</u>
Total Federal Awards Provided to Subrecipients		\$ 24,524,807
Non-Federal Awards Provided to Subrecipients		<u>2,265,500</u>
		<u>\$ 26,790,307</u>

The federal expenditures provided to subrecipients are reflected in the sub-contracts line item of the schedule of functional expenses.



**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
JSI Research and Training Institute, Inc. and Affiliate

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 JSI Research and Training Institute, Inc. and Affiliate ("Organization"), which comprise the consolidated statement of financial position as of September 30, 2013, and the related consolidated statements of activities, 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 17, 2014.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered JSI Research and Training Institute, Inc. and its affiliate'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 JSI Research and Training Institute, Inc. and its affiliates' 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 Organization'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. We did not identify 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 JSI Research and Training Institute, Inc. and its affiliate'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*.

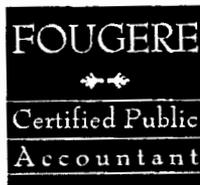
Purpose of this Report

This 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 handwritten signature in black ink, appearing to read "Thomas R. [unclear] CPA". The signature is written in a cursive style.

Duxbury, Massachusetts
March 17, 2014

NORMAN R. FOUGERE, JR. CPA
99 HERITAGE LANE
DUXBURY, MA 02332-4334



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**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR
PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE IN REQUIRED BY OMB CIRCULAR A-133**

To the Board of Directors
JSI Research and Training Institute, Inc. and Affiliate

Report on Compliance for Each Major Federal Program

We have audited JSI Research and Training Institute, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of JSI Research and Training Institute, Inc.'s major federal programs for the year ended September 30, 2013. JSI Research and Training Institute, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of JSI Research and Training Institute, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about JSI Research and Training Institute, 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 each major federal program. However, our audit does not provide a legal determination of JSI Research and Training Institute, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, JSI Research and Training Institute, Inc. complied, in all material respects, with the 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, 2013.

Report on Internal Control Over Compliance

Management of JSI Research and Training Institute, 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 JSI Research and Training Institute, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of JSI Research and Training Institute, 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 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.

World Education, Inc. (Affiliate) maintains a different fiscal year (June 30) and has its own stand alone audit performed in accordance with the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. However, the

JSI Research and Training Institute, Inc. and Affiliate
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
September 30, 2013

A. SUMMARY OF AUDIT RESULTS

1. The auditors' report expresses an unqualified opinion on the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate.
2. No significant deficiencies were disclosed during the audit of the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate.
3. No instances of noncompliance material to the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate were disclosed during the audit.
4. No significant deficiencies in internal control were disclosed during the audit of the major federal award programs of JSI Research and Training Institute, Inc.
5. The auditors' report on compliance for the major federal award programs for JSI Research and Training Institute, Inc. expresses an unqualified opinion on all major federal programs.
6. There are no audit findings that are required to be reported in this schedule in accordance with Sec. 510 (a) of OMB Circular A-133.
7. The programs tested as major programs included:

<u>Agency</u>	<u>Program Title</u>	<u>C.F.D.A. #</u>
Agency for International Development	USAID Foreign Assistance for Programs Overseas	98.001 (Cluster)

8. The threshold for distinguishing Types A and B programs was \$3,000,000.
9. JSI Research and Training Institute, Inc. was determined to be a low-risk auditee.

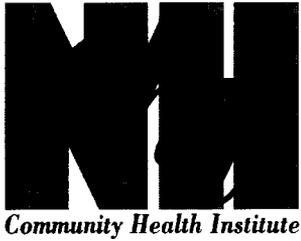
NORMAN R. FOUGERE, JR. CPA
99 HERITAGE LANE
DUXBURY, MA 02332-4334



PHONE: 781-934-0460
FAX: 781-934-0606

STATUS OF PRIOR YEAR'S FINDINGS AND QUESTIONED COSTS

There were no reportable findings or questioned costs for the year ended September 30, 2012.



JSI Research & Training Institute, Inc.
d.b.a Community Health Institute

501

South Street

Second Floor

Bow

New Hampshire

03304



Voice: 603.573.3300



Fax: 603.573.3301



A Division of

JSI Research & Training

Institute, Inc.

A Nonprofit Organization

Officers

<u>Name</u>	<u>Title</u>	<u>Term</u>
Joel H. Lamstein	President	2014 - 2015
Joel H. Lamstein	Treasurer	2014 - 2015
Patricia Fairchild	Clerk	2014 - 2015
Joanne McDade	Assistant Clerk	2014 - 2015

Board of Directors

<u>Name</u>	<u>Term</u>
Joel H. Lamstein	2014 – 2015
Patricia Fairchild	2014 – 2015
Herbert S. Urbach	2014 – 2015
Norbert Hirschhorn	2014 – 2015



New Hampshire's Public Health Institute

KARYN DUDLEY MADORE

JSI Research & Training Institute, Inc. d.b.a. Community Health Institute
501 South Street, 2nd Floor, Bow, New Hampshire 03304 (603) 573-3305

kmadore@jsi.com

EDUCATION

UNIVERSITY OF SOUTH FLORIDA, TAMPA, COLLEGE OF PUBLIC HEALTH GRADUATE CERTIFICATE PROGRAM
HEALTH COMMUNICATION IN PUBLIC HEALTH SUMMER 2014

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE
M.Ed. 1995

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE
B.S., Marketing 1987

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
Operations Director, August 1998 to present

Operations Director

Serve as Operations Director for the JSI-NH office, d.b.a. Community Health Institute. Provide operational oversight of office functions and operations including project and support staff workload division, professional and skill development and liaison to other JSI offices and departments.

JSI-NH Health Communications Director

Serve as Health Communications Director for the JSI-NH office, d.b.a. Community Health Institute. As Health Communications Director, provide overall strategic direction, administration, and management of health communications services to a variety of projects. Oversee the development of marketing and communication campaigns, print materials, and collateral as well as print material distribution services to ensure that all materials and campaigns are of high quality, effective, and innovative.

National Healthy Start Branding and Communications Lead

Maternal and Child Health Bureau (MCHB), Division of Healthy Start and Perinatal Services (DHSPS), Washington, DC. Branding and Communications Lead for the Supporting Healthy Start Performance Project (SHSPP) to provide capacity building assistance (CBA) to approximately 100 Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality, reduce health disparities and improve perinatal health outcomes. CBA incorporates technical assistance, training, technology transfer and information transfer and dissemination.

NH Immunization Marketing

Serve as Project Director to develop a creative health marketing campaign, for the NH Immunization Program, that identifies priority audiences, best-practice outreach strategies, partner communication channels, effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations and increase NH immunization rates. The team will review existing state and national materials, and create new graphics and logos.

NH Tobacco Addiction Treatment Services (TATS)

Serve as Project Director and Media Lead for the NH TATS project, which is a follow on to the NH Tobacco Use Cessation and Counter Marketing Project completed in FY07. This contract serves as the hub for the NH Tobacco Resource Center, which incorporates: 1) the NH Smokers' Helpline offering free and confidential counseling and services in English, Spanish and Portuguese; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) www.trytostopnh.org, a web-based resource for NH tobacco users and 4) QuitWorks-NH a resource for NH clinicians working with their patients to quit using tobacco by providing them with a single portal for referring their patients who use tobacco for state-of-the-art treatment (www.quitworksnh.org). This initiative also includes the continued development of a consortium of health insurers who are willing to promote TTS-NH to their subscribers directly and endorse QuitWorks-NH to their contracted health care providers.

NH Environmental Public Health Tracking Program Outreach Project

Worked with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting



of contemporary marketing and outreach strategies. Assisted EPHT in developing a user analytics data collection process for web-based tools.

NH County Rankings Video Project –MATCH

Co-Lead the process to collaborate with the NH State County Health Rankings Team to produce three 5-minute videos and one 15-minute video. The videos focus on Public Health in NH as it relates to the NH County Health Rankings and the NH State Health Report. Data from the reports will be linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The videos serve to educate and motivate NH individuals and communities into action to improve the health of their community and state.

Mobilizing Action Toward Community Health (MATCH)

In partnership with DHHS and the North Country Health Consortium, developed the overarching concept for four videos. These videos highlight data found in the County Health Rankings Report, the NH State Health Report and highlights the role of public health in the state. CHI worked with the state in identifying local or statewide “success stories” to highlight. Lead script development process and worked with videographers to complete the video projects.

Expand and Promote Try-To Stop Resource Center

Served as Project Director to expand and promote the NH Tobacco Helpline. With funding from the American Recovery and Reinvestment Act (ARRA), this project includes a population based media campaign that promotes free Nicotine Replacement Therapy (NRT) kits to a variety of audiences, including a pilot with employees of the Department of Transportation and their families, and then the entire state of NH. A variety of media was used to promote the NH Tobacco Helpline including radio, TV, newspaper, bus and web advertising. Additionally, the plan includes a pilot project to implement systems change through Families First, where they will implement an electronic referral form to contact the Helpline rather than the fax referral currently in place.

NH Tobacco & Obesity Policy Project

Served as Project Director to implement a feasibility assessment for implementing high-impact public policy in three identified domains of licensed child care settings, public schools and workplaces. This assessment is timely and a critical opportunity for NH stakeholders to engage in a collaborative educational process that will likely result in strengthening regulatory rules, implementation of high-impact public policy access strategies, educating municipalities and legislators and building stronger public health partnerships.

New Hampshire Public Health Emergency Planning Technical Assistance and Training

Co-created the development and implementation of a Public Information Officer Training for public health and safety officials and representatives of human service organizations likely to be called upon to fill a Public Information Officer (PIO) role in a public health event. The goal of this Regional PIO Training is to strengthen the communication skills of individuals to perform the role of a PIO in a public health emergency, including but not limited press releases, speaking with the press, key messaging, and audience definition. The training s continues on an as needed basis.

Communication Training

Researched, customized and implement a social communication training to help individuals identify their personal communication strengths and weaknesses in times of stress through interactive workshops. This training is an effective tool in organizational and leadership development, team building, and career planning and conflict resolution. To date this training has been provided to the following organizations: NH Tobacco Prevention and Control Program, NH Red Cross Granite Chapter, Community Health Institute, MIT Medical and JSI and continues to be offered by request.

NH Tobacco Use Cessation and Counter Marketing (TUCCM)

Served as Program and Media Manager for the NH TUCCM project completed June 30, 2007. This project incorporated three major components: 1) the toll free NH Smokers’ Helpline offering services in English, Spanish and Portuguese through which smokers and other citizens of NH receive information on any aspect of tobacco and may be referred to state-of-the-art prevention and tobacco treatment resources, if appropriate; 2) the promotion of the NH Smokers’ Helpline through a variety of traditional and non-traditional media outlets; and 3) a Tobacco Education Clearinghouse.

PROFESSIONAL ASSOCIATIONS

National Public Health Information Coalition, Member
CDC Media Network Representative for NH
Circle Program, Mentor, 1993 to present
NH Tobacco-Free Coalition, Member
Public Relations Society of America, Member
Concord Area Red Cross Board of Directors: 2001–2007,

Vice-Chair, 2004–2005, President, 2005–2007
Comprehensive Cancer Collaborative Tobacco Prevention
Workgroup, Past Member
MSA Violation Monitoring National Workgroup, Past
Member



KATHERINE ROBERT, MPA

JSI Research & Training Institute, Inc., d.b.a. Community Health Institute
501 South Street 2nd floor, Bow, New Hampshire 03304 · (603) 573-3331

krobert@jsi.com

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE
Master of Public Administration, 2009
Bachelor of Arts in Political Science, 2006

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
Project Manager, December 2007 to present

JSI provides consultation to health care organizations in the areas of health services delivery, public health, practice management, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers (hospitals, group practices, community health centers, family planning organizations, health maintenance organizations, community-based coalitions and social service agencies). JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

NH Immunization Marketing Provides project coordination support, and works with the NH DHHS Immunization Program staff and community stakeholders to research, and assist in the development and implementation of a statewide marketing and awareness campaign aimed at increasing immunization rates for the priority population. Assists in the development of provider trainings, and provides technical support in planning an annual conference.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project Works with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assist EPHT in developing a user analytics data collection process for web-based tools.

Poison Control Innovation/Transformation Project Developed market research protocol to inform the development of a three-year innovation/transformation plan for the American Association for Poison Control Centers. Designed a survey to assess poison control centers' (PCC) use and inclination to use new communications modalities to reach consumers of PCC services, conducted an environmental scan of organizations with characteristics similar to PCCs, and conducted focus groups and key informant interviews. Produced market research report focusing on identification of opportunities for PCCs to expand their role and visibility through the use of new partnerships and communications modalities while maintaining quality in the assessment triage and management of poison exposures.

NH Breast and Cervical Cancer Program Focus Groups Convened, facilitated, and summarized findings of four market research focus groups around promotional materials promoting breast and cervical cancer screenings. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Dartmouth-Hitchcock Colorectal Cancer Screening Focus Groups Convened, facilitated, and summarized findings of two market research focus groups around six posters designed by the Dartmouth-Hitchcock Colorectal Cancer Screening Program. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Dartmouth-Hitchcock Early Childhood Messaging Collaborative Focus Groups Convened, facilitated, and summarized findings of four market research focus groups around six logos and three graphic sets designed for the HNH foundation-funded Early Childhood Messaging collaboration. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for the logo and graphic development.



NH County Rankings Video Project Participated in a collaborative process of the NH State County Health Rankings Team to produce video vignettes focusing on state and local Public Health. Data from the NH County Health Rankings and the NH State Health Report were linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The video(s) will be used to educate and motivate individuals and communities into action to improve the health of their community and state.

SHARE Needs Assessment Developed methodology for local non-profit needs assessment, covering vulnerable residents in five towns in Southern NH. Developed protocols for focus groups and key informant interviews, designed and analyzed community service provider survey. Developed and presented final needs assessment report

Manchester Community Needs Assessment Provided logistical support to the project by serving as a liaison between the MSAP Data Committee and the Community Health Institute team. Assigned team roles, managed the budget, and defined key deadlines. Collected quantitative state and local data, as well as analyzed and summarized focus group and key informant survey data. Assisted in the development and editing of the final Needs Assessment Report.

Nashua Community Health Assessment Worked with client to develop appropriate protocols for focus groups with targeted segments of population, varying from topic-specific issues, to general health issues. Facilitated and summarized focus group findings.

PROFESSIONAL ASSOCIATIONS

NH Public Health Association, President-Elect

- Board of Directors – 2012 – Present
- Communications Committee, co-chair – 2012 - Present

COMPUTER SKILLS

Proficient in Adobe InDesign CS5.5, Adobe Illustrator CS5.5, SPSS, Microsoft Word, Excel, Publisher, and Access. Working knowledge of QuickBooks, Adobe Photoshop.



JILLIAN MACCINI

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jmaccini@jsi.com

EDUCATION

SIMMONS COLLEGE SCHOOL OF MANAGEMENT, BOSTON, MASSACHUSETTS
Master of Business Administration, Concentration in Healthcare Administration, 2013
Beta Sigma Gamma Honor Society

FISHER COLLEGE, BOSTON, MASSACHUSETTS
Bachelor of Science, Business Administration, 2009

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire

Project Manager, August 2012 to present

Provide consultation to health care organizations in the areas of health services delivery, public health, practice management, managed care, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers. JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

Selected projects:

Health Resources and Services Administration, Bureau of Primary Health Care (BPHC) Uniform Data System

Technical assistance and data support, analysis and validation for a major initiative to collect Uniform Data System (UDS) information from over 1300 federally qualified health centers (FQHCs) across the country. The data collected describes the financial and operational parameters of the health centers, and forms the basis of BPHC management decisions and reports to Congress, as well as informing the health centers of their relative performance. An extensive training component is also incorporated which reaches hundreds of CHCs annually and provides assistance on completing the report and using the data. Responsibilities include data analysis, technical assistance for grantees, sites, consultants, and central BPHC staff; quality control review of submitted reports; assistance in defining testing proposed changes to the reporting software; development and distribution of 508-compliant training materials; and technical editing and validation of reported data.

Indian Health Service, Urban Indian Health Program Uniform Data System

Technical assistance and data support, analysis and validation for a major initiative to collect Uniform Data System (UDS) information from all Urban Indian Health Programs across the country. This includes the collection and processing of the standard UDS, completed by grant-funded UIHPs, nationwide. The data collected describes the financial and operational parameters of the health centers, and forms the basis of UIHP management decisions and reports to Congress, as well as informing the programs of their relative performance. The project involves extensive data management and technical editing of reported data, as well as the development of unique software to collect, manage, and screen the data electronically. An extensive training component is also incorporated which reaches all UIHPs annually and provides assistance on completing the report and using the data. Responsibilities include data analysis, technical assistance for grantees, sites, consultants, and central BPHC staff; quality control review of submitted reports; assistance in defining testing proposed changes to the reporting software; development and distribution of 508-compliant training materials; and technical editing and validation of reported data.

New England Rural Health RoundTable

Conducted comparative analysis of health and health-related statistics in rural areas of New England, identifying key differences and patterns in related to rurality. The analysis intended to measure and monitor the impact of various changes in the healthcare landscape, including the Affordable Care Act and the aging and urbanization of New England's population. Process included gathering data from various data sources for nearly 300 comparative data points and creating relational database to analyze these data across several characteristics, including varying levels of rurality and state. Resulting data informed Rural Data for Action: A Comparative Analysis of Health Data for the New England Region, presented in October 2014.



Poison Control Innovation and Transformation Strategic Repositioning

Developed and implemented multi-pronged market research protocol to inform the development of a three-year innovation and transformation strategic repositioning plan for the American Association for Poison Control Centers (AAPCC). Designed survey to assess poison centers' (PC) use and inclination to use new communications modalities to reach consumers of PCC services, conducted an environmental scan of organizations with characteristics similar to PCCs, and conducted national focus groups and key informant interviews with multiple stakeholder groups. Produced market research report focusing on identification of opportunities for PCCs to expand their role and visibility through the use of new partnerships and communications modalities while maintaining quality in the assessment triage and management of poison exposures. The market research report and resulting strategic repositioning plan were completed in September 2014.

SHARE Outreach, Inc. Needs Assessment

Acted as project director and lead researcher for needs assessment for social service organization providing food, clothing, information and emergency financial assistance to area families in need who do not qualify for government assistance or for whom that assistance is insufficient or delayed in coming. The project involved identifying need in service area through both quantitative and qualitative research including aggregating and analyzing existing data, engaging service providers and clients in surveys, focus groups and key informant interviews and writing comprehensive recommendations based on the needs identified in the community and strategic growth and partnership opportunities identified. Final report along with feasibility analysis including cost projections, were presented to the Board of Directors in May of 2014.

NH Immunization Program Marketing

Implement a comprehensive, integrated marketing plan for the NH Immunization program (NHIP), a statewide resource for healthcare providers and the public regarding the importance of vaccination for all vaccine preventable diseases. A qualitative assessment was developed to collect input from all identified stakeholders in order to develop comprehensive, effective communication and marketing strategies to support the goals of NHIP. Multiple strategies, including collateral distribution, innovative communication tools, and outreach have been and continue to be designed and executed, each specially designed to appeal to the appropriate target audiences. Member of team that has created materials targeting school aged children, long term care facilities and adults. In August 2014, the Start the Conversation adult immunization campaign developed by the team was awarded Gold, Silver, and Bronze medals of excellence across two categories by the National Public Health Information Coalition for its billboards, posters, and health care provider toolkit.

Simmons College- Online Division Boston, Massachusetts

Facilitate, monitor and grade online participation and discussion in HMP 545: Health Policy and Practice, a graduate level course for distance learning students. Tasks include grading and providing feedback on online discussion topics and engaging with distance learning students.

NEHI Network for Health Innovation, Cambridge, Massachusetts

Researched and composed primer on the impact of Accountable Care Organizations on health market dynamics and primer on the impact of medication therapy management on patient medication adherence. Worked with team to present critical policy issues to industry stakeholders through expert roundtables, issue briefs and policy calls. Identified potential funders and presented research to secure programmatic funding.

Simmons College/ UNAID, Boston, Massachusetts

Provided assistance to contractor for UNAIDS economic viability analysis of HIV Intervention models for at-risk populations in Egypt including financial modeling and outcome analysis for various intervention strategies.

PROFESSIONAL ASSOCIATIONS

Email Marketing Platforms (Constant Contact, Mail Chimp)

Boston Young Non-Profit Professionals
Boston Young Healthcare Professionals
New Hampshire Public Health Association

COMPUTER SKILLS

Database Management (MS Access)
Microsoft Office
Adobe Creative Suite
Website Management (WordPress, Joomla, CMS)



SHASTA A. JORGENSEN, M.P.H.

JSI Research & Training Institute, Inc., d.b.a. Community Health Institute
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sjorgensen@jsi.com

EDUCATION

BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
Master of Public Health, Concentration in Social and Behavioral Science, 2010

UNIVERSITY OF REDLANDS, REDLANDS, CALIFORNIA
Bachelor of Arts, International Relations, 2001

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire

Project Manager, February 2012 to present

Project Coordinator, March 2009 to 2012

Project Assistant, February 2003 to February 2009

JSI provides consultation to health care organizations in the areas of health services delivery, public health, practice management, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers (hospitals, group practices, community health centers, family planning organizations, health maintenance organizations, community-based coalitions and social service agencies). JSI is a health care consulting firm working with clients in the public and private sectors.

Partnerships for Quitline Sustainability, New Hampshire Tobacco Prevention and Control Program: *Project Manager.*
Provide consultation and technical assistance to the health department on the development of quitline cost sharing relationships with private health plans insurers in an effort to support tobacco quitline operations. Develop strategies based on research around health plan cessation programs/benefits to engage private health plans in a cost sharing partnership with NH Tobacco Helpline.

NH Tobacco Helpline

New Hampshire Department of Health and Human Services, Tobacco Prevention and Control Program

Responsible for program and administrative management of the NH Tobacco Helpline. Serve as primary contact, along with the Project Director, for contract with TPCP for the NH Tobacco Helpline and subcontractors. In collaboration with the management team, monitor progress in meeting goals of overall contract workplan and overall project. Assist TPCP in promoting the Helpline services to statewide organizations. Facilitate alliances among state agencies and/or organizations that serve similar priority populations. Oversee budget and serve as fiscal contact for additional services as determined by TPCP. Provide technical assistance regarding counter-marketing and public awareness initiatives. Oversee Program Assistant and Program Support staff activities and duties.

Expand and Promote the Try-TO-STOP TOBACCO Resource Center of NH

New Hampshire Department of Health and Human Services

Served as Project Coordinator to expand, promote and increase awareness and utilization of the evidence-based cessation tools and resources offered through the Try-To-STOP TOBACCO Resource Center of NH through the creation of a strategic plan that includes a population based media campaign and outreach to NH physicians and other clinical and public health professionals such as the Community Health Access Network (CHAN), the NH Medical Society, NH health insurance providers as well as statewide partners to implement systemic adoption of the US PHSG.

Dover Youth Empowerment Model Evaluation

City of Dover

Data Manager for the Dover Youth Empowerment Model Evaluation. Collected evidence of effectiveness of this youth empowerment model for the innovators of this model. Efforts included getting the program elected as a Center for Substance Abuse Prevention's Service-to-Science program and furthering the program along the continuum of evidence for eligibility in the SAMHSA National Registry of Evidence-based Programs.



Multistate Learning Collaborative

Robert Wood Johnson Foundation

Project Coordinator for the RWJF-funded Multistate Learning Collaborative (MLC-3), a national collaborative effort to improve public health services and the health of communities by linking public health processes to health outcomes. Managed two learning collaboratives addressing childhood obesity and health improvement planning, and tobacco cessation among pregnant women and workforce development. Developed assessment tools and conduct public health network capacity assessments to inform NH public health regionalization process.

Engaging Smokers in Cessation through Financial Assistance Program

Legacy Foundation

Through funding from the American Legacy Foundation coordinated with financial assistance programs in NH and RI to implement a demonstration project to connect low-income individuals who smoke with evidence-based cessation services. Trained credit counselors to assess smoking status of all clients, advise on the high personal costs of smoking and impact on their budget and refer clients to the state's quitline and developed tools to track progress of project.

New Hampshire Tobacco Use Cessation and Counter Marketing

New Hampshire Department of Health and Human Services

Project Assistant of the New Hampshire Tobacco Cessation and Counter Marketing Project funded by the NH DHHS. This project incorporates three major components: 1) the toll free NH Smokers' Helpline offering services in English, Spanish and Portuguese through which smokers and other citizens of New Hampshire receive information on any aspect of tobacco and may be referred to state-of-the-art prevention and tobacco treatment resources, if appropriate; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) a Tobacco Education Clearinghouse, which develops and distributes in bulk quantities high quality, culturally appropriate tobacco education materials.

Rural Health and Primary Care Section

New Hampshire Department of Health and Human Services

Project Assistant for the Healthcare Workforce Shortage Designation process for the state of New Hampshire. Purpose of project is to identify areas of the state that meet the federal criteria for Healthcare Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps). Primary responsibilities include data managing of provider survey and make follow up calls to non-responsive providers.

Vulnerable Populations Emergency Preparedness Needs Assessment

NH Bureau of Emergency Management

Responsible for providing administrative and logistical support to the project including meeting logistics, focus group transcription and data management of emergency management director survey. The assessment includes collaboration with agencies working with special populations and in disaster response, an emergency management director survey and focus group data collection to detail emergency preparedness needs of these populations, identify gaps in organized emergency planning related to special populations, and develop recommendations to improve the capacity of emergency response system to meet these needs.

Smoking Cessation for Women of Reproductive Age: State-of-the-Art Tobacco Treatment

New Hampshire Department of Health and Human Services

Assist project director with administration of the development and implementation of a multifaceted project to increase the capacity of New Hampshire health care providers serving perinatal and reproductive-age women to systematically provide effective smoking cessation interventions in their clinical settings. The scope of work included: evidence-based training, *Help Pregnant Women Stop Smoking: Its Time Well Spent*, developed by JSI with CDC funding; developing a universal and enrollment process for linking perinatal and reproductive-age women to the state- of-the-art proactive telephone-based tobacco treatment service of the Try-To-STOP TOBACCO Resource Center of New Hampshire.

Tobacco Technical Assistance and Development

New Hampshire Department of Health and Human Services

This project seeks to develop and implement a comprehensive needs assessment and strategic planning process that allows the NH Tobacco Prevention and Control Program and its community partners to maximize the impact of limited resources with an emphasis on those who are most disparately impacted by tobacco. Concurrently, this project is also providing technical assistance to existing tobacco cessation coalitions in NH and will utilize the data collected through the needs assessment to fund additional tobacco coalitions around the state. Provided conference logistics for the Tobacco Prevention and Control Conference.

OTHER EDUCATION

Completed *Motivational Interviewing* workshop at Health Education and Training Institute, Concord, NH, 2010

Completed *Basic Skills for Working with Smokers*, University of Massachusetts Medical School, 2008

Attended National Conference on Tobacco or Health, Minneapolis, MN, 2007

Attended World Tobacco Conference, Washington, D.C., 2006

Attended National Tobacco Conference, Boston, MA, 2004

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: JSI Research and Training Institute Inc. dba Community Health Institute

Name of Bureau/Section: PreDiabetes

BUDGET PERIOD:		SFY 15		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Karyn Madore	Project Director	\$96,500	8.70%	\$8,391.30
Katie Robert	Project Manager	\$68,508	7.11%	\$4,869.57
Shasta Jorgensen	Evaluator	\$58,000	8.70%	\$5,043.48
Jillian Maccini	Health Communication Team	\$51,000	8.70%	\$4,434.78
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$22,738.13

BUDGET PERIOD:		SFY 16		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Karyn Madore	Project Director	\$99,395	9.73%	\$9,669.40
Katie Robert	Project Manager	\$70,563	7.11%	\$5,015.65
Shasta Jorgensen	Evaluator	\$59,740	5.22%	\$3,116.87
Jillian Maccini	Health Communication Team	\$52,530	5.22%	\$2,740.70
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$20,542.62