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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

Sole Source

June 24, 2013

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

100% Federal

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into a **sole source** agreement with Manchester Community Health Center (Vendor #157272-B001), 145 Hollis Street, Manchester, New Hampshire 03101, in an amount not to exceed \$1,858,863.00, to plan and execute a public health and early childhood mental health project evaluation and to coordinate and provide training, technical assistance and strategies needed to deliver high quality services that effectively meet the needs of children and families in the Manchester community, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2016.

Funds to support this request are anticipated to be available in the following account in SFY 2014, 2015 and 2016 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-2996 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, FEDERAL PROJECT LAUNCH

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90002996	\$619,621.00
SFY 2015	102-500731	Contracts for Prog Svc	90002996	\$619,621.00
SFY 2016	102-500731	Contracts for Prog Svc	90002996	\$619,621.00
			Total	\$1,858,863.00

EXPLANATION

This is a **sole source** request because as required by the federal funder, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grant application was to identify the project site location and lead community based organization in the federal grant application. The Manchester area was identified as site location because the needs of the population are consistent with the target population identified in the application. The Manchester

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Community Health Center was identified as the lead community based organization because the existing Manchester community partnerships acknowledged them as the strongest community based organization with the demonstrated capacity to take on this type of project. The federal grant application was submitted and approved by the federal funder.

Funds in this agreement will be used to improve coordination and quality of services for young children, birth through age 8 years, and their families in the city of Manchester, ultimately ensuring that all children enter school ready to learn and able to succeed. The agreement requires infrastructure improvements to create a more coordinated and collaborative early childhood system, and direct services that increase the quality and availability of prevention and wellness programs and practices. The Contractor will coordinate the activities of the project, which include conducting an environmental scan, developing a comprehensive strategic plan, and developing a plan for, and conducting an evaluation of services. In addition, the Contractor will provide the following five core strategies that are considered best practice to preventing negative consequences of adverse early life experiences.

1. Use developmental screening tools and coordinate with Primary Care Providers;
2. Provide mental health consultation to early child care and education providers;
3. Enhance Home Visiting services by screening parents for depression and children for social-emotional development; develop and implement family service plans; and provide referrals to services, as indicated;
4. Provide care coordination for parents of young children by integrating Behavioral Health and Primary Care services, and by training and supporting bilingual Community Health Workers; and.
5. Provide parenting education to encourage family participation on local Council and promote family leadership development.

Project LAUNCH does not duplicate activities being done elsewhere, in fact, it is intended to reduce and/or eliminate the potential for duplication. Research indicates these strategies are effective at reducing rates of emotional and behavioral disorders that, left untreated, can lead to poor school performance, involvement with the juvenile justice system, teen pregnancy, and substance abuse. This project, seeks to prevent these consequences because more young children and their parents will be screened and connected to services needed to support healthy child development that leads to school readiness. Evaluation activities will measure the effectiveness of the grant activities and drive decisions and quality improvements, including replication of the pilot in other communities across the state.

Should Governor and Executive Council not authorize this Request, Maternal and Child Health will not have the capacity to fulfill the requirements of the SAMHSA Cooperative Agreement. Project LAUNCH promotes linkages and prevention. Without these funds, Manchester lacks coordinated services for the youngest and most vulnerable children and their families.

The following performance measures will be used to measure the effectiveness of the agreement.

- Percentage of community settings that have workforce trained in specific mental health-related practice.
- Number of organizations formally coordinated to serve the mental health needs of young children and their families.
- Percent and number of work group/advisory group/council members who are consumers/family members.

Area served: Manchester area.

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and the Honorable Council
June 24, 2013
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Source of Funds: 100% Federal Funds from Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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

Respectfully submitted,

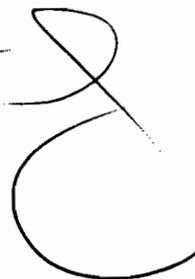


José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner



JTM/DDT/sc

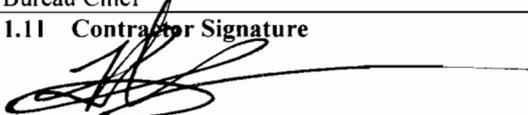
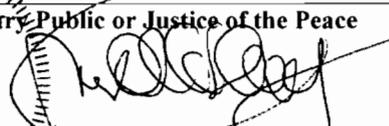
Subject: Project LAUNCH Manchester

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Manchester Community Health Center		1.4 Contractor Address 145 Hollis Street Manchester, New Hampshire 03101	
1.5 Contractor Phone Number 603-626-9500	1.6 Account Number 05-95-90-902010-2996-102-500731	1.7 Completion Date June 30, 2016	1.8 Price Limitation \$1,858,863
1.9 Contracting Officer for State Agency Lisa L. Bujno, MSN, APRN Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Kris Macracken, President/CEO	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Hillsborough</u> On <u>5/6/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace 			
1.13.2 Name and Title of Notary or Justice of the Peace Cecilia M. Skerry, Notary 			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Bro: x & Dup: 2 Lisa L. Bujno, 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: <u>James P. Herick, Attorney</u> On: <u>21 Jun. 2013</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: JMC
Date: 5/20/13

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

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.

NH Department of Health and Human Services

Exhibit A

Scope of Services

Project LAUNCH - Manchester

CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2016

CONTRACTOR NAME: Manchester Community Health Center

ADDRESS: 145 Hollis Street
Manchester, New Hampshire 03101

President/CEO: Kris McCracken

TELEPHONE: 603-626-9500

The Contractor shall:

Coordinate and promote training, technical assistance and other resources needed to deliver high quality services that effectively meet the needs of children and families in the Manchester community as specified below.

I. General Provisions

A. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

B. State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

C. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration purposes.
 - a. All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration of the program.
 - b. All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

D. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

E. Subcontractors

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Maternal and Child Health Section (MCHS) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

II. Minimal Standards of Core Services

A. Service Requirements

1. Infrastructure Development

- a. Identify and engage a local Council on Young Child Wellness that is representative of partnerships across disciplines and agencies that serve young children and their families. The local council will assist with the development of the local-level environmental scan and strategic plan; provide advice for the development and implementation of services and activities; and participate in infrastructure reform, policy development, social marketing, and workforce development activities at the local level. At a minimum, the Contractor is required to recruit Council members that bring expertise on:
 - (1) Health (including representatives from private sector)
 - (2) Child Welfare
 - (3) Medicaid
 - (4) Substance Abuse Prevention
 - (5) Early Childhood Education (e.g., Early Head Start, Head Start and Part C)
 - (6) Local Education Agencies (LEAs)
 - (7) Families in the population of focus (grantees should have approximately 10% family representation on their Councils).
- b. Provide a full-time Local Young Child Wellness Coordinator to lead the project at the local level. The **Project Director (MCH) and Federal Project Officer must approve** this individual **prior to hiring**.
- c. Complete a local-level environmental scan in the first 5 months of the grant in partnership with the local council.
- d. Develop a local level strategic plan to support young child wellness.

2. Evidence-based programs/practices

Pilot five evidence-based programs/practices to support young child wellness that enhance, improve and/or build upon existing services, or address gaps in services to young children and their families.

- a. Developmental Screening
 - (1) Identify and train new community sites to use Ages & Stages Questionnaire and Ages & Stages Questionnaire-Social Emotional developmental screening tools.
 - (2) Coordinate screening data collection and referrals with Primary Care Provider.
- b. Mental/Behavioral Health Consultation to Child Care
 - (1) Provide mental health consultation to early care and education settings including, but not limited to, Early Head Start, child care center(s), and/or public preschool.
- c. Healthy Families America Home Visiting
 - (1) Screen all parents for depression.
 - (2) Screen all children using Ages & Stages Questionnaire: Social-Emotional tool.
 - (3) Develop & implement family plans.
 - (4) Provide brief-intervention and mental health referrals to services to parents, as indicated.
- d. Integration of Behavioral Health and Primary Care
 - (1) Provide care coordination for parents of young children.
 - (2) Train and support bilingual Community Health Workers.
- e. Family Strengthening
 - (1) Provide parenting education using evidence-based curriculum.
 - (2) Develop family participation on local Council and promote family leadership development.

3. Local Evaluation

- a. Design and implement comprehensive evaluation of the Project LAUNCH program, within 6 months of approval, that
 - (1) Describes the evaluation methodology in detail.
 - (2) Demonstrates the validity and usefulness of the data collected for the required core strategies and systems building activities.
 - (3) Discusses the analytic and technical approaches for the evaluation.
 - (4) Includes the elements outlined in the 2012 Project LAUNCH Grantee Manual.
- b. Design processes for collecting data that includes data tracking and data management system for Project LAUNCH within 7 months of approval;
- c. Develop IRB submissions (if required)
- d. Assist state, local, and District of Columbia Project LAUNCH leaders to interpret grantee-specific and Cross-Site Evaluation results
 - (1) Provide ongoing evaluation technical assistance to service providers and the Project LAUNCH team, as well as oversight of the local data collection activities;
 - (2) Share data results and evaluation processes with the Project LAUNCH Leadership Team;
 - (3) Report on the evaluation through annual technical reports, quarterly TRAC data entry, and monthly meetings and calls with SAMHSA project officers and the national cross-site evaluation team; and
 - (4) Provide monthly reports to local council and Spark New Hampshire Evaluation Committee.
- e. Propose a community-wide population outcome study using existing data sets from national, state, tribal or local data centers.

B. Staffing Provisions

1. New Hires

The Contractor shall notify the MCHS in writing within one month of hire when a new administrator or coordinator or any staff person essential to carrying out this scope of services is hired to work in the program. A resume of the employee shall accompany this notification.

2. Vacancies

The Contractor must notify the MCHS in writing if the Executive Director or Young Child Wellness Coordinator is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers should be selected because of their personal characteristics (i.e., a non-judgmental attitude, compassion, the ability to establish a trusting relationship, etc.), their willingness to work in or experience working with culturally diverse communities, and their skills to do the job.

- a. Local Young Child Wellness Coordinator:

- (1) Bachelors degree (Masters degree preferred)
- (2) Seven- to 10-year combination of education, training, and/or relevant experience in child development, public health, mental health or substance abuse prevention services is preferred.

C. Coordination of Services

1. The contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.
2. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCH program, including but not limited to Local and State Young Child Wellness Council meetings. Young Child Wellness Coordinator and an individual representing the Evaluator must attend SAMHSA Grantee meetings as required.

III. Quality or Performance Improvement (QI/PI)

A. Workplans

1. Performance Workplans are required annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance- based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. Data and Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Submit Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

2. The data required for the federal Project LAUNCH, reported in the TRAC Data System.
3. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
4. The Contractor shall collaborate with the Division of Public Health Services to collect client and program data and information for the purpose of program evaluation.
5. The Contractor shall, for purposes of program evaluation and federal reporting, enter personally identifiable health data, for all clients served under this contract, into the TRAC data system. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.

C. On-Site Reviews

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews such as Primary Care Effectiveness Reviews (PCER), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, or the Community Health Accreditation Program (CHAP). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

Project LAUNCH - Manchester

CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2016

CONTRACTOR NAME: Manchester Community Health Center

ADDRESS: 145 Hollis Street
Manchester, New Hampshire 03101

President/CEO: Kris McCracken

TELEPHONE: 603-626-9500

Vendor #157274-B001

Job #90002996

Appropriation #05-95-90-902010-2996-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

\$1,858,863 for Project LAUNCH, funded from 100% federal funds from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration CFDA #93.243.

TOTAL: \$1,858,863

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.
3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month up to an amount not greater than one-twelfth of the contract amount. Reimbursement greater than one-twelfth of the contract amount in any month shall require prior, written permission from the State.
4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.
5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.
6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

The remainder of this page is intentionally left blank

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

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

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

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

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

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within nine months 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.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's

responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

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

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within sixty (60) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **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 government 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.

mu
5/20/13

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006). Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: 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, both for the benefits of the State, the following insurance: 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 incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

(2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

The remainder of this page is intentionally left blank.

18. **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.

19. **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.

SPECIAL PROVISIONS – DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

FEDERAL/STATE LAW: Whenever 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 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.

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

Contractor Initials: Wm
Date: 5/20/13

NH Department of Health and Human Services

Standard Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act to 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 5151-51-5160 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 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 certification 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**

- 1) The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employee's about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and

- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- 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.

Manchester Community Health Center **From: 7/1/13** or date of G&C Approval, whichever is later **To: 6/30/16**
Contractor Name **Period Covered by this Certification**

Kris McCracken President / CEO
Name and Title of Authorized Contractor Representative

[Signature] 5/20/13
Contractor Representative Signature **Date**

NH Department of Health and Human Services

Standard Exhibit E

CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

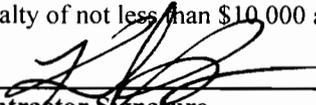
- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title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

Contract Period: 7/1/13 or date of G&C Approval, whichever is later, through 6/30/16

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 civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.


5/20/13
President/CEO

Contractor Signature Contractor's Representative Title

Manchester Community Health Center 5/20/13

Contractor Name Date

NH Department of Health and Human Services

Standard Exhibit F

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

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

Instructions for Certification

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transition. 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 transition," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntary excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rule 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 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 Transaction", "provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

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

Lower Tier Covered Transactions

By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

 <hr/> Contractor Signature	<p style="text-align: center;"><i>President / CEO</i></p> <hr/> Contractor's Representative Title
<p>Manchester Community Health Center</p> <hr/> Contractor Name	<p style="text-align: center;"><i>5/20/13</i></p> <hr/> Date

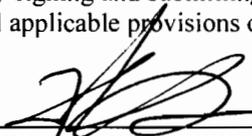
NH Department of Health and Human Services

Standard Exhibit G

CERTIFICATION REGARDING THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.



Contractor Signature

President / CEO

Contractor's Representative Title

Manchester Community Health Center
Contractor Name

5/20/13

Date

NH Department of Health and Human Services

STANDARD EXHIBIT H

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 Signature

President/CEO

Contractor's Representative Title

Manchester Community Health Center

Contractor Name

5/20/13

Date

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

BUSINESS ASSOCIATE AGREEMENT

(1) **Definitions.**

- a. "**Breach**" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "**Individual**" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

- l. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR Section 164.501.
- 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, unreasonable, 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) **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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part I, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec.13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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.

WAL
5/20/13

(5) Termination for Cause

In addition to standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

M^c
5/20/13

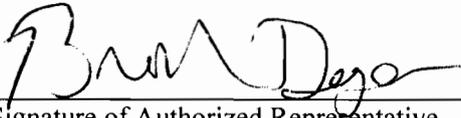
IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

DIVISION OF PUBLIC HEALTH SERVICES

MANCHESTER COMMUNITY HEALTH CENTER

The State Agency Name

Name of Contractor



Signature of Authorized Representative



Signature of Authorized Representative

Brook S. Dupre

LISA L. BUJNO, MSN, APRN

Name of Authorized Representative

KRIS MCCRACKEN

Name of Authorized Representative

BUREAU CHIEF

Title of Authorized Representative

PRESIDENT/CEO

Title of Authorized Representative

5/26/13

Date

5/20/13

Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

**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 Sub-award and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any sub-award 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:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. 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 Sub-award 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 Representative Signature)



(Authorized Contractor Representative Name & Title)

Manchester Community Health Center
(Contractor Name)

5/20/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

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

1. The DUNS number for your entity is:

92866 4937

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, sub-grants, 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: _____

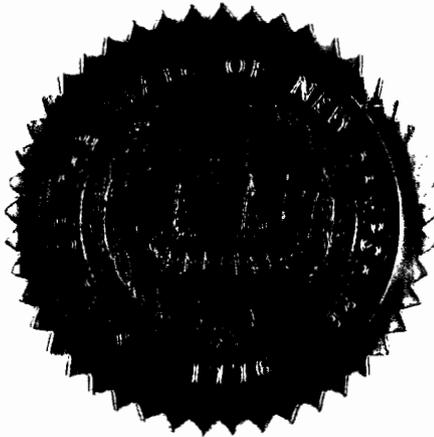
Amount: _____

Contractor Initials: ML
Date: 5/20/13

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 MANCHESTER COMMUNITY HEALTH CENTER is a New Hampshire nonprofit corporation formed May 7, 1992. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 20th day of May A.D. 2013

A handwritten signature in black ink, appearing to read "William Gardner", written in a cursive style.

William M. Gardner
Secretary of State



CERTIFICATE OF AUTHORITY

I, James Burnett, Board Chair of Manchester Community Health Center, County of Hillsborough, State of New Hampshire, do hereby certify:

- 1. I am the duly appointed Board Chair for the Corporation;
- 2. I maintain and have custody of and am familiar with the seal and minute books of the Corporation;
- 3. I am duly authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificates;
- 4. The following are true, accurate and complete copies of the resolutions adopted by the Board of Directors of the Corporation at a meeting of the said Board of Directors held on the 17th of May, 2013, which meeting was duly held in accordance with New Hampshire law and the by-laws of the Corporation:
 RESOLVED: That this Corporation enter into contracts with the State of New Hampshire, acting through its Department of Health and Human Services, and that the President/CEO and Chief Financial Officer, (or any of them acting singly), be and hereby (is) (are) authorized and directed for and on behalf of this Corporation to enter into contracts with the State and to take any and all such actions and to execute, acknowledge and deliver for and on behalf of this Corporation any and all documents, agreements and other instruments (and any amendments, revisions or modifications thereto), that (she) (he) (any of them) may deem necessary, desirable or appropriate;
 RESOLVED: That the signature of any officer of this Corporation affixed to any instrument or document in or contemplated by these resolutions shall be conclusive evidence of the authority of said officer to bind this Corporation thereby;
- 5. The foregoing resolutions have not been revoked, annulled, or amended in any manner whatsoever and remain in full force and effect as of the date hereof; and
- 6. The following person(s) lawfully occupy the offices indicated below:

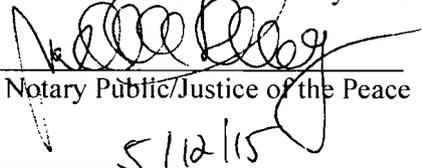
Kris McCracken, President/CEO
Michele Croteau, Chief Financial Officer

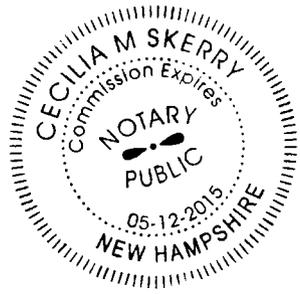
IN WITNESS WHEREOF, I have hereunto set my hand as the Board Chair of the Corporation this 4th day of June, 2013.


James Burnett, Board Chair
STATE OF NEW HAMPSHIRE
COUNTY OF HILLSBOROUGH

The foregoing statement was acknowledged before me this 4th day of June, 2013, by James Burnett in his capacity as Board Chair of Manchester Community Health Center, on behalf of said entity.

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

SEAL 
Notary Public/Justice of the Peace
5/12/15
Date Commissioner Expires



MANCHESTER COMMUNITY HEALTH CENTER
AUDITED FINANCIAL STATEMENTS
JUNE 30, 2012 AND 2011

BRAD BORBIDGE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS
197 LOUDON ROAD, SUITE 350
CONCORD, NEW HAMPSHIRE 03301

TELEPHONE 603/224-0849
FAX 603/224-2397

INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS

Board of Directors
Manchester Community Health Center
Manchester, New Hampshire

We have audited the accompanying balance sheets of Manchester Community Health Center as of June 30, 2012 and 2011, and the related statements of operations and unrestricted net assets, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Health Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Manchester Community Health Center as of June 30, 2012 and 2011, and the results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated January 11, 2013, on our consideration of the Health Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

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

A handwritten signature in black ink, appearing to read "A. O'Neil", is located in the lower right quadrant of the page.

Concord, New Hampshire
January 11, 2013

MANCHESTER COMMUNITY HEALTH CENTER

BALANCE SHEETS

JUNE 30, 2012 AND 2011

ASSETS

	<u>2012</u>	<u>2011</u>
Current Assets		
Cash and cash equivalents	\$ 89,261	\$ 42,014
Investments	442,945	442,971
Patient accounts receivable, net of allowance for bad debts of \$360,000 at June 30, 2012 and 2011	243,651	323,558
Other receivables	104,109	485,842
Pledges receivable, current	1,138	14,638
Due from third party payers	132,000	174,429
Prepaid expenses	<u>71,473</u>	<u>68,178</u>
Total Current Assets	1,084,577	1,551,630
Assets Limited As To Use	161,845	181,638
Pledges Receivable, Long-term	-	3,100
Property and Equipment, Net	<u>2,844,364</u>	<u>3,007,222</u>
TOTAL ASSETS	<u>\$ 4,090,786</u>	<u>\$ 4,743,590</u>

LIABILITIES AND NET ASSETS

Current Liabilities		
Accounts payable and accrued expenses	\$ 96,172	\$ 143,891
Accrued payroll and related expenses	261,811	237,720
Current maturities of long-term debt	<u>22,450</u>	<u>21,300</u>
Total Current Liabilities	380,433	402,911
Long-term Debt, Less Current Maturities	<u>1,437,472</u>	<u>1,497,670</u>
Total Liabilities	<u>1,817,905</u>	<u>1,900,581</u>
Net Assets		
Unrestricted	1,930,028	2,421,290
Temporarily restricted	<u>342,853</u>	<u>421,719</u>
Total Net Assets	<u>2,272,881</u>	<u>2,843,009</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 4,090,786</u>	<u>\$ 4,743,590</u>

(See accompanying notes to these financial statements)

MANCHESTER COMMUNITY HEALTH CENTER
STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012	2011
Operating Revenue		
Net patient service revenue	\$ 3,162,675	\$ 3,131,038
Grants and contracts	1,632,943	1,541,819
Other operating revenue	100,410	60,507
Net assets released from restrictions for operations	139,644	563,765
Total Operating Revenue	5,035,672	5,297,129
Operating Expenses		
Salaries and benefits	3,913,479	3,882,936
Other operating expenses	1,220,321	1,195,772
Depreciation	192,495	170,261
Interest expense	70,274	72,563
Bad debt expense	182,648	149,446
Total Operating Expenses	5,579,217	5,470,978
OPERATING LOSS	(543,545)	(173,849)
Other Revenue and Gains		
Investment income	359	4,818
Contributions	14,425	8,156
Total Other Revenue and Gains	14,784	12,974
DEFICIT OF REVENUE OVER EXPENSES	(528,761)	(160,875)
Change in unrealized gain on investments	(308)	(3,866)
Change in unrealized gain on financial instrument	37,807	23,248
DECREASE IN UNRESTRICTED NET ASSETS	\$ (491,262)	\$ (141,493)

(See accompanying notes to these financial statements)

MANCHESTER COMMUNITY HEALTH CENTER
STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
Unrestricted Net Assets:		
Deficit of revenue over expenses	\$ (528,761)	\$ (160,875)
Change in unrealized gain on investments	(308)	(3,866)
Change in unrealized gain on financial instrument	37,807	23,248
	<u>(491,262)</u>	<u>(141,493)</u>
Temporarily Restricted Net Assets:		
Contributions for operations	33,778	45,000
Grants for capital acquisition	27,000	233,985
Net assets released from restrictions for operations	<u>(139,644)</u>	<u>(563,765)</u>
	<u>(78,866)</u>	<u>(284,780)</u>
Change in Net Assets	(570,128)	(426,273)
Net Assets, Beginning of Year	<u>2,843,009</u>	<u>3,269,282</u>
NET ASSETS, END OF YEAR	<u>\$ 2,272,881</u>	<u>\$ 2,843,009</u>

(See accompanying notes to these financial statements)

MANCHESTER COMMUNITY HEALTH CENTER
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012	2011
Cash Flows From Operating Activities		
Change in net assets	\$ (570,128)	\$ (426,273)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	192,495	170,261
Bad debt expense	182,648	149,446
Restricted contributions for operations	(33,778)	(45,000)
Grants for capital acquisition	(27,000)	(233,985)
Change in unrealized gain on investments	308	3,866
Change in unrealized gain on financial instrument	(37,807)	(23,248)
(Increase) decrease in the following assets:		
Patient accounts receivable	(102,741)	(235,110)
Other receivables	381,733	(260,311)
Pledges receivable	16,600	55,576
Due from third party payers	42,429	-
Prepaid expenses	(3,295)	140,671
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	(47,719)	(77,112)
Accrued payroll and related expenses	24,091	(85,252)
Net Cash Provided (Used) by Operating Activities	17,836	(866,471)
Cash Flows From Investing Activities		
Purchase of investments	(50,282)	(104,775)
Proceeds from sales of investments	50,000	100,000
Decrease in assets limited as to use	19,793	459,178
Capital expenditures	(29,637)	(238,359)
Net Cash (Used) Provided by Investing Activities	(10,126)	216,044

MANCHESTER COMMUNITY HEALTH CENTER
STATEMENTS OF CASH FLOWS (CONTINUED)
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
Cash Flows From Financing Activities		
Restricted contributions for operations	33,778	45,000
Grants for capital acquisition	27,000	233,985
Payments on long-term debt	<u>(21,241)</u>	<u>(32,330)</u>
Net Cash Provided by Financing Activities	<u>39,537</u>	<u>246,655</u>
Net Increase (Decrease) in Cash and Cash Equivalents	47,247	(403,772)
Cash and Cash Equivalents, Beginning of Year	<u>42,014</u>	<u>445,786</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 89,261</u>	<u>\$ 42,014</u>
Supplemental Disclosures of Cash Flow Information:		
Cash paid for interest	\$ 70,274	\$ 72,563

(See accompanying notes to these financial statements)



Mission, Vision and Core Values

Mission

To meet the community need for access to quality primary healthcare services for the underserved.

Vision

To create a mechanism to assure all patients have access to primary and specialty care regardless of their ability to pay, insurance status, primary language, or any other factor that may act as a barrier to care. We envision a streamlined continuum of care in a healthy community where patients are educated about their health and feel engaged and involved in the coordination of their own care.

Core Values

We will promote wellness, provide exceptional care, and offer outstanding services so that our patients achieve and maintain their best possible health. We will do this through fostering an environment of respect, integrity and caring for all stakeholders in our organization.



MANCHESTER COMMUNITY HEALTH CENTER
Board of Directors
2013

NAME	OFFICER DIRECTOR	DATE OF NOMINATIONS	NEXT DUE FOR REAPPOINTMENT	FINAL TERM ENDS (9 yr Max)
JAMES (JAMIE)BURNETT	Chair	5/5/2009 Reelected 05/05/12	May , 2015	05/05/18
ANTHONY CHISMARK	Vice Chair	12/1/2008 Reelected 12/6/11	December, 2014	12/06/17
* CAROLE O'KEEFE	Secretary	2/2/2010 Reelected 02/05/13	February, 2016	02/02/19
DOMINIQUE A. RUST	Treasurer	4/6/2010	April, 2013	04/06/13
*ELIZABETH CLEARY	Director	12/7/2010	December, 2013	12/07/19
DAVID CUZZI	Director	2/7/2012	February, 2015	2/7/21
*MUKHTAR IDHOW	Director	4/6/2010	April,2013	04/06/19
*ROBERT KUHL	Director	1/3/2012	January, 2015	01/03/21
* MARIA MARIANO	Director	5/5/2009 Reelected 6/5/12	May, 2015	05/05/18
GERMANO MARTINS	Director	2/2/2010 Reelected 02/05/13	February, 2016	02/02/19
* MYRA NIXON	Director	9/1/2008 Reelected 9/6/2011	September, 2014	09/01/17
TONI PAPPAS	Director	2/2/2010 Reelected 02/05/13	February, 2016	02/02/19
GERRI PROVOST	Director	11/4/2008 Reelected 12/6/2011	November, 2014	11/04/17
*DON WALEGA	Director	1/3/2012	January, 2015	01/03/21
* GLORIA YOUNG	Director	2/2/2010 Reelected 02/05/13	February, 2016	02/02/19

Total:15

(*) Consumers: 8

Non-consumers: 7

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services
Division of Public Health Services

Agency Name: Manchester Community Health Center

Name of Bureau/Section: BPHCS, Maternal and Child Health - Project LAUNCH

BUDGET PERIOD:	SFY 2014	July 1, 2013 - June 30, 2014	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Kristen McCracken, President/CEO	\$140,000	0.00%	\$0.00
Michele Croteau, CFO	\$95,000	0.00%	\$0.00
Vacant, COO	\$85,000	0.00%	\$0.00
Vacant, Young Child Wellness Coordinator	\$65,000	100.00%	\$65,000.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$65,000.00

BUDGET PERIOD:	SFY 2015	July 1, 2014 - June 30, 2015	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
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Vacant, Young Child Wellness Coordinator	\$67,000	100.00%	\$67,000.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$67,000.00

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel **MUST** be listed, **even if no salary is paid from the contract**. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services
Division of Public Health Services

Agency Name: Manchester Community Health Center

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	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$67,000.00

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel **MUST** be listed, **even if no salary is paid from the contract**. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

Kristen McCracken, MBA

145 Hollis St
Manchester, NH 03101

Phone 603-935-5210
E-mail kmccracken@mchc-nh.org

Objective

To work for an organization with a clear vision, philanthropic community involvement, well-respected leadership, a strong strategic plan, and a corporate culture that is motivating and inclusive.

Education

Undergraduate Degree: 1991 Mt. Holyoke College, Major: Psychology, Minor: Latin American Studies

Graduate Degree: 2000 Rivier College, MBA Health Care Administration

Summary of Qualifications

Areas of Experience:

- Community Health
- Primary Care
- Behavioral Health
- Electronic Medical Records
- Substance Abuse, HIV/AIDS
- Domestic Violence
- Rape Crisis
- Culturally Diverse Populations
- Federally Funded Programs
- Joint Commission Accreditation
- Fundraising
- Board of Directors

Skill Sets:

- Operations Management
- Strategic Planning
- Budget Development
- Grant Writing/Report Management
- Group Facilitation
- Regulatory Compliance
- Staff Supervision
- Project Management
- Quality Improvement/Data Mgmt.
- Community Collaboration
- Facilities Oversight
- Program Development

Professional experience

2013-Present: **President and CEO**- Manchester Community Health Center

- Oversee all service programs provided by MCHC to ensure that client needs are met and quality standards are maintained and monitored in an efficient, cost effective manner by: supervising program personnel; annually assessing relevance of current programs to community needs; achieving and maintaining appropriate accreditation and/or licenses for programs.
- Ensure that MCHC services are consistent with its mission, vision, and strategic plan to ensure that programming is relevant to existing and emerging client and community needs.
- With the Board Strategic Planning Committee, develop and assist with the planning, execution and evaluation of a fund raising program. Establish and maintain a rapport with corporate sponsors, major contributors, directors, volunteers, civic organizations, and other parties in which the Center does business.
- Recommend a staffing pattern to ensure efficient management and operation of all programs and activities.
- Serve as the primary staff resource for MCHC Board of Directors to ensure effective use of and communication with trustees.
- Ensure that MCHC activities are operated in a cost-effective, efficient manner to ensure ongoing financial stability
- Call and preside at regular meetings with staff to ensure adequate communication between staff, to give the opportunity to share ideas and concerns, to coordinate efforts, and to ensure appropriate standardization of policies and procedures.

- Recommend and communicate necessary policies and procedures to ensure adherence to management, program service, fiscal and accounting standards, and standards of good personnel procedures.
- Develop, coordinate, and maintain effective relationships between MCHC and other groups (such as State legislature, public and private health, welfare and service agencies, media, etc..) to create public and professional understanding and support of the organization's objectives and activities.

2000-Present: **Director of Operations-** Manchester Community Health Center, Manchester, NH. In collaboration with other Senior Management staff, the DOO assumes responsibility for the day-to-day management of operations of the health center:

- Responsible for multiple departments, including Ancillary Staff, Nursing, Medical Assistants, Medical Records, Volunteers, Interpreters, and Business Office Staff.
- Collaborate with other senior management team members in overseeing health center operations, policy and program development, staff supervision, and overall program management of the organization.
- Maintaining continuity and quality of care for clients, including oversight of Patient Satisfaction programs, and co-responsibility for implementation of Quality Improvement Initiatives. Responsible for Patient Centered Medical Home and Meaningful Use activities.
- Primary responsibility for data analysis related to quality of care initiatives
- Key role in the development of center-wide goals and representing the Health Center in various community settings.
- Project Manager for the EMR (Electronic Medical Record) called Centricity (EMR & PM) including initial setup and implementation, ongoing support and development
- Participate in Board of Directors meetings, and several board and staff committees, including Safety, Personnel, Ethics, Strategic Planning, QI, Corporate Compliance, Medical Advisory Committee
- Direct staff and management team supervision, grant writing, project management, regulatory compliance, community collaborations, cultural competency, budget development, and other operational activities.
- Facilitation of employee satisfaction survey development, administration and response
- Oversight and development of ancillary services including interpretation, transportation, nutrition, dental collaboration grants and behavioral health.
- Special initiatives including Medical Home certification, Meaningful Use planning, Joint Commission accreditation, and similar ventures

1997-2000: **Family Services Manager-** Manchester Community Health Center, Manchester, NH. Responsible for the management of the behavioral health services, care management, nutrition, interpretation, and coordination of ancillary services programming.

1996-1997: **Crisis Outreach Counselor-** Manchester Community Health Center, Manchester, NH. Provided crisis intervention to patients identified by provider staff as high risk. Complete psycho-social intakes on new patients. Performed outreach services to patients who have fallen out of care. Coordinated care with medical team and behavioral health staff.

1995-1996: **Clinician I-** Habit Management Institute, Lawrence, MA.

- Substance Abuse individual counseling
- Methadone treatment planning
- Substance abuse education
- Facilitation of support groups
- Admission/discharge planning, and community networking.

- 1993-1995: **Case Manager/Volunteer Coordinator, Fundraising Coordinator-** River Valley AIDS Project, Springfield, MA.
- Volunteer Program Coordinator responsibilities included developing and maintaining a volunteer program for the agency, networking, training, design and implementation, volunteer support, and monthly billing/statistics.
 - Development Coordinator responsibilities included creating a fundraising donor base, initiating the development of new fundraising events, facilitating relationships with corporate sponsors, maintaining quarterly newsletters, and facilitating the following committees: Anthology Committee, Dinner for Friends Committee, Gay Men's Focus Group, Fundraising Committee, and the Children Orphaned by AIDS Committee.
 - During first year of employment functioned as a Case Manager, with responsibilities including referrals, trainings, translation, support groups, counseling, advocacy, and monthly billing. Created the first public Resource Library for HIV/AIDS in Western MA, developed a donation program, and developed a Speaker's Bureau program, as well as supervised interns and trained new staff.

- 1990-1993: **Rape Crisis Counselor, Children's Advocate/Counselor-** YWCA, Springfield, MA.
- Rape Crisis Counselor: responsible for essentially all aspects of programming including statistics for grant reporting, billing records, case records, and individual, couples and family counseling services. Also responsible for legal and medical advocacy, educational trainings, and hotline/on-call responsibilities. Facilitated four support groups for adults, teens, Spanish speaking women, and teenagers who had perpetrated their sexual abuse.
 - Children's Advocate: responsible for individual counseling, a children's support group, and working with the referral needs of the children in the battered women's shelter. As a member of the Counseling team: answered hotline calls, provided individual counseling, kept case files, ran in-house support groups, and provided traditional case management.

Languages Spoken

Spanish (Verbal and Written)

Community activities

- ↓ Board of Directors, NH Minority Health Coalition 1999-2002
- ↓ Medical Interpretation Advisory Board 2002-2008
- ↓ Chair, Data Subcommittee: NH Health & Equity Partnership
- ↓ Diversity Task Force, State of NH DHHS 2002-Present
- ↓ Healthcare for the Homeless Advisory Board 2004-Present
- ↓ Volunteer: B.R.I.N.G. IT! Program
- ↓ Business Partnership Committee: Project Search
- ↓ Adult Literacy Volunteer: 2009-2010
- ↓ Advisory Board: Nursing Diversity Pipeline
- ↓ Advisory Committee: HPOP (Health Professionals Opportunities Project)

Interests and activities

I enjoy tennis, hiking, reading, gardening, travel and family activities.

References

1. Claudia Cunningham, RN, MBA (Previous Supervisor at MCHC) 603-942-7025
2. Gavin Muir, MD, Quality Director of MCHC (Colleague) 603-935-5223
3. Greg White, CFO at Lowell Family Health Center (Colleague) 603-673-8873
4. Tina Kenyon, RN, MSW at Dartmouth Family Practice Residency (Colleague in Community) 603-568-3417

Michele M. Croteau
Certified Management Accountant

Relevant Work History

June 2012 – Present Manchester Community Health Center(MCHC) Manchester, NH

Chief Financial Officer – MCHC is a not-for-profit Federally Qualified Healthcare Center with 2 locations providing comprehensive primary care services with a focus on ensuring access to healthcare for the uninsured and underserved in the Greater Manchester Area. With an annual budget of \$7m, MCHC provides family practice, pediatrics, obstetrics, podiatry, optometry, behavioral health, nutrition and health education, interpretation, transportation, and 403(b) pharmacy services for 8,800 active patients with 35,000 encounters and 220 deliveries annually. The CFO is responsible for all aspects of financial operations including leading, planning, organizing and overseeing financial operations. The CFO is a key member of the Senior Management team, serves as the MCHC representative to various external organizations, services on the Finance Committee (FC) of the Board of Directors and is responsible for financial reporting to the FC and the Board. The CFO is responsible for the recommendation of fiscal policy as well as the interpretation and application of fiscal policy as established by the Board of Directors.

December 2005 – June 2012 Concord School District SAU #8 Concord, NH

Business Administrator / Treasurer – The Concord School District is the 4th largest district in the State with approximately 4,900 students throughout 5 active elementary schools, 1 middle school and 1 high school, 1,000 staff, an operating budget of \$70m plus \$66.8m in construction budgets. This position supervises an office of 7 and is responsible for all financial operations, including but not limited to the processing of payroll, accounts payable, cash receipts, purchasing, budget development and tracking, financial reporting, internal controls, bid management, bond issuance and alternative financing arrangements, grant management, audit preparation, participation in risk management and insurance negotiations, and State reports. Additionally, this role functions as a member of the Executive Team, is responsible for supervision of the Food Service and Transportation departments, and is on the negotiating team for the Concord Education Association collective bargaining agreement.

October 1998 – December 2005 School Administrative Unit # 19 Goffstown, NH

Business Manager - The SAU served the school districts of Dunbarton, Goffstown, and New Boston including 6 schools, approximately 3,800 students and 500 staff. This position supervised an office of 5 and was responsible for all financial operations, including but not limited to the processing of 4 payrolls, accounts payable, cash receipts, purchasing, budget development and tracking, financial reporting, internal controls, bid management, bond issuance, grant management, audit preparation, review and negotiation of contractual documents, risk management and insurance negotiations. food service operations, State reports, and development of the annual district meeting warrants. Dunbarton's budget was approved via traditional Town Meeting, New Boston's was SB-2 non-Municipal Budget Act (no Budget Committee; Finance Committee advisory only), Goffstown was SB-2 Municipal Budget Act (Budget Committee approved budget for public vote) and the SAU's budget was approved via the SAU Board.

July 1986 – September 1998 Easter Seal Society of NH, Inc. Manchester, NH

July 1988 – September 1998 **Controller (for Parent & Subsidiaries)**
Corporate headquarters for a \$29 million tri-state, multi-corporate not-for-profit organization employing approximately 1000 staff. Supervised departments including 13 staff responsible for 4 payrolls, purchasing, accounts payable, cash receipts, internal and external audits, grant reporting and management, budget development, financial statement preparation, general ledger chart of accounts structure, and new reports development. Provided cash management, investing of short term funds, negotiating and securing loans, cost analysis, and cost projections. Served as an authorized signer on all accounts.
Sept. 1992 – Sept. 1994 **Controller & Information Systems Supervisor (including network management)**
July 1986 – July 1988 **Assistant Controller (Promoted)**

1979 – 1986 Employment in accounting (Easter Seal Society) and computer programming.

Education

New Hampshire College Bachelor in Management Advisory Services (Dual Degree – Accounting & Computer Science)
Certifications: Certified Management Accountant, IMA; Certified Netware Administrator version 3.11, Novel
Credentials: Business Administrator - Alternative IV Statement of Eligibility

Associations

NH ASBO – Immediate Past President (2007, 2008), President (2006), Vice President (2005), Executive Committee (2003, 2004)
Institute of Management Accountants IMA – Controllers Council (Past Member)
ASBO International NH School Administrators Association

Other

Presenter: Budgeting – NH ASBO (2005); Budgeting – Tri-State ASBO (2005); RFP's – NH SAA (2005 Best Practices)
Competitive Bidding for Utilities - NH SAA (Best Practices)
Various presentations for aspiring school administrators – NH SAA

Board Member: NHTI Advisory Board (active; appointed summer 2010)
Founding Member of the John Stark General's Football Association; Treasurer (term expired)

Michele M. Croteau
Certified Management Accountant

Experience

Financial Management in a Multi-Corporate, Multi-State, Multi-Location Environment	GASB 34 & 45 Implementation	Capital Campaign Reporting
Not for Profit & Fund Accounting	Audit Management	Cost Analysis
Risk Management	Design of Internal Controls	Software Research, Selection & Implementation
Cash Flow Management	Single Audit Act Requirements	Process Walk Through & Design
Short Term Investing	DOL Requirements	Team Management
Financing Negotiations & Lease Purchasing	Grant Management /Federal Contracts	Team Facilitation
Bond Financing, BANs, QSCB, BABs	Direct Supervision of Various Departments:	990 & 990t Preparation
Budget / Project Planning & Management	Accounts Payable, Accounting, Payroll	State Charitable Trust Reports
Mergers	Accounts Receivable, Purchasing	Fixed Assets Management
RFP & Bid Development	Transportation, Food Service,	Insurance Negotiations
Medicare / CORF Cost Reports	Facility Management, Human Resources	Worker's & Unemployment Comp.
Collective Bargaining	TV, Radio, and Public Presentations	Conference Speaker
Board Level Presentations		

Software

Excel Spread Sheets / Graphs / Pivot Tables	Unifund / Pentamation / MUNIS	Power Point
Approach Database Word	Outlook / Organizer / First Class	Solomon & FRX Drilldown
Google Mail & Google Docs	Crystal Report Writer	Quickbooks & Quicken

Major Accomplishments – Concord School District (SAU#8)

Coordinated search, selection and implementation process for new financial / human resources software
Established a new chart of accounts to better meet District needs and comply with GAAP and State Handbook II guidelines
Introduced internal controls which successfully reduced the Management Letter comments by 100% from 38 to -0-
Obtained approval of \$3.68m in Qualified School Construction Bond funding - savings of approx. \$1m in interest
Created detailed financial model for costing all components of proposals during collective bargaining negotiations
Established a standardized procedure manual for use district-wide in the management of Student Activity Accounts
Established monthly process to export financial expenditure data for ease of analysis using Excel Pivot Tables
Refined budget process and created materials for Board presentation and public hearings
Positioned District to be able to bond \$62.5m for a facility project independently; Secured Moody's rating of Aa2 in 2010
Issued \$55m in bonds including Build America Bonds; Affirmed Aa2 Moody's rating; Secured first Standard & Poor's rating of AA-
Saved \$8.5m in interest expense on \$55m bond issue through interest rebates

Major Accomplishments – SAU #19

Implementation of Annual Benefit Fairs
Negotiation of District Wide Copier Upgrade Plan
Staff Retention and Development
Implementation of Internal Controls
Financial Tracking / Reporting of Building Projects
Search and Selection of Finance/HR Software
District Savings Through:
* Resolution of Outstanding IRS Issues upon hire
* Implementation of Health Insurance Reconciliation
* Implementation of COBRA Tracking Process
* Bond Refunding resulting in \$340k+ in savings
* Implementation of GASB 34 In-house / No Consultant Fees
* Negotiation of a 3-Year Rate Guarantee for Life & LTD Coverage
* Renegotiated a 66-Month Fixed Fee Copier Contract Resulting in \$26K in Savings Over Prior Contract
* Improved Goffstown School District's Bond Rating from A3 in 1998 to A2 in 2001

Major Accomplishments – Easter Seal Society

Active in Financial Turnaround of Not-for-Profit Organization
Assisted in Merger of \$5 Million NY Organization
Implemented Weekly Financial Information
Roll out of Drilldown Process & Networked Financial Information
Successful IRS Audits – No Adjustments
Conversion to Client / Server / Financial Software
Successful Financial & A-133 Audits
430% increase in Short Term Cash
Recipient of Awards for Outstanding Service

MANCHESTER COMMUNITY HEALTH CENTER

JOB DESCRIPTION

Chief Operating Officer (COO)

JOB SUMMARY:

In collaboration with other Senior Management staff, assumes responsibility for the day-to-day management of operations at MCHC. Responsibilities to include working closely with other senior management team members in overseeing health center operations, policy and program development, staff supervision, and overall program management of the organization. Maintains continuity and quality of care for clients. Participates in the development of center-wide goals and represents the Health Center externally when asked to do so by the CEO.

JOB RELATIONSHIP:

1. Responsible to the President/CEO.
2. Workers Supervised: RN Manager, Medical Records Supervisor, Counselors, Nutritionist, Interpreters, RN Clinical Compliance & Education Coordinator, Patient Care Coordinator, Unit Secretaries, Young Child Wellness Coordinator.

RESPONSIBILITIES & AUTHORITIES:

1. Initiate systems to enhance productivity with the support of the provider staff and Medical Director.
2. Responsible for daily operations of MCHC in collaboration with other Senior Management staff, including permanent appointment schedule, client flow, clinical policies and procedures, and communications.
3. Monitor risk management via satisfaction surveys (with assistance from the Business Office Manager and others) and follow through on client comments/complaints/suggestions.
4. Review the implementation of no-show, late, walk-in, and cancellation policies. Monitor schedules for no-shows and cancellations, and implement procedures to reduce and to fill such slots as soon as possible with support from the Medical Director. Works closely with the Medical Director in training providers as to processes, which bear on clinic operations.
5. Review and continually improve ongoing follow-up systems that include, but are not limited to contacting clients with abnormal lab results and clients who miss appointments.
6. Develop and maintain written policies and procedures in collaboration with other MCHC Managers. Assist the Medical Advisory Committee with implementation of the approved care standards.
7. Support and facilitate the ordering of medical supplies/equipment/medications/ with assistance from other personnel as needed.
8. Participates in the MCHC Quality Improvement Board Committee. Also shares responsibility for risk management and competency training with the Medical Director.
9. Responsible for orientation and training of all those employees working in Operations Division.
10. Oversee the coordination and completion of staffing schedules and work with managers as issues related to staffing schedules arise.
11. Oversees and participates in MCHC's Environment of Care Committee; (meetings to be held monthly).
12. Oversees training and implementation re: EMR (Logician) system and follow up on operational issues as they pertain to its use.

13. Attend and participate in MCHC meetings (internal and external), as directed. If absent, responsible for reading minutes of meetings and signing the documentation.
14. Attend mandatory safety-related, infection control and other important meetings as necessary.
15. Member of MCHC's Senior Management and Medical Advisory Committee.
16. Participate in meeting requirements of MCHC funding sources. This may include, but is not limited to assisting with development, implementation, and monitoring of grant proposals.
17. Develop, maintain, and ensure the staff's compliance with standards/policies and procedures, which ensure safe, effective and efficient service to clients.
18. Mentor staff as they develop overall goals and objectives. Conduct periodic assessment of progress toward achievement of goals and objectives.
19. With the assistance of managers, prepare yearly budget for support staff including projected revenues, staffing plans, operating expenses, and capital requests. Maintain budget while reporting monthly variances.
20. Conduct performance evaluations in a timely manner. Meet with management personnel individually, and at least every six months, to review goals and objectives.
21. Provide staff with opportunities for professional growth and competency training.
22. Maintain credentials by ongoing professional education.
23. Sensitivity to cultural diversity of population being served. Maintains age-related competence.
24. Other responsibilities as assigned by supervisor.

KNOWLEDGE/SKILLS/ABILITIES:

In addition, the individual must possess the knowledge, skills, and abilities, or be able to explain and demonstrate that they can perform the primary functions of the job using some other combination of skills and abilities with or without reasonable accommodations. They will possess the necessary physical requirements with or without the aid of mechanical devices to safely perform the primary functions of the job.

1. Physical requirements include ability to extend hand(s) and arm(s) in any direction; pick, pinch, type or otherwise work primarily with fingers; stand for sustained periods of time and move about on foot to accomplish tasks; raise objects from a lower to a higher position or move objects horizontally from position to position; apply pressure to an object with fingertips; sustain substantial movement of wrists, hands and/or fingertips.
2. Ability to express or exchange ideas by means of the spoken word.
3. Ability to receive detailed information through oral communication and make fine discrimination in sound.
4. Ability to interact effectively with people of varied educational, socioeconomic and ethnic backgrounds, skill levels and value systems; to work with frequent interruptions and to respond appropriately to unexpected situations. Excellent listening skills.
5. Ability to exert up to twenty (20) pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, punch, pull, or otherwise move objects. Primary functions involve sitting, as well as stooping, kneeling, crouching, and reaching; walking, particularly for long distances, and standing for sustained periods of time.
6. Visual acuity sufficient for work which deals largely with preparing and analyzing data and figures, accounting, computer terminal operation, extensive reading, and visual perception involving small parts/defects.
7. Excellent written, verbal communication and social skills.

8. Ability to endure periods of heavy workload or excessive stress.
9. Ability to wear equipment such as safety glasses, gowns, etc.
10. Knowledge of database and spreadsheet software systems. Computer skills preferred and basic financial skills, as well as analytical skills for trend and situational analysis desired.
11. Ability to transport self to meetings, events and affiliated vendors.
12. Not substantially exposed to adverse environmental conditions.
13. Based on the mental requirements of the position, please check below the ADA statement that best fits the position. Choose ONLY ONE from below:

- Requires the ability to understand and follow simple instructions and use simple equipment involving few decisions.
- Requires the ability to perform repetitive or routine duties working from detailed instructions and understand procedures. Requires the making of minor decisions.
- Requires the ability to plan and perform diversified duties requiring an extensive knowledge of a particular field and the use of a wide range of procedures. Involves the exercise of judgment in the analysis of facts and conditions regarding individual problems or transactions to determine what actions should be taken within the limits of standard practice.
- Requires the ability to plan and perform a wide variety of duties requiring general knowledge of policies and procedures. Requires considerable judgment to work independently toward general results, devising methods, modifying or adapting standard procedures to meet different conditions, making decisions based on precedent and policy.
- Requires the ability to plan and perform difficult work where only general methods are available. Involves highly technical or involved projects, presenting new or constantly changing problems. Requires outstanding judgment and initiative in dealing with complex factors not easily evaluated, also making decisions for which there is little precedent.
- Requires the ability to plan and perform complex work that involves new or constantly changing problems where there is little accepted method or procedure. Involves participation in the formulation and carrying out of policies, objectives and programs for major divisions or functions. Considerable ingenuity and exceptional judgment required to deal with factors not easily evaluated, interpret results and make decisions carrying a great deal of responsibility. Direct and coordinate the work of subordinate supervision in order to attain objectives.

QUALIFICATIONS:

1. Education/Training: Masters Level preferred in Health Care/Business Administration
2. Experience: Minimum of three years management experience, preferably in an ambulatory health care environment; supervisory experience required.
3. Knowledge/Skills: Knowledge of management and office procedures. Must also be able to manage a busy office setting, and juggle priorities in frequently stressful situations.

SALARY RANGE: *(exempt position)*

This is a CATEGORY 2 job (with regard to OSHA):

No reasonably anticipated exposure to blood and body fluids in completing this job.

Reviewed & Revised: 10/99; 7/04

MANCHESTER COMMUNITY HEALTH CENTER

JOB DESCRIPTION

Young Child Wellness Coordinator

JOB SUMMARY:

The Young Child Wellness Coordinator (YCWC) leads all Project LAUNCH activities within the Greater Manchester area as contracted through the State of NH Project Launch grant, and will support specific strategy implementation regionally. The YCWC works in close collaboration with the State Young Child Wellness Expert and the Young Child Wellness Advisor to ensure the effective and efficient delivery of Project LAUNCH services within Greater Manchester throughout the five year life of the grant. A successful implementation will serve as model for statewide replication of Project LAUNCH. The YCWC also participates on the Local Council on Young Child Wellness (Infant Mental Health Team) to develop and implement a strategic plan for the project, and develop strategies for sustainability of successful aspects of the community program beyond the end of the grant period.

JOB RELATIONSHIPS:

Responsible to the Chief Operating Officer/Director of Operations

RESPONSIBILITIES AND AUTHORITIES:

This position is responsible for oversight of all local system of care activities to improve outcomes for young children through improved collaboration, integration, and infrastructure development. Key duties of the YCWC include:

1. Coordinate planning and implementation activities with other local child serving agencies.
2. Communicate regularly with the Young Child Wellness Expert and Young Child Wellness Partner and participate on the state Early Childhood Comprehensive System Council (NH Spark)
3. Serve as staff participant and support to the local Early Childhood Comprehensive System Council (The Infant Mental Health Team in Manchester) including:
 - a. Development of relevant agenda items associated with promotion, prevention, and integration of early intervention activities.
 - b. Coordination of local level work with the state level.
 - c. Development of mutual planning and implementation strategies.
 - d. Address issues necessary to resolve local barriers.
 - e. Work to continually engage and support Council members.
4. Assist in the completion of an environmental scan in the first five (5) months of the grant.
5. Assist in the completion of the local Strategic Plan.
6. Assist in the development and execution of contracts with the selected programs.
7. Promote the mission of the LAUNCH project through upholding standards of cultural competence, system of care principles, family involvement, and integrative practices.
8. Work with Federation of Families and other family groups to strengthen family involvement.
9. Assist in budget management and tracking.
10. Provide data from the local site for performance reporting.
11. Work with the local system regarding implementation of evidence based practices and workforce development according to fidelity measures.
12. Work with the Manchester Health Department as necessary on evaluation issues.
Promote the project and its theory of change with others.
13. Address statewide policies and procedures to promote the LAUNCH concepts including preparing documents, designing social media, and making presentations.
14. Attend and participate in other MCHC meetings as directed. If absent, responsible for reading of minutes and signing the documentation.
Attend mandatory safety-related and infection control in-services as designated by Senior Management.
15. Maintain current licensure by ongoing professional education (if applicable)
Sensitivity to cultural diversity of population being served. Maintain client age-related competence.
16. Other responsibilities as assigned by supervisor.

In addition, individual must possess this knowledge and these skills and abilities or be able to explain and demonstrate that the individual can perform the primary functions of the job with or without reasonable accommodation using some other combination

of skills and abilities and to possess the necessary physical requirements with or without the aid of mechanical devices to safely perform the primary functions of the job.

1. Physical requirements include ability to extend hand(s) and arm(s) in any direction; pick, pinch, type or otherwise work primarily with fingers; stand for sustained periods of time and move about on foot to accomplish tasks; raise objects from a lower to a higher position or move objects horizontally from position to position; apply pressure to an object with fingertips; sustain substantial movement of wrists, hands and/or fingertips.
2. Ability to express or exchange ideas by means of the spoken word.
3. Ability to receive detailed information through oral communication and make fine discrimination in sound.
4. Ability to interact effectively with people of varied educational, socioeconomic and ethnic backgrounds, skill levels and value systems; to work with frequent interruptions and to respond appropriately to unexpected situations. Excellent listening skills.
5. Ability to exert up to twenty (20) pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, punch, pull, or otherwise move objects. Primary functions involve sitting, as well as stooping, kneeling, crouching, and reaching; walking, particularly for long distances, and standing for sustained periods of time.
6. Visual acuity sufficient for work which deals largely with preparing and analyzing data and figures, accounting, computer terminal operation, extensive reading, and visual perception involving small parts/defects.
7. Excellent written, verbal communication and social skills.
8. Ability to endure periods of heavy workload or excessive stress.
9. Knowledge of data base and spreadsheet software systems. Computer skills preferred and basic financial skills, as well as analytical skills for trend and situational analysis desired.
10. Ability to transport self to meetings, events and affiliated vendors.
11. Not substantially exposed to adverse environmental conditions.

Based on the mental requirements of the position, this ADA statement best fits the position:

- Requires the ability to plan and perform complex work that involves new or constantly changing problems where there is little accepted method or procedure. Involves participation in the formulation and carrying out of policies, objectives and programs for major divisions or functions. Considerable ingenuity and exceptional judgment required to deal with factors not easily evaluated, interpret results and make decisions carrying a great deal of responsibility. Direct and coordinate the work of subordinate supervision in order to attain objectives.

QUALIFICATIONS:

ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES: General knowledge of the principles and practices of public administration with more specific knowledge of the planning process and of program area to which assigned. Ability to review and evaluate the effectiveness of human service programs and to provide guidance to state and local management in preparing new and/or improving programs. Considerable knowledge of the methods and techniques of social research and program evaluation, of the program areas under study, and ability to apply statistical concepts for evaluation of programs. Knowledge of computer-assisted statistical programs and working knowledge of statistical analysis of data. Ability to design data gathering instruments and to assess the validity of information obtained from these instruments; to analyze data and to draw conclusions from the analysis pertaining to the evaluation of the program; and make oral and written presentations on the analysis of the program. Personal skills in systems and model development, problem solving and negotiation; policy, budget, contract analysis and have well developed writing and public speaking skills. Knowledge of early childhood development across, physical, mental, social, emotional, and behavioral domains and related service systems; Ability to mobilize service systems, management, policy analysis and strategic thinking; Ability to foster collaborative relationships, communicate effectively with professional and administrative personnel; exercise judgment and discretion in applying and interpreting policies and procedures. Ability to work with individuals and groups in a culturally and linguistically competent manner; Ability to organize, coordinate, and lead diverse people into effective committees and task forces; Understand state and local Project LAUNCH Plan documents to ensure compliance for local service/system development within the

Service Area of the program. The employee must also have a high level of expertise in the provision of health and mental health prevention services, including the promotion of family-provider alliances.

MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS: (Planner) A master's degree in public or human service administration or a human services programmatic field, preferably with course work in human services planning, and two years of human service experience, one of which must have been in human service program planning; or graduation from a four-year college or university and four years of progressive administrative or consultative experience in human service program, one of which must have been in human service program planning; or an equivalent combination of education and experience. (Evaluator) A master's degree in the field of psychology, sociology, or social work and two years of experience in research and evaluation, using statistical methodologies in human service programs; or graduation from a four-year college or university with a degree in one of the above fields of study and four years of experience in research, evaluation, and statistical application in the human service field; or an equivalent combination of education and experience..

SALARY RANGE: (EXEMPT POSITION)

This is a CATEGORY 4 job (with regard to OSHA):

There is no reasonably anticipated exposure to blood and body fluids in completing this job.

Educated regarding "Enforcement Policy and Procedures for Occupational Exposure to Tuberculosis," including use of NIOSH approved high efficiency particulate air (HEPA) respirators.

MANCHESTER COMMUNITY HEALTH CENTER IS AN EQUAL OPPORTUNITY EMPLOYER (EOE)

New Description developed: 05/13

Signature: _____

Date: _____

Budget Form

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

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Project LAUNCH
(Name of RFP)

July 1, 2013 or the date of G&C approval,
Budget Period: whichever is later, through June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 306,000.00	\$ -	\$ 306,000.00	
2. Employee Benefits	\$ 58,000.00	\$ -	\$ 58,000.00	
3. Consultants	\$ 32,415.00	\$ -	\$ 32,415.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 40,000.00	\$ -	\$ 40,000.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 49,500.00	\$ -	\$ 49,500.00	
6. Travel	\$ 16,358.00	\$ -	\$ 16,358.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 61,019.00	\$ -	\$ 61,019.00	
13. Other (Indirect):		\$ 56,329.00	\$ 56,329.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 563,292.00	\$ 56,329.00	\$ 619,621.00	

Indirect As A Percent of Direct

10.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)	\$	619,621.00
Reconciliation - (this line must be equal to or greater than \$0)	\$	-

Budget Form

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

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Project LAUNCH

(Name of RFP)

Budget Period: July 1, 2014 - June 30, 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 306,000.00	\$ -	\$ 306,000.00	
2. Employee Benefits	\$ 58,000.00	\$ -	\$ 58,000.00	
3. Consultants	\$ 32,415.00	\$ -	\$ 32,415.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 40,000.00	\$ -	\$ 40,000.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 49,500.00	\$ -	\$ 49,500.00	
6. Travel	\$ 16,358.00	\$ -	\$ 16,358.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 61,019.00	\$ -	\$ 61,019.00	
13. Other (indirect):	\$ -	\$ 56,329.00	\$ 56,329.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 563,292.00	\$ 56,329.00	\$ 619,621.00	

Indirect As A Percent of Direct

10.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)	\$ 619,621.00
Reconciliation - (this line must be equal to or greater than \$0)	\$ -

Budget Form

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

Bidder/Program Name: Manchsster Community Health Center

Budget Request for: Project LAUNCH

(Name of RFP)

Budget Period: July 1, 2015 - June 30, 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 306,000.00	\$ -	\$ 306,000.00	
2. Employee Benefits	\$ 58,000.00	\$ -	\$ 58,000.00	
3. Consultants	\$ 32,415.00	\$ -	\$ 32,415.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 40,000.00	\$ -	\$ 40,000.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 49,500.00	\$ -	\$ 49,500.00	
6. Travel	\$ 16,358.00	\$ -	\$ 16,358.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
Software	\$ -	\$ -	\$ -	
9. Marketing/Communications	\$ -	\$ -	\$ -	
1. Staff Education and Training	\$ -	\$ -	\$ -	
2. Subcontracts/Agreements	\$ 61,019.00	\$ -	\$ 61,019.00	
3. Other (indirect):	\$ -	\$ 56,329.00	\$ 56,329.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 563,292.00	\$ 56,329.00	\$ 619,621.00	

Indirect As A Percent of Direct

10.0%

DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)
 Reconciliation - (this line must be equal to or greater than \$0)

\$ 619,621.00
 \$ -