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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibanette
 Commissioner

Patricia M. Tilley
 Director

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November 3, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend existing contracts with the Contractors listed below in bold for the provision of Regional Public Health Network (RPHN) services statewide, by increasing the total price limitation by \$1,464,887 from \$18,226,569 to \$19,691,456 with no change to the contract completion dates of June 30, 2022, effective upon Governor and Council approval. 100% Federal Funds.

The individual contracts were approved by Governor and Council as specified in the table below.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
City of Manchester	177433	Greater Manchester	\$2,021,453	\$0	\$2,021,453	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 7/10/20, II 8/26/20 (#L) A4: GA 11/17/20, II 12/18/20 (#B) A5: December 18, 2020, item #10 A6: GA 12/17/20, II 4/7/21 (#M) A7: GA 1/29/21, II 5/19/21 (#N) A8: June 30, 2021, item #53
City of Nashua	177441	Greater Nashua	\$1,416,234	\$0	\$1,416,234	O: September 18, 2019, item #25 A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 10/5/20, II 11/18/20 (#I) A4: GA 11/17/20, II 12/18/20 (#B) A5: GA 12/17/20, II 4/7/21 (#M) A6: GA 1/29/21, II 5/19/21 (#N) A7: July 14, 2021, item #18
County of Cheshire	177372	Greater Monadnock	\$799,792	\$0	\$799,792	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 7/10/20, II 8/26/20 (#L) A4: GA 12/17/20, II 4/7/21 (#M) A5: GA 1/29/21, II 5/19/21 (#N)

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The Cheshire Medical Center	155405	Greater Monadnock	\$407,260	\$166,816	\$574,076	O: June 30, 2021, item #53
Granite United Way	160015	Concord, Carroll County, and South Central	\$3,877,623	\$495,598	\$4,373,221	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 7/10/20, II 8/26/20 (#L) A4: GA 11/17/20, II 12/18/20 (#B) A5: December 18, 2020, item #10 A6: GA 12/17/20, II 4/7/21 (#M) A7: GA 1/29/21, II 5/19/21 (#N) A8: June 30, 2021, item #53
Greater Seacoast Community Health	154703	Strafford County	\$1,458,695	\$262,231	\$1,720,926	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 7/10/20, II 8/26/20 (#L) A4: GA 11/17/20, II 12/18/20 (#B) A5: December 18, 2020, item #10 A6: GA 12/17/20, II 4/7/21 (#M) A7: GA 1/29/21, II 5/19/21 (#N) A8: June 30, 2021, item #53
Partnership for Public Health, Inc.	165635	Winnepesaukee	\$1,361,474	\$0	\$1,361,474	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 7/10/20, II 8/26/20 (#L) A4: GA 11/17/20, II 12/18/20 (#B) A5: December 18, 2020, item #10 A6: GA 12/17/20, II 4/7/21 (#M) A7: GA 1/29/21, II 5/19/21 (#N) A8: June 30, 2021, item #53
Lamprey Health Care	177677	Seacoast	\$1,496,473	\$252,933	\$1,749,406	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 7/10/20, II 8/26/20 (#L) A4: GA 11/17/20, II 12/18/20 (#B) A5: December 18, 2020, item #10 A6: GA 12/17/20, II 4/7/21 (#M) A7: GA 1/29/21, II 5/19/21 (#N) A8: June 30, 2021, item #53
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan County and Upper Valley	\$2,702,331	\$0	\$2,702,331	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 7/10/20, II 8/26/20 (#L) A4: GA 11/17/20, II 12/18/20 (#B) A5: January 22, 2021, item #28 A6: GA 12/17/20, II 4/7/21 (#M) A7: GA 1/29/21, II 5/19/21 (#N) A8: June 30, 2021, item #53

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Mid-State Health Center	158055	Central NH	\$1,345,529	\$144,007	\$1,489,536	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 7/10/20, II 8/26/20 (#L) A4: GA 11/17/20, II 12/18/20 (#B) A5: December 18, 2020, item #10 A6: GA 12/17/20, II 4/7/21 (#M) A7: GA 1/29/21, II 5/19/21 (#N) A8: June 30, 2021, item #53
North Country Health Consortium	158557	North Country	\$1,339,705	\$143,302	\$1,483,007	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA 7/10/20, II 8/26/20 (#L) A4: GA 11/17/20, II 12/18/20 (#B) A5: December 18, 2020, item #10 A6: GA 12/17/20, II 4/7/21 (#M) A7: GA 1/29/21, II 5/19/21 (#N) A8: June 30, 2021, item #53
Total:			\$18,226,569	\$1,464,887	\$19,691,456	

Funds are available in the following accounts for State Fiscal Year 2022 with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to ensure that New Hampshire residents have access to COVID-19 vaccinations and other health related services to address the impacts of the COVID-19 pandemic. The Contractors will implement strategies to reduce COVID-19 health disparities among high-risk and underserved populations, including racial and ethnic minority populations and rural communities.

The Contractors will work with communities to operationalize COVID-19 vaccine clinics in healthcare facilities schools and community-based locations to ensure equitable distribution of the COVID-19 vaccine. To ensure individuals receive information about the vaccine and where they can receive it, the Contractors will develop and implement engagement strategies that include education, outreach and partnership with other community organizations. The Contractors will also expand the workforce of Community Health Workers to provide culturally and linguistically appropriate services to individuals and families directly impacted by the COVID-19 pandemic. Through Community Health Workers, the Contractors will connect families to mental health, health care, substance use disorder, financial and budgeting supports, food programs, COVID-19 testing, vaccinations, and other services and/or resource information related to social determinants of health. Additionally, the eight (8) of the thirteen (13) Contractors will continue to coordinate with school districts on school-based seasonal influenza clinics.

The Department will monitor services by ensuring the Contractors:

- Submit quarterly Public Health Emergency Preparedness Reports and a final After Action Report/Improvement Plan detailing COVID-19 response activities.
- Submit quarterly reports detailing number and percentage of Community Health Worker clients receiving COVID-19 vaccination, testing and support services.

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- Submit quarterly reports that track efforts, successes, and challenges in reaching high-risk and underserved populations.

Should the Governor and Executive Council not authorize this request, the Department's ability to address COVID-19 and other health-related impacts on high-risk and underserved populations would be significantly limited, potentially increasing the health and economic burden of the COVID-19 pandemic on citizens statewide.

Source of Federal Funds: Assistance Listing Number (ALN) 93.069, FAIN U90TP922018 and ALN 93.391, FAIN NH75OT000031.

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

Respectfully submitted,

DocuSigned by:
Ann H. N. Landry
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Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PREVENTIVE HEALTH BLOCK GRANT

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$30,000	\$0	\$30,000

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$15,000	\$0	\$15,000

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

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

Lakes Region Partnership for Public Health

Vendor # 165835-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$45,000	\$0	\$45,000
		SUB TOTAL		\$585,000	\$0	\$585,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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

74% Federal Funds & 26% General Funds
 CFDA #93.069

FAIN #U90TP922018

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$182,673	\$0	\$182,673
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
		Sub Total 2020		\$197,673	\$0	\$197,673
2021	102-500731	Contracts for Prog Svc	90077410	\$179,673	\$0	\$179,673
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
		Sub Total 2021		\$194,673	\$0	\$194,673
		Sub-Total		\$392,346	\$0	\$392,346

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$92,910	\$0	\$92,910
		Sub Total 2020		\$92,910	\$0	\$92,910
2021	102-500731	Contracts for Prog Svc	90077410	\$89,910	\$0	\$89,910
		Sub Total 2021		\$89,910	\$0	\$89,910
		Sub-Total		\$182,820	\$0	\$182,820

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$77,580	\$0	\$77,580
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
		Sub Total 2020		\$92,580	\$0	\$92,580
2021	102-500731	Contracts for Prog Svc	90077410	\$77,580	\$0	\$77,580
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
		Sub Total 2021		\$92,580	\$0	\$92,580
		Sub-Total		\$185,160	\$0	\$185,160

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$96,430	\$0	\$96,430
Capitol Region		Sub Total 2020		\$96,430	\$0	\$96,430
2021	102-500731	Contracts for Prog Svc	90077410	\$93,430	\$0	\$93,430
Capitol Region		Sub Total 2021		\$93,430	\$0	\$93,430
		Sub-Total		\$189,860	\$0	\$189,860

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$86,600	\$0	\$86,600
Carroll County Region			Sub Total 2020	\$86,600	\$0	\$86,600
2021	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
Carroll County Region			Sub Total 2021	\$83,600	\$0	\$83,600
			Sub-Total	\$170,200	\$0	\$170,200

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$82,360	\$0	\$82,360
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
South Central Region			Sub Total 2020	\$97,360	\$0	\$97,360
2021	102-500731	Contracts for Prog Svc	90077410	\$79,360	\$0	\$79,360
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
South Central Region			Sub Total 2021	\$94,360	\$0	\$94,360
			Sub-Total	\$191,720	\$0	\$191,720

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$82,675	\$0	\$82,675
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
			Sub Total 2020	\$97,675	\$0	\$97,675
2021	102-500731	Contracts for Prog Svc	90077410	\$79,675	\$0	\$79,675
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
			Sub Total 2021	\$94,675	\$0	\$94,675
			Sub-Total	\$192,350	\$0	\$192,350

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$89,750	\$0	\$89,750
Lakes Region Partnership for Public Health			Sub Total 2020	\$89,750	\$0	\$89,750
2021	102-500731	Contracts for Prog Svc	90077410	\$86,750	\$0	\$86,750
Lakes Region Partnership for Public Health			Sub Total 2021	\$86,750	\$0	\$86,750
			Sub-Total	\$176,500	\$0	\$176,500

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$273,223	\$0	\$273,223
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
Manchester Health Department			Sub Total 2020	\$288,223	\$0	\$288,223
2021	102-500731	Contracts for Prog Svc	90077410	\$270,223	\$0	\$270,223
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
Manchester Health Department			Sub Total 2021	\$285,223	\$0	\$285,223
			Sub-Total	\$573,446	\$0	\$573,446

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$86,600	\$0	\$86,600
				\$86,600	\$0	\$86,600
			Sub Total 2020	\$86,600	\$0	\$86,600
2021	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
				\$83,600	\$0	\$83,600
			Sub Total 2021	\$83,600	\$0	\$83,600
			Sub-Total	\$170,200	\$0	\$170,200

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$86,600	\$0	\$86,600
				\$86,600	\$0	\$86,600
			Sub Total 2020	\$86,600	\$0	\$86,600
2021	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
				\$83,600	\$0	\$83,600
			Sub Total 2021	\$83,600	\$0	\$83,600
			Sub-Total	\$170,200	\$0	\$170,200

Mid-State Health Center

Vendor # 159055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
				\$83,600	\$0	\$83,600
			Sub Total 2020	\$83,600	\$0	\$83,600
2021	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
				\$83,600	\$0	\$83,600
			Sub Total 2021	\$83,600	\$0	\$83,600
			Sub-Total	\$167,200	\$0	\$167,200

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$91,550	\$0	\$91,550
				\$91,550	\$0	\$91,550
			Sub Total 2020	\$91,550	\$0	\$91,550
2021	102-500731	Contracts for Prog Svc	90077410	\$88,550	\$0	\$88,550
				\$88,550	\$0	\$88,550
			Sub Total 2021	\$88,550	\$0	\$88,550
			Sub-Total	\$180,100	\$0	\$180,100
			SUB TOTAL	\$2,942,102	\$0	\$2,942,102

05-85-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH
EMERGENCY PREPAREDNESS

69% Federal Funds & 31% General Funds
CFDA #93.069

FAIN #U90TP922018

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$154,630	\$0	\$154,630
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$40,043	\$0	\$40,043
			Sub Total	\$194,673	\$0	\$194,673

The Cheshire Medical Center

Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$49,867	\$0	\$49,867
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$40,043	\$9,310	\$49,353
			Sub Total	\$89,910	\$9,310	\$99,220

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$52,537	\$0	\$52,537
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$40,043	\$9,310	\$49,353
			Sub Total	\$92,580	\$9,310	\$101,890

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$53,387	\$0	\$53,387
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$40,043	\$9,310	\$49,353
			Sub Total	\$93,430	\$9,310	\$102,740

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$83,600	\$0	\$83,600
			Sub Total	\$83,600	\$0	\$83,600

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$54,317	\$0	\$54,317
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$40,043	\$9,310	\$49,353
			Sub Total	\$94,360	\$9,310	\$103,670

Lemprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$54,632	\$0	\$54,632
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$40,043	\$9,309	\$49,352
			Sub Total	\$94,675	\$9,309	\$103,984

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$86,750	\$0	\$86,750
		Sub Total		\$86,750	\$0	\$86,750

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$245,180	\$0	\$245,180
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$40,043	\$0	\$40,043
		Sub Total		\$285,223	\$0	\$285,223

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$83,600	\$0	\$83,600
		Sub Total		\$83,600	\$0	\$83,600

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$83,600	\$0	\$83,600
		Sub Total		\$83,600	\$0	\$83,600

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$83,600	\$0	\$83,600
		Sub Total		\$83,600	\$0	\$83,600

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$88,550	\$0	\$88,550
		Sub Total		\$88,550	\$0	\$88,550
		SUB TOTAL		\$1,454,551	\$46,549	\$1,501,100

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL, PREVENTION SVS
97% Federal Funds & 3% General Funds
CFDA #93.959 FAIN #TIO10035

City of Nashua		Vendor # 177441-B011				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$91,162	\$0	\$91,162
2020	102-500731	Contracts for Prog Svc	92057504	\$41,243	\$0	\$41,243
		Sub Total 2020		\$132,405	\$0	\$132,405
2021	102-500731	Contracts for Prog Svc	92057502	\$91,162	\$0	\$91,162
2021	102-500731	Contracts for Prog Svc	92057504	\$41,243	\$0	\$41,243
		Sub Total 2021		\$132,405	\$0	\$132,405
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$76,162	\$0	\$76,162
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$41,243	\$0	\$41,243
		Sub Total 2022		\$132,405	\$0	\$132,405
		Sub-Total		\$397,215	\$0	\$397,215

County of Cheshire		Vendor # 177372-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$94,324	\$0	\$94,324
2020	102-500731	Contracts for Prog Svc	92057504	\$39,662	\$0	\$39,662
		Sub Total 2020		\$133,986	\$0	\$133,986
2021	102-500731	Contracts for Prog Svc	92057502	\$94,324	\$0	\$94,324
2021	102-500731	Contracts for Prog Svc	92057504	\$39,662	\$0	\$39,662
		Sub Total 2021		\$133,986	\$0	\$133,986
		Sub-Total		\$267,972	\$0	\$267,972
Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$79,324	\$0	\$79,324
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$39,662	\$0	\$39,662
		Sub Total 2022		\$133,986	\$0	\$133,986
		Sub-Total		\$133,986	\$0	\$133,986

Greater Seacoast Community Health		Vendor # 154703-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$85,917	\$0	\$85,917
2020	102-500731	Contracts for Prog Svc	92057504	\$45,634	\$0	\$45,634
		Sub Total 2020		\$131,551	\$0	\$131,551
2021	102-500731	Contracts for Prog Svc	92057502	\$82,380	\$0	\$82,380
2021	102-500731	Contracts for Prog Svc	92057504	\$45,634	\$0	\$45,634
		Sub Total 2021		\$128,014	\$0	\$128,014
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$67,380	\$0	\$67,380
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$45,634	\$0	\$45,634
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$80,000	\$0	\$80,000
		Sub Total 2022		\$208,014	\$0	\$208,014
		Sub-Total		\$467,579	\$0	\$467,579

Granite United Way - Capitol Region		Vendor # 160015-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$93,014	\$0	\$93,014
2020	102-500731	Contracts for Prog Svc	92057504	\$40,250	\$0	\$40,250
		Sub Total 2020		\$133,264	\$0	\$133,264
2021	102-500731	Contracts for Prog Svc	92057502	\$93,015	\$0	\$93,015
2021	102-500731	Contracts for Prog Svc	92057504	\$40,250	\$0	\$40,250
		Sub Total 2021		\$133,265	\$0	\$133,265
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$78,015	\$0	\$78,015
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$40,250	\$0	\$40,250
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$80,000	\$0	\$80,000
		Sub Total 2022		\$213,265	\$0	\$213,265
		Sub-Total		\$479,794	\$0	\$479,794

Granite United Way - Carroll County Region		Vendor # 160015-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$93,121	\$0	\$93,121
2020	102-500731	Contracts for Prog Svc	92057504	\$40,264	\$0	\$40,264
		Sub Total 2020		\$133,385	\$0	\$133,385
2021	102-500731	Contracts for Prog Svc	92057502	\$93,121	\$0	\$93,121
2021	102-500731	Contracts for Prog Svc	92057504	\$40,264	\$0	\$40,264
		Sub Total 2021		\$133,385	\$0	\$133,385
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$78,121	\$0	\$78,121
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$40,264	\$0	\$40,264
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$80,000	\$0	\$80,000
		Sub Total 2022		\$213,385	\$0	\$213,385
		Sub-Total		\$480,155	\$0	\$480,155

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$93,375	\$0	\$93,375
2020	102-500731	Contracts for Prog Svc	92057504	\$40,137	\$0	\$40,137
h Central Region				Sub Total 2020	\$133,512	\$133,512
2021	102-500731	Contracts for Prog Svc	92057502	\$93,375	\$0	\$93,375
2021	102-500731	Contracts for Prog Svc	92057504	\$40,137	\$0	\$40,137
h Central Region				Sub Total 2021	\$133,512	\$133,512
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$78,375	\$0	\$78,375
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$40,137	\$0	\$40,137
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$80,000	\$0	\$80,000
				Sub Total 2022	\$213,512	\$213,512
				Sub-Total	\$480,536	\$480,536

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$88,649	\$0	\$88,649
2020	102-500731	Contracts for Prog Svc	92057504	\$42,500	\$0	\$42,500
				Sub Total 2020	\$131,149	\$131,149
2021	102-500731	Contracts for Prog Svc	92057502	\$88,649	\$0	\$88,649
2021	102-500731	Contracts for Prog Svc	92057504	\$42,500	\$0	\$42,500
				Sub Total 2021	\$131,149	\$131,149
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$73,649	\$0	\$73,649
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$42,500	\$0	\$42,500
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$75,000	\$0	\$75,000
				Sub Total 2022	\$206,149	\$206,149
				Sub-Total	\$468,447	\$468,447

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$84,367	\$0	\$84,367
2020	102-500731	Contracts for Prog Svc	92057504	\$44,641	\$0	\$44,641
for Public Health				Sub Total 2020	\$129,008	\$129,008
2021	102-500731	Contracts for Prog Svc	92057502	\$84,367	\$0	\$84,367
2021	102-500731	Contracts for Prog Svc	92057504	\$44,641	\$0	\$44,641
for Public Health				Sub Total 2021	\$129,008	\$129,008
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$69,367	\$0	\$69,367
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$44,641	\$0	\$44,641
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$80,000	\$0	\$80,000
				Sub Total 2022	\$209,008	\$209,008
				Sub-Total	\$467,024	\$467,024

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$98,040	\$0	\$98,040
2020	102-500731	Contracts for Prog Svc	92057504	\$37,805	\$0	\$37,805
ment				Sub Total 2020	\$135,845	\$135,845
2021	102-500731	Contracts for Prog Svc	92057502	\$98,040	\$0	\$98,040
2021	102-500731	Contracts for Prog Svc	92057504	\$37,805	\$0	\$37,805
ment				Sub Total 2021	\$135,845	\$135,845
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$83,040	\$0	\$83,040
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$37,805	\$0	\$37,805
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$80,000	\$0	\$80,000
				Sub Total 2022	\$215,845	\$215,845
				Sub-Total	\$487,535	\$487,535

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$99,275	\$0	\$99,275
2020	102-500731	Contracts for Prog Svc	92057504	\$37,087	\$0	\$37,087
Hospital - Sullivan County Region				Sub Total 2020	\$136,362	\$136,362
2021	102-500731	Contracts for Prog Svc	92057502	\$99,275	\$0	\$99,275
2021	102-500731	Contracts for Prog Svc	92057504	\$37,087	\$0	\$37,087
Hospital - Sullivan County Region				Sub Total 2021	\$136,362	\$136,362
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$84,275	\$0	\$84,275
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$37,087	\$0	\$37,087
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$75,000	\$0	\$75,000
				Sub Total 2022	\$211,362	\$211,362
				Sub-Total	\$484,086	\$484,086

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$96,125	\$0	\$96,125
2020	102-500731	Contracts for Prog Svc	92057504	\$37,037	\$0	\$37,037
Hospital - Upper Valley Region				Sub Total 2020	\$0	\$133,162
2021	102-500731	Contracts for Prog Svc	92057502	\$99,575	\$0	\$99,575
2021	102-500731	Contracts for Prog Svc	92057504	\$37,037	\$0	\$37,037
Hospital - Upper Valley Region				Sub Total 2021	\$0	\$136,612
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$84,575	\$0	\$84,575
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$37,037	\$0	\$37,037
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$75,000	\$0	\$75,000
				Sub Total 2022	\$0	\$211,612
				Sub-Total	\$0	\$481,386

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$78,453	\$0	\$78,453
2020	102-500731	Contracts for Prog Svc	92057504	\$40,098	\$0	\$40,098
				Sub Total 2020	\$0	\$118,551
2021	102-500731	Contracts for Prog Svc	92057502	\$93,453	\$0	\$93,453
2021	102-500731	Contracts for Prog Svc	92057504	\$40,098	\$0	\$40,098
				Sub Total 2021	\$0	\$133,551
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$78,453	\$0	\$78,453
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$40,098	\$0	\$40,098
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$80,000	\$0	\$80,000
				Sub Total 2022	\$0	\$213,551
				Sub-Total	\$0	\$465,653

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Revised Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$92,488	\$0	\$92,488
2020	102-500731	Contracts for Prog Svc	92057504	\$40,581	\$0	\$40,581
sortium				Sub Total 2020	\$0	\$133,069
2021	102-500731	Contracts for Prog Svc	92057502	\$92,488	\$0	\$92,488
2021	102-500731	Contracts for Prog Svc	92057504	\$40,581	\$0	\$40,581
sortium				Sub Total 2021	\$0	\$133,069
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$77,488	\$0	\$77,488
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$40,581	\$0	\$40,581
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$80,000	\$0	\$80,000
				Sub Total 2022	\$0	\$213,069
				Sub-Total	\$0	\$479,207
				SUB TOTAL	\$0	\$6,040,575

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

100% Federal Funds
CFDA #93.243

FAIN #SP020796

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$105,375	\$0	\$105,375
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
				Sub-Total	\$0	\$195,375

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$104,991	\$0	\$104,991
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
				Sub-Total	\$0	\$194,991

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$139,099	\$0	\$139,099
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$229,099	\$0	\$229,099

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$99,678	\$0	\$99,678
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$189,678	\$0	\$189,678

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$105,876	\$0	\$105,876
2021	102-500731	Contracts for Prog Svc	92052410	\$82,432	\$0	\$82,432
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$188,308	\$0	\$188,308

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$180,000	\$0	\$180,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$117,249	\$0	\$117,249
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$207,249	\$0	\$207,249

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$80,750	\$0	\$80,750
2021	102-500731	Contracts for Prog Svc	92052410	\$80,852	\$0	\$80,852
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$161,602	\$0	\$161,602

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$127,287	\$0	\$127,287
2021	102-500731	Contracts for Prog Svc	92052410	\$83,220	\$0	\$83,220
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$210,507	\$0	\$210,507

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

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$180,000	\$0	\$180,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$180,000	\$0	\$180,000
		SUB TOTAL		\$2,116,809	\$0	\$2,116,809

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268
FAIN #H23IP000757

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
		Sub-Total		\$43,182	\$0	\$43,182

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$15,000	\$0	\$15,000
		Sub-Total		\$88,182	\$0	\$88,182

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,180	\$0	\$8,180
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$15,000	\$0	\$15,000
		Sub-Total		\$88,180	\$0	\$88,180

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$15,000	\$0	\$15,000
		Sub-Total		\$88,182	\$0	\$88,182

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

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023103	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,182	\$0	\$50,182

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$43,182	\$0	\$43,182

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$15,000	\$0	\$15,000
		Sub-Total		\$68,182	\$0	\$68,182

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2020	102-500731	Contracts for Prog Svc	90023103	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$42,000	\$0	\$42,000

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2020	102-500731	Contracts for Prog Svc	90023103	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$42,000	\$0	\$42,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$15,000	\$0	\$15,000
		Sub-Total		\$88,182	\$0	\$88,182

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$22,000	\$0	\$22,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$15,000	\$0	\$15,000
		Sub-Total		\$95,182	\$0	\$95,182

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$6,058	\$0	\$6,058
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$15,000	\$0	\$15,000
		Sub-Total		\$86,058	\$0	\$86,058

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$15,000	\$0	\$15,000
		Sub-Total		\$88,182	\$0	\$88,182
		SUB TOTAL		\$930,878	\$0	\$930,878

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

100% Federal Funds

CFDA #93.889

FAIN #U3REP190580

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

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

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Lemprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000
		SUB TOTAL		\$260,000	\$0	\$260,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds
CFDA #93.889

FAIN #U3REP190560

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

The Cheshire Medical Center

Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Lakes Region Partnership for Public Health

Vendor # 165835-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Manchester Health Department

Vendor # 177433-B009

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$10,000	\$0	\$10,000
		SUB TOTAL		\$130,000	\$0	\$130,000

05-95-90-901510-7964 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PREVENTION

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$9,070	\$0	\$9,070

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
		Sub-Total		\$9,070	\$0	\$9,070

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$6,484	\$0	\$6,484
2021	102-500731	Contracts for Prog Svc		\$3,207	\$0	\$3,207
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$10,891	\$0	\$10,891

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$6,484	\$0	\$6,484
2021	102-500731	Contracts for Prog Svc		\$3,207	\$0	\$3,207
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$10,891	\$0	\$10,891

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$9,070	\$0	\$9,070

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$9,070	\$0	\$9,070

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$9,070	\$0	\$9,070

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$6,484	\$0	\$6,484
2021	102-500731	Contracts for Prog Svc		\$3,207	\$0	\$3,207
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$10,891	\$0	\$10,891

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$1,800	\$0	\$1,800
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$3,000	\$0	\$3,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$7,822	\$0	\$7,822
2021	102-500731	Contracts for Prog Svc		\$4,123	\$0	\$4,123
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$13,145	\$0	\$13,145

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$6,914	\$0	\$6,914
2020	102-500731	Contracts for Prog Svc	90036000	\$42,108	\$0	\$42,108
2021	102-500731	Contracts for Prog Svc		\$4,124	\$0	\$4,124
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$53,146	\$0	\$53,146

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$6,484	\$0	\$6,484
2021	102-500731	Contracts for Prog Svc		\$3,207	\$0	\$3,207
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$10,891	\$0	\$10,891

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$7,822	\$0	\$7,822
2021	102-500731	Contracts for Prog Svc		\$4,123	\$0	\$4,123
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$13,145	\$0	\$13,145
		SUB TOTAL		\$171,350	\$0	\$171,350

05-95-90-902510-5170 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, Disease Control

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,820	\$0	\$1,820
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,820	\$0	\$8,820

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

			Sub-Total	\$1,818	\$0	\$1,818
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Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$1,818	\$0	\$1,818

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818
		SUB TOTAL		\$83,000	\$0	\$83,000

05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE CHANGE ADAPTATION

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90007936	\$40,000	\$0	\$40,000
2021	102-500731	Contracts for Prog Svc	90007936	\$40,000	\$0	\$40,000
		Sub-Total		\$80,000	\$0	\$80,000

The Cheshire Medical Center

Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	90007936	\$40,000	\$0	\$40,000
		Sub-Total		\$40,000	\$0	\$40,000

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90007936	\$40,000	\$0	\$40,000
2021	102-500731	Contracts for Prog Svc	90007936	\$29,511	\$0	\$29,511
2022	102-500731	Contracts for Prog Svc	90007936	\$40,000	\$0	\$40,000
		Sub-Total		\$109,511	\$0	\$109,511
		SUB TOTAL		\$229,511	\$0	\$229,511

05-95-90-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, ENVIRONMENTAL PUBLIC HEALTH TRACKING

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230
2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$7,930	\$0	\$7,930

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230
2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
		Sub-Total		\$7,930	\$0	\$7,930

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$5,498	\$0	\$5,498
2021	102-500731	Contracts for Prog Svc	90004100	\$4,811	\$0	\$4,811
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$10,309	\$0	\$10,309

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$5,498	\$0	\$5,498
2021	102-500731	Contracts for Prog Svc	90004100	\$4,811	\$0	\$4,811
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$10,309	\$0	\$10,309

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230
2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$7,930	\$0	\$7,930

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230

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

2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$7,930	\$0	\$7,930

Lemprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230
2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$7,930	\$0	\$7,930

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$5,498	\$0	\$5,498
2021	102-500731	Contracts for Prog Svc	90004100	\$4,811	\$0	\$4,811
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$10,309	\$0	\$10,309

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90004100	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$7,069	\$0	\$7,069
2021	102-500731	Contracts for Prog Svc	90004100	\$6,185	\$0	\$6,185
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$13,254	\$0	\$13,254

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$6,022	\$0	\$6,022
2021	102-500731	Contracts for Prog Svc	90004100	\$7,333	\$0	\$7,333
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$13,355	\$0	\$13,355

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$5,498	\$0	\$5,498
2021	102-500731	Contracts for Prog Svc	90004100	\$4,811	\$0	\$4,811
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$10,309	\$0	\$10,309

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$7,070	\$0	\$7,070
2021	102-500731	Contracts for Prog Svc	90004100	\$6,185	\$0	\$6,185
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$13,255	\$0	\$13,255
		SUB TOTAL		\$120,750	\$0	\$120,750

05-95-90-802510-7039 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, NHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH CRISIS RESPONSE

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90027027	\$190,000	\$0	\$190,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$190,000	\$0	\$190,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$240,000	\$0	\$240,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$240,000	\$0	\$240,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$55,000	\$0	\$55,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$55,000	\$0	\$55,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$49,999	\$0	\$49,999
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$49,999	\$0	\$49,999
		SUB TOTAL		\$984,999	\$0	\$984,999

05-95-095-950010-1919 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: COMMISSIONER'S OFFICE, COVID-19 FEMA

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0

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

			Sub-Total	\$100,000	\$0	\$100,000
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The Cheshire Medical Center

Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	103-502507	Contracts for Op Svc	95010890	\$110,364	\$0	\$110,364
		Sub-Total		\$110,364	\$0	\$110,364

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$125,800	\$0	\$125,800
2022	103-502507	Contracts for Op Svc	95010890	\$141,001	\$0	\$141,001
		Sub-Total		\$266,801	\$0	\$266,801

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

Lemprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc	95010890	\$141,182	\$0	\$141,182
		Sub-Total		\$241,182	\$0	\$241,182

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$200,000	\$0	\$200,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$200,000	\$0	\$200,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$37,783	\$0	\$37,783
		Sub-Total		\$137,783	\$0	\$137,783

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$61,467	\$0	\$61,467
		Sub-Total		\$161,467	\$0	\$161,467

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$200,000	\$0	\$200,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$200,000	\$0	\$200,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$155,449	\$0	\$155,449

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

2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$155,449	\$0	\$155,449
		SUB TOTAL		\$2,073,046	\$0	\$2,073,046

05-95-92-922010-4117000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SVS, CMH PROGRAM SUPPORT

City of Nashua		Vendor # 177441-B011				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

County of Cheshire		Vendor # 177372-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

County of Cheshire		Vendor # 177372-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Greater Seacoast Community Health		Vendor # 154703-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Granite United Way - Capitol Region		Vendor # 160015-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Granite United Way - Carroll County Region		Vendor # 160015-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Granite United Way - South Central Region		Vendor # 160015-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Lemprey Health Care		Vendor # 177677-R001				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Lakes Region Partnership for Public Health		Vendor # 165635-B001				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Manchester Health Department		Vendor # 177433-B009				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Mary Hitchcock Memorial Hospital - Sullivan County Region		Vendor # 177160-B003				
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Mary Hitchcock Memorial Hospital - Upper Valley Region		Vendor # 177160-B003				
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FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$8,000	\$0	\$8,000
		Sub-Total		\$8,000	\$0	\$8,000
		SUB TOTAL		\$104,000	\$0	\$104,000

05-95-94-940010-2465000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: NEW HAMPSHIRE HOSPITAL, ARPA DHHS FISCAL RECOVERY FUNDS

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Cheshire Medical Center

Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$52,506	\$52,506
		Sub-Total		\$0	\$52,506	\$52,506

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$147,921	\$147,921
		Sub-Total		\$0	\$147,921	\$147,921

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$75,298	\$75,298
		Sub-Total		\$0	\$75,298	\$75,298

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$75,298	\$75,298
		Sub-Total		\$0	\$75,298	\$75,298

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$11,382	\$11,382
		Sub-Total		\$0	\$11,382	\$11,382

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$138,624	\$138,624
		Sub-Total		\$0	\$138,624	\$138,624

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$39,007	\$39,007
		Sub-Total		\$0	\$39,007	\$39,007

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	00FRF602PH9508B	\$0	\$38,302	\$38,302
		Sub-Total		\$0	\$38,302	\$38,302
		SUB TOTAL		\$0	\$578,338	\$578,338

05-95-90-901010-5771000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PUBLIC HEALTH COVID-19 HEALTH DISPARITIES

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Cheshire Medical Center

Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$105,000	\$105,000
		Sub-Total		\$0	\$105,000	\$105,000

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$105,000	\$105,000
		Sub-Total		\$0	\$105,000	\$105,000

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$105,000	\$105,000
		Sub-Total		\$0	\$105,000	\$105,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$105,000	\$105,000
		Sub-Total		\$0	\$105,000	\$105,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$105,000	\$105,000
		Sub-Total		\$0	\$105,000	\$105,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$105,000	\$105,000
		Sub-Total		\$0	\$105,000	\$105,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$105,000	\$105,000
		Sub-Total		\$0	\$105,000	\$105,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	102-500731	Contracts for Prog Svc	TBD	\$0	\$105,000	\$105,000
		Sub-Total		\$0	\$105,000	\$105,000
		SUB TOTAL		\$0	\$840,000	\$840,000
TOTAL ALL				\$18,226,569	\$1,464,887	\$19,691,456

**State of New Hampshire
Department of Health and Human Services
Amendment #1**

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Cheshire Medical Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 30, 2021, (Item #53), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$574,076
2. Modify Exhibit B-1, Additional Scope of Services – COVID-19 Response, by replacing in its entirety with Exhibit B-1, Amendment #1, Additional Scope of Services – COVID-19 Response, which is attached hereto and incorporated by reference herein.
3. Modify Exhibit C, Payment Terms, by replacing in its entirety with Exhibit C, Amendment #1, Payment Terms, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit C-8, Program Funding, by replacing it in its entirety with Exhibit C-8, Amendment #1, Program Funding, which is attached hereto and incorporated by reference herein.

DS
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All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/3/2021

Date

DocuSigned by:

Patricia M. Tilley

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Name: Patricia M. Tilley

Title:

Director

The Cheshire Medical Center

DocuSigned by:

Daniel Gross

B2850D813871405...

11/3/2021

Date

Name: Daniel Gross

Title:

CFO

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

OFFICE OF THE ATTORNEY GENERAL

11/4/2021

Date

DocuSigned by:
J. Christopher Marshall
DS8D458E80D4403...

Name: J. Christopher Marshall
Title:

Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit B-1, Amendment #1



Additional Scope of Services - COVID-19 Response

1. COVID-19 Response

1.1. Emergency Operations

1.1.1. The Contractor shall enact emergency operations across the Regional Public Health Network for COVID-19 efforts by:

1.1.1.1. Activating the regions Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.1.1.3. Assessing the region's public health and healthcare system training needs.

1.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2. Responder Safety and Health

1.2.1. The Contractor shall ensure the health and safety of the public health response workforce in the Regional Public Health Network, including but not limited to:

1.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.1.3. Documenting and tracking the Regional Public Health Network's personal protective equipment inventory.

1.3. Identification of Vulnerable Populations

1.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

OG

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B-1, Amendment #1



1.4. Information Sharing and Public Information

1.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders to harmonize response messaging.

1.5. Distribution and Use of Medical Materials

1.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.5.1.1. Maintaining ability for vaccine-specific cold chain management.

1.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.5.1.4. Planning to prioritize limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department and in accordance with all policies and procedures put forth by the Department.

1.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the Centers for Disease Control's electronic Vaccine Administration Management System (VAMS) or the Department's New Hampshire Immunization Information System (NHIS) to input vaccine data. The loaned assets are outlined in Exhibit A-2 Asset Inventory, which is

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit B-1, Amendment #1



attached hereto and incorporated by reference herein. The Contractor agrees to the following terms regarding the use of loaned assets:

- 1.5.3.1. Assets to be Used by User: Subject to the terms and conditions of this Agreement, the Department agrees to provide to User with some or all of the Assets listed on Exhibit A-2, which is attached hereto and incorporated by reference herein. This is a non-transferable right for the User to use the Assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An Asset inventory reflecting the deployed Assets selected from Exhibit A-2 will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.
- 1.5.3.2. The Contractor agrees to use and operate the assets only in conjunction with the business use stated herein for administration of the COVID-19 vaccine, unless otherwise agreed upon by mutual written consent.
- 1.5.3.3. The Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining security standards including but not limited to antivirus software, patching and software updates.
- 1.5.3.4. The Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIS User Support will be provided by the Department's Immunization Program.
- 1.5.3.5. The Contractor understands and agrees that the Department retains ownership of the loaned assets and will return them to the Department in good working condition when no longer needed for COVID-19 vaccine administration or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

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Regional Public Health Network Services**

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- 1.5.3.6. Prior to returning laptop, iPads, and/or other mobile or storage devices listed in Exhibit A-2 to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST Special Publication 800-88 Rev.1, or later for guidelines at <https://csrc.nist.gov/publications/sp800>.
- 1.6. Surge Staffing
- 1.6.1. The Contractor shall activate mechanisms for surging public health responder staff.
- 1.6.2. The Contractor shall recruit, enroll, activate, train and deploy volunteers, including but not limited to:
- 1.6.2.1. Medical Reserve Corps (MRC).
- 1.6.2.2. Citizens Emergency Response Teams (CERT).
- 1.7. Public Health Coordination with Healthcare Systems
- 1.7.1. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.
- 1.7.2. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s).
- 1.8. Biosurveillance
- 1.8.1. The Contractor shall conduct surveillance and case identification including, but not limited to:
- 1.8.1.1. Public health epidemiological investigation activities such as contact follow-up.
- 1.8.1.2. Assess risk of travelers and other persons with potential COVID-19 exposures.
- 1.8.1.3. Enhance surveillance systems to provide case-based and aggregate epidemiological data.
- 1.8.1.4. Ensure data management systems are in place and meet the needs of the jurisdiction.

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- 1.8.1.5. Ensure efficient and timely data collection.
- 1.8.1.6. Ensure ability to rapidly exchange data with public health partners and other relevant partners.

1.9. Adult Influenza Vaccinations

- 1.9.1. The Contractor shall coordinate with local community-based agencies for the administration of influenza vaccines supplied by the New Hampshire Immunization Program (NHIP) to adults (eighteen (18) years or older). The Contractor shall:

- 1.9.1.1. Provide a Medical/Clinical Director to provide medical oversight, standing orders, emergency interventions/protocols and clinical expertise. The Contract shall ensure the Medical/Clinical Director is:

- 1.9.1.1.1. Able to prescribe medication in the State of New Hampshire.

- 1.9.1.1.2. Either a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN).

- 1.9.1.2. Make copies of standing orders and emergency interventions/protocols available at all clinics.

- 1.9.1.3. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

- 1.9.1.4. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

- 1.9.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

- 1.9.2.1. Annually submit a signed Vaccine Management Agreement to NHIP to ensure that all listed requirements are met.

- 1.9.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

- 1.9.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator unit.

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- 1.9.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
- 1.9.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
- 1.9.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.
- 1.9.2.7. Track each vaccine dose provide by NHIP.
- 1.9.2.8. Notify NHIP of any adverse event within 24 hours of the event occurring by contacting the NHIP Nursing help line and faxing incident forms, if this occurs:
 - 1.9.2.8.1. Immediately quarantine the vaccine in a temperature appropriate setting, separating it from other vaccine and labeling it "DO NOT USE".
 - 1.9.2.8.2. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.
 - 1.9.2.8.3. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.
 - 1.9.2.8.4. Submit a Cold Chain Incident Report along with a Data Logger report to NHIP within 24 hours of temperature excursion occurrence.
- 1.9.3. Within 24 hours of the completion of every clinic:
 - 1.9.3.1. Update the State Vaccination system with total number of vaccines administered and wasted during each mobile clinic.
 - 1.9.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.
 - 1.9.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the contractor's established vaccine refrigerator.
 - 1.9.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:
 - 1.9.3.4.1. Total number of adults vaccinated by age ranges and other demographic indicators as determined by the Department.
 - 1.9.3.4.2. Total number of vaccines wasted.

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- 1.9.4. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:
 - 1.9.4.1. Strategies that worked well in the areas of communication, logistics, or planning.
 - 1.9.4.2. Areas for improvement both at the state and regional levels, emphasizing strategies for implementing improvements.
 - 1.9.4.3. Future strategies and plans for increasing the number of vaccinated adults.
 - 1.9.4.4. Suggestions on how state level resources may aid increasing the number of vaccinated adults.
- 1.9.5. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional influenza promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.
- 1.9.6. The Contractor shall document and submit the actions taken to recruit a Medical/Clinical Director.

2. COVID-19 Vaccinations

- 2.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:
 - 2.1.1. Racial minority populations.
 - 2.1.2. Ethnic minority populations.
 - 2.1.3. Individuals experiencing homelessness.
 - 2.1.4. Individuals experiencing housing instability.
 - 2.1.5. Rural communities.
- 2.2. The Contractor shall:
 - 2.2.1. Operationalize COVID-19 vaccine clinics for the target populations to increase equitable distribution of COVID-19 vaccination. The Contractor shall operationalize COVID-19 vaccine clinics by utilizing strategies that include, but are not limited to:
 - 2.2.1.1. Vaccine strike teams.
 - 2.2.1.2. Mobile vaccine clinics.
 - 2.2.1.3. Satellite clinics.
 - 2.2.1.4. Temporary clinics.

OS
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New Hampshire Department of Health and Human Services
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- 2.2.1.5. Travel to off-site clinics to provide vaccination services in non-traditional settings, including in-home vaccination to homebound patients where other mechanisms for in-home vaccination are not available.
- 2.2.1.6. Other vaccine sites, as approved by the Department.
- 2.2.2. Ensure vaccine sites are located at a variety of settings, including, but not limited to, schools, healthcare facilities, and community-based sites.
- 2.2.3. Ensure hours of operation at vaccine sites are maintained and/or adjusted as required to meet the needs of the target population.
- 2.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach and partnerships in the target populations. The Contractor shall:
 - 2.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19 vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:
 - 2.3.1.1. Federally Qualified Health Centers
 - 2.3.1.2. Community Mental Health Centers.
 - 2.3.1.3. Community-based Organizations.
 - 2.3.1.4. City Health Departments.
 - 2.3.1.5. Faith-based Organizations.
 - 2.3.1.6. Local barbers and hairdressers.
 - 2.3.1.7. Community Colleges.
 - 2.3.1.8. Schools.
 - 2.3.2. Conduct outreach to populations, including, but not limited to, those who:
 - 2.3.2.1. Experience disproportionately high rates of COVID-19 and related deaths.
 - 2.3.2.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the Centers for Disease Control and Prevention.
 - 2.3.2.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.
 - 2.3.2.4. Are likely to have low acceptance of or confidence in COVID-19 vaccines.
 - 2.3.2.5. Have a history of mistrust in health authorities or the medical establishment.

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- 2.3.2.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.
- 2.3.3. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.
- 2.3.4. Conduct outreach to assess individuals' readiness to receive a vaccination.
- 2.3.5. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.
- 2.3.6. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.
- 2.3.7. Participate in meetings with the Department, as requested by the Department.
- 2.3.8. Attend New Hampshire Immunization Program (NHIP) trainings.
- 2.3.9. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.
- 2.3.10. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.
- 2.4. The Contractor shall procure resources, equipment and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:
 - 2.4.1. Coordinating, operating, and managing clinics.
 - 2.4.2. Procuring sites and/or equipment necessary for establishing and hosting vaccine clinics, which may include, but are not limited to:
 - 2.4.2.1. Property leases.
 - 2.4.2.2. Mobile trailer rentals.
 - 2.4.2.3. Generator rentals.
 - 2.4.2.4. Table and chair rentals.
 - 2.4.2.5. Appropriate refrigerators and freezers, as provided by the Department.
 - 2.4.2.6. Data loggers, as provided by the Department.
 - 2.4.3. Procuring communication devices and services, which may include, but are not limited to:
 - 2.4.3.1. Two-way radios.
 - 2.4.3.2. Cell phones.
 - 2.4.3.3. Wi-Fi.
 - 2.4.3.4. Computers.
 - 2.4.4. Procuring disposable supplies, which may include, but are not limited to:

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New Hampshire Department of Health and Human Services
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- 2.4.4.1. Generator fuel.
- 2.4.4.2. Propane.
- 2.4.4.3. Oil.
- 2.4.4.4. Batteries.
- 2.4.5. Procuring clinical supplies, which may include, but are not limited to:
 - 2.4.5.1. Syringes.
 - 2.4.5.2. Needles
 - 2.4.5.3. Alcohol wipes.
 - 2.4.5.4. Band aids.
 - 2.4.5.5. Stickers.
- 2.4.6. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.
- 2.4.7. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.
- 2.4.8. Recruiting, training and scheduling vaccine clinic staff at a rate of no more than \$65 per hour per vaccine staff member, unless otherwise approved by the Department, to provide services which include, but are not limited to:
 - 2.4.8.1. Administering vaccines.
 - 2.4.8.2. Participating in training, as requested.
 - 2.4.8.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.
- 2.4.9. Providing vaccine clinic staff and volunteers with water, snacks, and/or meals while performing vaccine administration work. All food, drinks, and meals will be provided to staff on site and may include individually packaged meals in lieu of buffet or family style options, given that operations are occurring in a pandemic environment.
- 2.4.10. Reimbursing mileage costs for vaccine clinic staff, Contractor staff and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

3. Community Health Worker

- 3.1. The Contractor shall provide a Community Health Workers (CHW) to support culturally and linguistically appropriate COVID-19 and other social determinants of health related services.
- 3.2. The Contractor shall submit CHW-related documentation to the Department within thirty (30) days of Agreement effective date, which shall include, but is not limited to:
 - 3.2.1. Staff recruitment plan.

DS
DG



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit B-1, Amendment #1**

- 3.2.2. Training procedures.
- 3.2.3. Onboarding plan.
- 3.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:
 - 3.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.
 - 3.3.2. Assisting with contact tracing, when required.
 - 3.3.3. Cultural mediation among individuals, communities, and health and social service systems.
 - 3.3.4. Culturally appropriate health education and information.
 - 3.3.5. Care coordination, case management, and system navigation.
 - 3.3.6. Coaching and social support by advocating for individuals and communities.
 - 3.3.7. Direct services to clients with COVID-19 and their family members affected by COVID-19, which include, but are not limited to facilitating:
 - 3.3.7.1. Access to COVID-19 test within five (5) days of encounter between the CHW and the client.
 - 3.3.7.2. Access to the influenza vaccine within fourteen (14) days of encounter between the CHW and the client.
 - 3.3.7.3. Access to the COVID-19 vaccine within fourteen (14) days of encounter.
 - 3.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.
 - 3.3.9. Providing and distributing educational information about COVID vaccinations and general Department guidance for individual mitigation.
- 3.4. The Contractor shall ensure the CHW provides social determinants of health related services, which include, but are not limited to:
 - 3.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:
 - 3.4.1.1. Providing appropriate care coordination, case management and connections to patient and family identified community and social services and referrals.
 - 3.4.1.2. Assisting with maintaining and/or applying for social services within their community.
 - 3.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit B-1, Amendment #1**

- 3.4.1.4. Assisting vulnerable populations with navigating the healthcare system.
- 3.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.
- 3.4.1.6. Providing culturally appropriate health education on topics related to COVID, chronic disease prevention, physical activity, and nutrition.
- 3.4.1.7. Providing informal counseling, health screenings, and referrals.
- 3.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:
 - 3.4.1.8.1. Food insecurity supports.
 - 3.4.1.8.2. Mental health supports.
 - 3.4.1.8.3. Health care referrals.
 - 3.4.1.8.4. Substance use disorder supports.
 - 3.4.1.8.5. Educational supports and services.
 - 3.4.1.8.6. Financial literacy.
 - 3.4.1.8.7. Budgeting supports.
 - 3.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.
 - 3.4.1.8.9. Social Isolation supports.
- 3.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:
 - 3.4.2.1. Educating healthcare providers and stakeholders about community health needs.
 - 3.4.2.2. Managing care and care transitions for vulnerable populations.
 - 3.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.
 - 3.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.
 - 3.4.2.5. Building community capacity to address health issues.
 - 3.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.
- 3.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B-1, Amendment #1

- 3.5. The Contractor shall ensure the CHW documents encounters within the data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:
- 3.5.1. Race.
 - 3.5.2. Ethnicity.
 - 3.5.3. Language.
 - 3.5.4. Household income.
 - 3.5.5. Marital status.
 - 3.5.6. Age of parents.
 - 3.5.7. Sexual orientation and/or gender identity.
 - 3.5.8. Street address.
 - 3.5.9. Town.
 - 3.5.10. County.
 - 3.5.11. Zip Code.
 - 3.5.12. State.
 - 3.5.13. Number of incarcerated parents (if applicable).
 - 3.5.14. Phone number and/or email address.
 - 3.5.15. Status of receiving benefits, if applicable, including, but not limited to:
 - 3.5.15.1. Supplemental Nutrition Assistance Program (SNAP).
 - 3.5.15.2. Child Care.
 - 3.5.15.3. Medicaid.
 - 3.5.15.4. Social Security.
 - 3.5.15.5. Temporary Assistance for Needy Families (TANF).
 - 3.5.15.6. WIC.
- 3.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.
- 3.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.
- 3.8. Reporting
- 3.8.1. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B-1, Amendment #1



- 3.8.1.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by the DPHS.
- 3.8.1.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.
- 3.8.1.3. Final After Action Report/Improvement Plan for the activity described in paragraph 1.4.1.
- 3.8.1.4. Final After Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.
- 3.8.1.5. Other information that may be required by federal and state funders during the contract period.
- 3.8.2. The Contractor shall submit quarterly reports, which shall include, but are not limited:
 - 3.8.2.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.
 - 3.8.2.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.
 - 3.8.2.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.
 - 3.8.2.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.
 - 3.8.2.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.
 - 3.8.2.6. Efforts, successes, and challenges experienced in providing community engagement.
 - 3.8.2.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.
 - 3.8.2.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received results or COVID vaccination disaggregated by the following age ranges:



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B-1, Amendment #1

- 3.8.2.8.1. 5-11 years old.
- 3.8.2.8.2. 12-17 years old.
- 3.8.2.8.3. 18 years and older.
- 3.8.2.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:
 - 3.8.2.9.1. 5-11 years old.
 - 3.8.2.9.2. 12-17 years old.
 - 3.8.2.9.3. 18 years and older.
- 3.8.2.10. Number of collaborating agencies/services identified as part of CHW-led intervention.
- 3.8.2.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.
- 3.8.2.12. Number and percentage of resources provided in a primary language other than English.
- 3.8.2.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor.
- 3.8.2.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.
- 3.8.2.15. Percentage of clients that identify one or more unmet need.
- 3.8.2.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.
- 3.8.2.17. Number and percentage of clients that have completed CHW encounter form and Patient Questionnaire completed and documented.
- 3.8.2.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:
 - 3.8.2.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.
 - 3.8.2.18.2. Number of other navigation and support services to address COVID-19 risk factors.
 - 3.8.2.18.3. Number of referrals completed through closed loop referral system.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B-1, Amendment #1

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- 3.8.2.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.
 - 3.8.2.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.
 - 3.8.2.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).
 - 3.8.2.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) of first CHW encounter.
 - 3.8.2.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.
 - 3.8.2.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit C, Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit B Scope of Services and Exhibit B-1, Amendment #1, Additional Scope of Services – COVID-19 Response.

- 1.1. This Agreement is funded by:

- 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.991, Federal Award Identification Number (FAIN) #B01OT009205.
- 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds.
- 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #T1010035, and General Funds.
- 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796.
- 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757.
- 1.1.6. Federal Funds from the US Department of Health and Human Services, Public Health Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.889, Federal Award Identification Number (FAIN) #U90TP000535.
- 1.1.7. Federal Funds from the US Department of Health and Human Services, Childhood Lead Poisoning Prevention and Surveillance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.197, Federal Award Identification Number (FAIN) #NUE2EH001408.
- 1.1.8. Federal Funds from the US Department of Health and Human Services, Climate, Catalog of Federal Domestic Assistance (CFDA #) 93.070, Federal Award Identification Number (FAIN) # NUIEH001332.
- 1.1.9. Federal Funds from the US Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, COVID-19 Health Disparities, Catalog of Federal Domestic Assistance (CFDA #) 93.391, Federal Award Identification Number (FAIN) # NH75OT000031.
- 1.1.10. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness, Catalog of Federal Domestic Assistance (CFDA #) 93.069, Federal Award Identification Number (FAIN) # U90TP922018.
- 1.1.11. General Funds from the State of New Hampshire.

- 1.2. For the purposes of this Agreement, the Department has identified:

- 1.2.1. The Contractor as a Subrecipient, in accordance with 2 CFR §200.331

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New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit C, Amendment #1

- 1.2.2. This Agreement as NON-R&D, in accordance with 2 CFR §200.332.
- 1.3. The Contractor shall provide the services in Exhibit B Scope of Services and Exhibit B-1, Amendment #1, Additional Scope of Services – COVID-19 Response, in compliance with funding requirements.
- 1.4. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
2. Program Funding
 - 2.1. The Contractor shall be paid up to the amounts specified for each program/scope of work identified in Exhibit C-8, Amendment #1, Program Funding.
 - 2.2. Payment for the I-CARE program shall be on a lump sum basis for authorized expenditures incurred in the fulfillment of the Department approved I-CARE NH work plan and budget. Authorized expenditures shall include printing, mailing, and media related expenses.
 - 2.3. The Contractor shall submit one (1) ARPA budget for State Fiscal Year 2022 and one (1) COVID Health Disparities budget for State Fiscal Year 2022, in a form satisfactory to the Department, for Department approval no later than (10) days from the Amendment #1 Effective Date. The Contractor shall:
 - 2.3.1. Utilize budget forms as provided by the Department.
 - 2.3.2. Submit a budget for each program/scope of work for each state fiscal year in accordance with Exhibit C-8, Amendment #1, Program Funding.
 - 2.3.3. Collaborate with the Department to incorporate approved budgets into this agreement by Amendment.
3. Payment for said services shall be made monthly as follows:
 - 3.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and in accordance with Section 2, Program Funding, above.
4. The Contractor shall submit an invoice in a form satisfactory to the Department no later than the twentieth (20th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
5. The Contractor shall ensure the invoices are completed, signed, dated and returned to the Department in order to initiate payments.
6. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and only if sufficient funds are available.
7. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, Block 1.7 Completion Date.
8. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

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

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit C, Amendment #1

9. Payments may be withheld pending receipt of required reports or documentation as identified Exhibit B Scope of Services and Exhibit B-1, Amendment #1, Additional Scope of Services – COVID-19 Response; and/or in this Exhibit C, Amendment #1, Method and Conditions Precedent to Payment.
10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
11. The Contractor shall keep detailed records of their activities related to Department-funded programs and services and have records available for Department review, as requested.

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Vendor Name: The Cheshire Medical Center
 Contract Name: Regional Public Health Network Services
 Region: Greater Monadnock

Program Name and Funding Amounts

State Fiscal Year	I-Care	ARPA DHHS Fiscal Recovery Funds	Public Health COVID-19 Health Disparities	COVID	Public Health Advisory Council	Public Health Emergency Preparedness	Public Health Crisis Response	Hospital Preparedness	Substance Misuse Prevention	Continuum of Care	Climate and Health Adaptation	Total
2022	\$ 8,000	\$ 52,506	\$ 105,000	\$ 110,364	\$ 30,000	\$ 99,220		\$ 10,000	\$ 79,324	\$ 39,662	\$ 40,000	\$ 574,076
Total	\$ 8,000	\$ 52,506	\$ 105,000	\$ 110,364	\$ 30,000	\$ 99,220	\$ -	\$ 10,000	\$ 79,324	\$ 39,662	\$ 40,000	\$ 574,076

State of New Hampshire

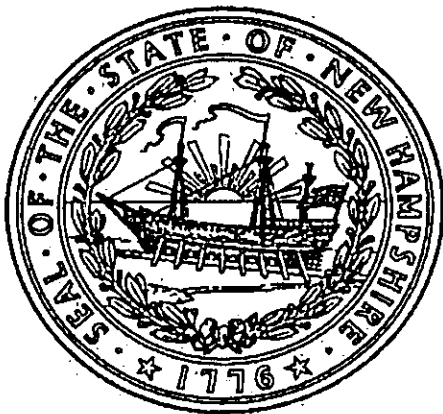
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE CHESHIRE MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 31, 1980. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 62567

Certificate Number: 0005380072



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 11th day of June A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Robert Mitchell _____, hereby certify that
(Name of the elected Officer of the Corporation/LLC, cannot be contract signatory)

1 I am a duly elected Secretary of Cheshire Medical Center _____
(Corporation/LLC Name)

2 The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 10, 2021, at which a quorum of the Directors/shareholders were present and voting
(Date)

VOTED: That Don Caruso, Kathryn Willbarger or Daniel Gross _____ (may list more than one person)
(Name and Title of Contract Signatory)

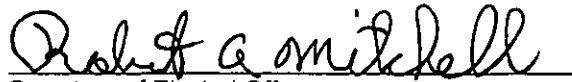
is duly authorized on behalf of Cheshire Medical Center to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote

3 I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein

Dated

11/3/21



Signature of Elected Officer

Name Robert Mitchell

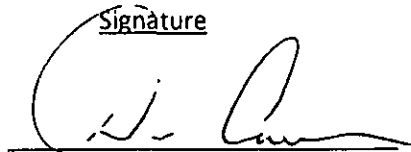
Title Secretary, Cheshire Medical Center,
Board of Trustees

RESOLUTION

That Don Caruso, Chief Executive Officer/President, Kathryn Willbarger, Chief Operating Officer; Daniel Gross, Chief Financial Officer and their successors in office are hereby jointly and severally authorized and empowered on behalf of Cheshire Medical Center to exercise options and/or rights, warrants, and other securities, and to sell, assign, and transfer all or any stock rights, warrants, bonds, and/or securities hereafter standing or registered in the name of Cheshire Medical Center or Cheshire Health Foundation; to execute the instruments proper or necessary to effect any such purchase and/or transfers and to sell and convey real estate, and to enter into contractual arrangements for any and all Cheshire Medical Center's or Cheshire Health Foundation's regular and program affairs with other institutions and private parties.

That It Be Further Resolved that any and all Resolutions heretofore adopted inconsistent with the above Resolution be and they are hereby rescinded.

Don Caruso

Signature


Kathryn Willbarger



Daniel Gross



I hereby certify that the above is a true copy of a Resolution unanimously adopted at a meeting of the Board of Trustees of Cheshire Medical Center held on June 10, 2021



Robert Mitchell
Secretary

DATE: June 14, 2021

CERTIFICATE OF INSURANCE**COMPANY AFFORDING COVERAGE**

Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

INSURED

Cheshire Medical Center
580 Court St
Keene, NH 03431
(603)653-6850

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

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
General Liability		0002021-A	07/01/2021	07/01/2022	EACH OCCURRENCE	\$1,000,000
					DAMAGE TO RENTED PREMISES	\$100,000
X	CLAIMS MADE				MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	\$1,000,000
	OCCURRENCE				GENERAL AGGREGATE	
OTHER					PRODUCTS-COMP/OP AGG	\$1,000,000
					EACH CLAIM	
	CLAIMS MADE				ANNUAL AGGREGATE	
	OCCURENCE					
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

Cheshire Medical Center, is insured under the terms and conditions of Policy No: 0002021-A. This insurance applies to services provided in the states of NH, VT, MA, MD and ME only.

CERTIFICATE HOLDER

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES



DARTHT-01

ASTOBERT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/2021

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

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

PRODUCER License # 1780862
HUB International New England
275 US Route 1
Cumberland Foreside, ME 04110

CONTACT **Angela Columbus**
NAME
PHONE (A/C, No, Ext) **(774) 233-6204** FAX (A/C, No)
E-MAIL **Angela.Columbus@hubinternational.com**
Address

INSURED
Dartmouth-Hitchcock Health
1 Medical Center Dr
Lebanon, NH 03756

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A	Safety National Casualty Corporation	15105
INSURER B		
INSURER C		
INSURER D		
INSURER E		
INSURER F		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	AGC4065185	7/1/2021	7/1/2022	X PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Workers Compensation coverage for Cheshire Medical Center

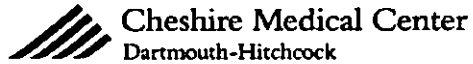
CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

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MISSION:

To lead our community to optimal health and wellness through our clinical and service excellence, collaboration, and compassion for every patient, every time.

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Dartmouth-Hitchcock Health and Subsidiaries

**Consolidated Financial Statements
June 30, 2020 and 2019**

Dartmouth-Hitchcock Health and Subsidiaries
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June 30, 2020 and 2019

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2020 and 2019, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Dartmouth-Hitchcock Health and its subsidiaries as of June 30, 2020 and 2019, and the results of their operations, changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Emphasis of Matter

As discussed in Note 2 to the consolidated financial statements, the Health System changed the manner in which it accounts for leases and the presentation of net periodic pension costs in 2020. Our opinion is not modified with respect to these matters.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations, changes in net assets and cash flows of the individual companies.

Princeton House Cooper LLP

Boston, Massachusetts
November 17, 2020

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
June 30, 2020 and 2019

<i>(in thousands of dollars)</i>	2020	2019
Assets		
Current assets		
Cash and cash equivalents	\$ 453,223	\$ 143,587
Patient accounts receivable (Note 4)	183,819	221,125
Prepaid expenses and other current assets	161,906	95,495
Total current assets	798,948	460,207
Assets limited as to use (Notes 5 and 7)	1,134,526	876,249
Other investments for restricted activities (Notes 5 and 7)	140,580	134,119
Property, plant, and equipment, net (Note 6)	643,586	621,256
Right of use assets, net (Note 16)	57,585	-
Other assets	137,338	124,471
Total assets	<u>\$ 2,912,563</u>	<u>\$ 2,216,302</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 9,467	\$ 10,914
Current portion of right of use obligations (Note 16)	11,775	-
Current portion of liability for pension and other postretirement plan benefits (Note 11 and 14)	3,468	3,468
Accounts payable and accrued expenses	129,016	113,817
Accrued compensation and related benefits	142,991	128,408
Estimated third-party settlements (Note 4 and 17)	302,525	41,570
Total current liabilities	599,242	298,177
Long-term debt, excluding current portion (Note 10)	1,138,530	752,180
Long-term right of use obligations, excluding current portion (Note 16)	46,456	-
Insurance deposits and related liabilities (Note 12)	77,146	58,407
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11 and 14)	324,257	281,009
Other liabilities	143,678	124,136
Total liabilities	<u>2,329,309</u>	<u>1,513,909</u>
Commitments and contingencies (Notes 4, 6, 7, 10, 13, 16 and 17)		
Net assets		
Net assets without donor restrictions (Note 9)	431,026	559,933
Net assets with donor restrictions (Notes 8 and 9)	152,228	142,460
Total net assets	<u>583,254</u>	<u>702,393</u>
Total liabilities and net assets	<u>\$ 2,912,563</u>	<u>\$ 2,216,302</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2020 and 2019

<i>(in thousands of dollars)</i>	2020	2019
Operating revenue and other support		
Patient service revenue (Note 4)	\$ 1,880,025	\$ 1,999,323
Contracted revenue	74,028	75,017
Other operating revenue (Note 5)	374,622	210,698
Net assets released from restrictions	16,260	14,105
Total operating revenue and other support	2,344,935	2,299,143
Operating expenses		
Salaries	1,144,823	1,062,551
Employee benefits	272,872	262,812
Medications and medical supplies	455,381	407,875
Purchased services and other	360,496	323,435
Medicaid enhancement tax (Note 4)	76,010	70,061
Depreciation and amortization	92,164	88,414
Interest (Note 10)	27,322	25,514
Total operating expenses	2,429,068	2,240,662
Operating (loss) income	(84,133)	58,481
Non-operating gains (losses)		
Investment income, net (Note 5)	27,047	40,052
Other components of net periodic pension and post retirement benefit income (Note 11)	10,810	11,221
Other losses, net (Note 10)	(2,707)	(3,562)
Loss on early extinguishment of debt	-	(87)
Total non-operating gains, net	35,150	47,624
(Deficiency) excess of revenue over expenses	\$ (48,983)	\$ 106,105

Consolidated Statements of Operations and Changes in Net Assets – Continues on Next Page

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets - Continued
Years Ended June 30, 2020 and 2019

<i>(in thousands of dollars)</i>	2020	2019
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	\$ (48,983)	\$ 106,105
Net assets released from restrictions for capital	1,414	1,769
Change in funded status of pension and other postretirement benefits (Note 11)	(79,022)	(72,043)
Other changes in net assets	(2,316)	-
(Decrease) increase in net assets without donor restrictions	(128,907)	35,831
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	26,312	17,436
Investment income, net	1,130	2,682
Net assets released from restrictions	(17,674)	(15,874)
Contribution of assets with donor restrictions from acquisition	-	383
Increase in net assets with donor restrictions	9,768	4,627
Change in net assets	(119,139)	40,458
Net assets		
Beginning of year	702,393	661,935
End of year	\$ 583,254	\$ 702,393

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2020 and 2019

<i>(in thousands of dollars)</i>	2020	2019
Cash flows from operating activities		
Change in net assets	\$ (119,139)	\$ 40,458
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization	93,857	88,770
Amortization of right of use asset	8,218	-
Payments on right of use lease obligations - operating	(7,941)	-
Change in funded status of pension and other postretirement benefits	79,022	72,043
Gain on disposal of fixed assets	(39)	(1,101)
Net realized gains and change in net unrealized gains on investments	(14,060)	(31,397)
Restricted contributions and investment earnings	(3,605)	(2,292)
Proceeds from sales of securities	-	1,167
Changes in assets and liabilities		
Patient accounts receivable	37,306	(1,803)
Prepaid expenses and other current assets	(78,907)	2,149
Other assets, net	(13,385)	(9,052)
Accounts payable and accrued expenses	9,772	17,898
Accrued compensation and related benefits	14,583	2,335
Estimated third-party settlements	260,955	429
Insurance deposits and related liabilities	18,739	2,378
Liability for pension and other postretirement benefits	(35,774)	(33,104)
Other liabilities	19,542	12,267
Net cash provided by operating and non-operating activities	<u>269,144</u>	<u>161,145</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(128,019)	(82,279)
Proceeds from sale of property, plant, and equipment	2,987	2,188
Purchases of investments	(321,152)	(361,407)
Proceeds from maturities and sales of investments	82,986	219,996
Cash received through acquisition	-	4,863
Net cash used in investing activities	<u>(363,198)</u>	<u>(216,639)</u>
Cash flows from financing activities		
Proceeds from line of credit	35,000	30,000
Payments on line of credit	(35,000)	(30,000)
Repayment of long-term debt	(10,665)	(29,490)
Proceeds from issuance of debt	415,336	26,338
Repayment of finance lease	(2,429)	-
Payment of debt issuance costs	(2,157)	(228)
Restricted contributions and investment earnings	3,605	2,292
Net cash provided by (used in) financing activities	<u>403,690</u>	<u>(1,088)</u>
Increase (decrease) in cash and cash equivalents	<u>309,636</u>	<u>(56,582)</u>
Cash and cash equivalents		
Beginning of year	<u>143,587</u>	<u>200,169</u>
End of year	<u>\$ 453,223</u>	<u>\$ 143,587</u>
Supplemental cash flow information		
Interest paid	\$ 22,562	\$ 23,977
Net assets acquired as part of acquisition, net of cash acquired	-	(4,863)
Construction in progress included in accounts payable and accrued expenses	17,177	1,546
Donated securities	-	1,167

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2020 and 2019

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic and Subsidiaries (DHC), Mary Hitchcock Memorial Hospital and Subsidiaries (MHMH), (DHC and MHMH together are referred to as D-H), The New London Hospital Association and Subsidiaries (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) and Subsidiaries (MAHHC), Cheshire Medical Center and Subsidiaries (Cheshire), Alice Peck Day Memorial Hospital and Subsidiary (APD), and the Visiting Nurse and Hospice for Vermont and New Hampshire and Subsidiaries (VNH). The "Health System" consists of D-HH, its members and their subsidiaries.

The Health System currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Health System also operates multiple physician practices, a nursing home, a continuing care retirement community, and a home health and hospice service. The Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, Dartmouth-Hitchcock Clinic, Mary Hitchcock Memorial Hospital, The New London Hospital Association, Cheshire Medical Center, and Alice Peck Day Memorial Hospital are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). Windsor Hospital Corporation and the Visiting Nurse and Hospice for VT and NH are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

On September 30, 2019, D-HH and GraniteOne Health ("GOH") entered into an agreement ("The Combination Agreement") to combine their respective healthcare systems. The GOH system is comprised of Catholic Medical Center ("CMC"), an acute care community hospital in Manchester, New Hampshire, Huggins Hospital ("HH") located in Wolfeboro, NH and Monadnock Community Hospital, ("MCH") located in Petersborough, NH. Both HH and MCH are designated as Critical Access Hospitals. The three member hospitals of GOH have a combined licensed bed count of 380 beds. GOH is a non-profit, community based health care system. The overarching rationale for the proposed combination is to improve access to high quality primary and specialty care in the most convenient, cost-effective sites of service for patients and the communities served by D-HH and GOH. Other stated benefits of the combination include reinforcing the rural health network, investing in needed capacity to accommodate unmet and anticipated demand, and drawing on our combined strengths to attract the necessary health care workforce. The parties have submitted regulatory filings with the Federal Trade Commission and the New Hampshire Attorney General's office seeking approval of the proposed transaction.

Community Benefits

The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2020 and 2019

area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

Certain member hospitals of the Health System file annual Community Benefits Reports with the State of NH which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state community benefit report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community Health Services* include activities carried out to improve community health and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).
- *Health Professions Education* includes uncompensated costs of training medical students, Residents, nurses, and other health care professionals
- *Subsidized health services* are services provided by the Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research support and other grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations within the Health System.
- *Financial Contributions* include financial contributions of cash, as well as in-kind contributions such as time, supplies, and expertise to local organizations to address community health needs.
- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.
- *Community Benefit Operations* includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.
- *Charity Care and Costs of Government Sponsored Health Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs, and uncompensated costs of providing health care services to patients who are Medicaid Beneficiaries.
- *The uncompensated cost of care for Medicaid patients* reported in the unaudited Community Benefits Reports for 2019 was approximately \$143,013,000. The 2020 Community Benefits Reports are expected to be filed in February 2021.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2020 and 2019

The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2019:

(in thousands of dollars)

Government-sponsored healthcare services	\$	291,013
Health professional education		40,621
Charity care		15,281
Subsidized health services		15,165
Community health services		6,895
Research		5,238
Community building activities		3,777
Financial contributions		1,597
Community benefit operations		1,219
Total community benefit value	\$	<u>380,806</u>

In fiscal years 2020 and 2019, funds received to offset or subsidize charity care costs provided were \$1,224,000 and \$487,000, respectively.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2020 and 2019

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, and gains and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

(Deficiency) Excess of Revenue over Expenses

The consolidated statements of operations and changes in net assets include the (deficiency) excess of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including contribution of net assets without donor restrictions from acquisitions, loss on early extinguishment of debt, realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the (deficiency) excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets, and change in funded status of pension and other postretirement benefit plans).

Charity Care

The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2020 and 2019

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. The amount of charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue

The Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Health System expects to be entitled from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contracted Revenue

The Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue

The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. Other revenue primarily consists of revenue from retail pharmacy, which the Health System records as customer revenues in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription. Other revenue also includes the Department of Health and Human Services ("HHS") Coronavirus Aid, Relief, and Economic Securities Act ("CARES Act" Provider Relief Funds ("Provider Relief Funds") operating agreements, grant revenue, cafeteria sales and other support service revenue.

Cash Equivalents

Cash and cash equivalents include amounts on deposit with financial institutions; short-term investments with maturities of three months or less at the time of purchase and other highly liquid investments, primarily cash management funds. Short-term highly liquid investments held within the endowment and similar investment pools are classified as investments rather than cash equivalents and restricted cash is defined as that which is legally restricted to withdrawal and usage.

Investments and Investment Income

Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the (deficiency) excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the (deficiency) excess of revenues over expenses. All investments, whether

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2020 and 2019

held at fair value or under the equity method of accounting, are reported at what the Health System believes to be the amount they would expect to receive if it liquidated its investments at the balance sheet dates on a non-distressed basis.

Certain members of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the (deficiency) excess of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments

The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.
- Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.
- Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The Health System applies the accounting provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12). ASU 2009-12 allows for the estimation of fair value of investments for which the investment does not have a readily determinable fair value, to use net asset value (NAV) per share or its equivalent as a practical expedient, subject to the Health System's ability to redeem its investment.

The carrying amounts of patient accounts receivable, prepaid and other current assets, accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, Plant, and Equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2020 and 2019

leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Gifts of capital assets such as land, buildings, or equipment are reported as support, and excluded from the (deficiency) excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the consolidated balance sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Intangible Assets and Goodwill

The Health System records within other assets on the consolidated balance sheets goodwill and intangible assets such as trade names and leases-in-place. The Health System considers trade names and goodwill to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded \$10,007,000 and \$10,524,000 as intangible assets associated with its affiliations as of June 30, 2020 and 2019, respectively.

Gifts

Gifts without donor restrictions are recorded net of related expenses as non-operating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

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Recently Issued Accounting Pronouncements

In January 2016, the FASB issued ASU 2016-01- *Recognition and Measurement of Financial Assets and Financial Liabilities*, which addresses certain aspects of recognition, measurement, presentation and disclosure of financial instruments. This guidance allows an entity to choose, investment-by-investment, to report an equity investment that neither has a readily determinable fair value, nor qualifies for the practical expedient for fair value estimation using NAV, at its cost minus impairment (if any), plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issue. Impairment of such investments must be assessed qualitatively at each reporting period. Entities must disclose their financial assets and liabilities by measurement category and form of asset either on the face of the balance sheet or in the accompanying notes. The ASU is effective for annual reporting periods beginning after December 15, 2018 or fiscal year 2020 for the Health System. The provision to eliminate the requirement to disclose the fair value of financial instruments measured at cost (such as the fair value of debt) was early adopted during the year ended June 30, 2017. The standard has been adopted during the current fiscal year and no material impact was noted.

In February 2016, the FASB issued ASU 2016-02 – *Leases (Topic 842)*. Under the new guidance, lessees are required to recognize the following for all leases (with the exception of leases with a term of twelve months or less) at the commencement date: (a) a lease liability, which is a lessee's obligation to make lease payments arising from a lease, measured on a discounted basis; and (b) a right-of-use asset, which is an asset that represents the lessee's right to use, or control the use of, a specified asset for the lease term. Leases are classified as either operating or finance. Operating leases result in straight-line expense in the statement of operations (similar to previous operating leases), while finance leases result in more expense being recognized in the earlier years of the lease term (similar to previous capital leases). The Health System adopted the new standard on July 1, 2019 using the modified retrospective approach. The Health System elected the transition method that allows for the application of the standard at the adoption date rather than at the beginning of the earliest comparative period presented in the consolidated financial statements. The Health System also elected available practical expedients (Note 16).

In March 2017, the FASB issued ASU 2017-07, *Compensation – Retirement Benefits (Topic 715): Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. Under the new standard, the service cost component of the net benefit cost will be included within income from operations as a component of benefits expenses and the other components of net benefit cost as defined by ASC 715 will be reported in non-operating activities within the consolidated statements of operations and changes in net assets. The standard also prohibits reporting of the other components of net benefit cost in the same line as other pension related changes on the statements of operations and changes in net assets. ASU 2017-07 is effective for the fiscal year ended June 30, 2020 and is applied on a retrospective basis.

Reclassifications

As a result of adopting the provisions of ASU 2017-07, the Health System reclassified \$11,221,000 from benefits expense to non-operating activities within the consolidated statements of operations and changes in net assets for the fiscal year ended June 30, 2019. The amount included in non-operating activities for the fiscal year ending June 30, 2020 was \$10,810,000.

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3. Acquisition

Effective July 1, 2018, Alice Peck Day Memorial Hospital became the sole corporate member of APD LifeCare Center Inc. (LifeCare). LifeCare owns and operates Harvest Hill, an assisted living facility, the Woodlands, a residential living community and the Elizabeth S. Hughes Care Unit, which provides hospice care.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, Alice Peck Day Memorial Hospital recorded goodwill related to the acquisition of LifeCare of approximately \$5,131,000. Restricted contribution income of \$383,000 was recorded within net assets with donor restrictions in the accompanying consolidated statement of changes in net assets. Included in the transaction was LifeCare's cash balance of \$4,863,000. No consideration was exchanged for the net assets assumed and acquisition costs were expensed as incurred.

4. Patient Service Revenue and Accounts Receivable

The Health System reports patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payers (including managed care payers and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Health System bills patients and third-party payers several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts by providing healthcare services to patients.

The Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected charges as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Health System has elected to apply the optional exemption provided in ASC 606-10-50-14a and, therefore, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Health System's consolidated statements of operations and changes in net assets.

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Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions

Revenues for the Health System under the traditional fee-for service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system ("PPS") to determine rates-per-discharge. These rates vary according to a patient classification system ("DRG"), based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Health System's payments for inpatient services rendered to New Hampshire ("NH") and Vermont ("VT") Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis or fee schedules for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.
- Inpatient acute, swing, and outpatient services furnished by critical access hospitals ("CAH") are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.
- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.
- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.
- The Health System's cost based services to Medicare and Medicaid are reimbursed during the year based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations, governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.
- Revenues under Managed Care Plans (Plans) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit.

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The Plans are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments in accordance with contractual terms in place with the Plans following their review and adjudication of each bill.

The Health System is not aware of any claims, disputes, or unsettled matters with any payer that would materially affect its revenues for which it has not adequately provided in the accompanying Health System's consolidated financial statements.

The Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Health System's policy is to treat amounts qualified as charity care as explicit price concessions and as such are not reported in net patient service revenue.

Vermont imposes a provider tax on home health agencies in the amount of 4.25% of annual net patient revenue. In fiscal years 2020 and 2019, home health provider taxes paid were \$624,000 and \$628,000, respectively.

Medicaid Enhancement Tax & Disproportionate Share Hospital

On May 22, 2018, the State of New Hampshire and all New Hampshire hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. Under the agreement, the State committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2020 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2020 and 2019, the Health System received DSH payments of approximately, \$71,133,000 and \$69,179,000 respectively. DSH payments are subject to audit and therefore, for the years ended June 30, 2020 and 2019, the Health System recognized as revenue DSH receipts of approximately \$67,500,000 and approximately \$64,864,000, respectively.

During the years ended June 30, 2020 and 2019, the Health System recorded State of NH MET and State of VT Provider taxes of \$76,010,000 and \$70,061,000, respectively. The taxes are calculated at 5.4% for NH and 6% for VT of certain patient service revenues. The Provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

Implicit Price Concessions

Generally, patients who are covered by third-party payer contracts are responsible for related co-pays, co-insurance and deductibles, which vary depending on the contractual obligations of patients. The Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles and for those who are uninsured based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible

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accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Health System expects to collect based on collection history with similar patients. Although outcomes vary, the Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payers for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations. As of June 30, 2020 and 2019, the Health System had reserves of \$302,525,000 and \$41,570,000, respectively, recorded in Estimated third-party settlements. Included in the 2020 Estimated third party settlements is \$239,500,000 of Medicare accelerated and advanced payments, received as working capital support during the novel coronavirus ("COVID-19") outbreak at June 30, 2020. In addition, \$10,900,000 has been recorded in Other liabilities as of June 30, 2020 and 2019, respectively.

For the years ended June 30, 2020 and 2019, additional increases in revenue of \$2,314,000 and \$1,800,000, respectively, were recognized due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues for the hospital operations of the PPS and CAH, and other business segments consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans as well as patients covered under the Health System's uninsured discount and charity care programs.

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The table below shows the Health System's sources of net operating revenues presented at the net transaction price for the years ended June 30, 2020 and 2019.

(in thousands of dollars)	2020		
	PPS	CAH	Total
Hospital			
Medicare	\$ 461,990	\$ 64,087	\$ 526,077
Medicaid	130,901	10,636	141,537
Commercial	718,576	60,715	779,291
Self Pay	2,962	2,501	5,463
Subtotal	<u>1,314,429</u>	<u>137,939</u>	<u>1,452,368</u>
Professional			
Professional	383,503	22,848	406,351
VNA	-	-	21,306
Other Revenue	-	-	376,185
Provider Relief Fund	-	-	88,725
Total operating revenue and other support	<u>\$ 1,697,932</u>	<u>\$ 160,787</u>	<u>\$ 2,344,935</u>

(in thousands of dollars)	2019		
	PPS	CAH	Total
Hospital			
Medicare	\$ 456,197	\$ 72,193	\$ 528,390
Medicaid	134,727	12,794	147,521
Commercial	746,647	64,981	811,628
Self Pay	8,811	2,313	11,124
Subtotal	<u>1,346,382</u>	<u>152,281</u>	<u>1,498,663</u>
Professional			
Professional	454,425	23,707	478,132
VNA	-	-	22,528
Other Revenue	-	-	299,820
Total operating revenue and other support	<u>\$ 1,800,807</u>	<u>\$ 175,988</u>	<u>\$ 2,299,143</u>

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2020 and 2019:

	2020	2019
Medicare	36%	34%
Medicaid	13%	12%
Commercial	39%	41%
Self Pay	12%	13%
Patient accounts receivable	<u>100%</u>	<u>100%</u>

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5. Investments

The composition of investments at June 30, 2020 and 2019 is set forth in the following table:

<i>(in thousands of dollars)</i>	2020	2019
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 9,646	\$ 21,890
U.S. government securities	103,977	91,492
Domestic corporate debt securities	199,462	196,132
Global debt securities	70,145	83,580
Domestic equities	203,010	167,384
International equities	123,205	128,909
Emerging markets equities	22,879	23,086
Real Estate Investment Trust	313	213
Private equity funds	74,131	64,563
Hedge funds	36,964	32,287
	<u>843,732</u>	<u>809,536</u>
Investments held by captive insurance companies (Note 12)		
U.S. government securities	15,402	23,241
Domestic corporate debt securities	8,651	11,378
Global debt securities	8,166	10,080
Domestic equities	15,150	14,617
International equities	7,227	6,766
	<u>54,596</u>	<u>66,082</u>
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	<u>236,198</u>	<u>631</u>
Total assets limited as to use	<u>1,134,526</u>	<u>876,249</u>
Other investments for restricted activities		
Cash and short-term investments	7,186	6,113
U.S. government securities	28,055	32,479
Domestic corporate debt securities	35,440	29,089
Global debt securities	11,476	11,263
Domestic equities	26,723	20,981
International equities	15,402	15,531
Emerging markets equities	2,766	2,578
Private equity funds	9,483	7,638
Hedge funds	4,013	8,414
Other	36	33
Total other investments for restricted activities	<u>140,580</u>	<u>134,119</u>
Total investments	<u>\$ 1,275,106</u>	<u>\$ 1,010,368</u>

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above. All investments, whether the fair value or equity method of accounting is used, are reported at what the Health System believes to be the amount that the Health System would expect to receive if it liquidated its investments at the balance sheets date on a non-distressed basis.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2020 and 2019. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

<i>(in thousands of dollars)</i>	2020		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 253,030	\$ -	\$ 253,030
U.S. government securities	147,434	-	147,434
Domestic corporate debt securities	198,411	45,142	243,553
Global debt securities	44,255	45,532	89,787
Domestic equities	195,014	49,869	244,883
International equities	77,481	68,353	145,834
Emerging markets equities	1,257	24,388	25,645
Real Estate Investment Trust	313	-	313
Private equity funds	-	83,614	83,614
Hedge funds	-	40,977	40,977
Other	36	-	36
	<u>\$ 917,231</u>	<u>\$ 357,875</u>	<u>\$ 1,275,106</u>

<i>(in thousands of dollars)</i>	2019		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 28,634	\$ -	\$ 28,634
U.S. government securities	147,212	-	147,212
Domestic corporate debt securities	164,996	71,603	236,599
Global debt securities	55,520	49,403	104,923
Domestic equities	178,720	24,262	202,982
International equities	76,328	74,878	151,206
Emerging markets equities	1,295	24,369	25,664
Real Estate Investment Trust	213	-	213
Private equity funds	-	72,201	72,201
Hedge funds	-	40,701	40,701
Other	33	-	33
	<u>\$ 652,951</u>	<u>\$ 357,417</u>	<u>\$ 1,010,368</u>

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For the years ended June 30, 2020 and 2019 investment income is reflected in the accompanying consolidated statements of operations and changes in net assets as other operating revenue of approximately \$936,000 and \$983,000 and as non-operating gains of approximately \$27,047,000 and \$40,052,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2020 and 2019, the Health System has committed to contribute approximately \$172,819,000 and \$164,319,000 to such funds, of which the Health System has contributed approximately \$119,142,000 and \$109,584,000 and has outstanding commitments of \$53,677,000 and \$54,735,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2020 and 2019:

<i>(in thousands of dollars)</i>	2020	2019
Land	\$ 40,749	\$ 38,232
Land improvements	39,820	42,607
Buildings and improvements	893,081	898,050
Equipment	927,233	888,138
Equipment under capital leases	-	15,809
	<u>1,900,883</u>	<u>1,882,836</u>
Less: Accumulated depreciation and amortization	<u>1,356,521</u>	<u>1,276,746</u>
Total depreciable assets, net	544,362	606,090
Construction in progress	<u>99,224</u>	<u>15,166</u>
	<u>\$ 643,586</u>	<u>\$ 621,256</u>

As of June 30, 2020, construction in progress primarily consists of two projects. The first project, started in fiscal 2019, consists of the addition of the ambulatory surgical center (ASC) located in Manchester, NH. The estimated cost to complete the project is \$42 million. The anticipated completion date is the second quarter of fiscal 2021. The second project, involves the addition of the in-patient tower located in Lebanon, NH. The estimated cost to complete the tower project is \$140 million over the next three fiscal years.

The construction in progress as of June 30, 2019, included both the ASC, as well as renovations taking place at the various pharmacy locations to bring their facilities compliant with Regulation USP800. The pharmacy upgrade was completed during the first quarter of fiscal year 2021. Capitalized interest of \$2,297,000 and \$0 is included in Construction in progress as of June 30, 2020 and 2019, respectively.

Depreciation and amortization expense included in operating and non-operating activities was approximately \$92,217,000 and \$88,496,000 for 2020 and 2019, respectively.

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7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments

Consists of money market funds and are valued at net asset value (NAV) reported by the financial institution.

Domestic, Emerging Markets and International Equities

Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities

Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Health System believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2020 and 2019:

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	2020				Redemption	Days'
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	or Liquidation	Notice
Assets						
Investments						
Cash and short term investments	\$ 253,030	\$ -	\$ -	\$ 253,030	Daily	1
U.S. government securities	147,434	-	-	147,434	Daily	1
Domestic corporate debt securities	17,577	180,834	-	198,411	Daily-Monthly	1-15
Global debt securities	22,797	21,458	-	44,255	Daily-Monthly	1-15
Domestic equities	187,354	7,860	-	195,014	Daily-Monthly	1-10
International equities	77,481	-	-	77,481	Daily-Monthly	1-11
Emerging market equities	1,257	-	-	1,257	Daily-Monthly	1-7
Real estate investment trust	313	-	-	313	Daily-Monthly	1-7
Other	2	34	-	36	Not applicable	Not applicable
Total investments	707,245	209,986	-	917,231		
Deferred compensation plan assets						
Cash and short-term investments	5,754	-	-	5,754		
U.S. government securities	51	-	-	51		
Domestic corporate debt securities	7,194	-	-	7,194		
Global debt securities	1,270	-	-	1,270		
Domestic equities	24,043	-	-	24,043		
International equities	3,571	-	-	3,571		
Emerging market equities	27	-	-	27		
Real estate	11	-	-	11		
Multi strategy fund	51,904	-	-	51,904		
Guaranteed contract	-	-	92	92		
Total deferred compensation plan assets	93,825	-	92	93,917	Not applicable	Not applicable
Beneficial interest in trusts	-	-	9,202	9,202	Not applicable	Not applicable
Total assets	\$ 801,070	\$ 209,986	\$ 9,294	\$ 1,020,350		

	2019				Redemption	Days'
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	or Liquidation	Notice
Assets						
Investments						
Cash and short term investments	\$ 28,634	\$ -	\$ -	\$ 28,634	Daily	1
U.S. government securities	147,212	-	-	147,212	Daily	1
Domestic corporate debt securities	34,723	130,273	-	164,996	Daily-Monthly	1-15
Global debt securities	28,412	27,108	-	55,520	Daily-Monthly	1-15
Domestic equities	171,318	7,402	-	178,720	Daily-Monthly	1-10
International equities	76,295	33	-	76,328	Daily-Monthly	1-11
Emerging market equities	1,295	-	-	1,295	Daily-Monthly	1-7
Real estate investment trust	213	-	-	213	Daily-Monthly	1-7
Other	-	33	-	33	Not applicable	Not applicable
Total investments	488,102	184,849	-	652,951		
Deferred compensation plan assets						
Cash and short-term investments	2,952	-	-	2,952		
U.S. government securities	45	-	-	45		
Domestic corporate debt securities	4,932	-	-	4,932		
Global debt securities	1,300	-	-	1,300		
Domestic equities	22,403	-	-	22,403		
International equities	3,576	-	-	3,576		
Emerging market equities	27	-	-	27		
Real estate	11	-	-	11		
Multi strategy fund	48,941	-	-	48,941		
Guaranteed contract	-	-	89	89		
Total deferred compensation plan assets	84,187	-	89	84,276	Not applicable	Not applicable
Beneficial interest in trusts	-	-	9,301	9,301	Not applicable	Not applicable
Total assets	\$ 572,289	\$ 184,849	\$ 9,390	\$ 746,528		

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The following table is a rollforward of financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above.

	2020		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
<i>(in thousands of dollars)</i>			
Balances at beginning of year	\$ 9,301	\$ 89	\$ 9,390
Net unrealized (losses) gains	(99)	3	(96)
Balances at end of year	<u>\$ 9,202</u>	<u>\$ 92</u>	<u>\$ 9,294</u>

	2019		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
<i>(in thousands of dollars)</i>			
Balances at beginning of year	\$ 9,374	\$ 86	\$ 9,460
Net unrealized (losses) gains	(73)	3	(70)
Balances at end of year	<u>\$ 9,301</u>	<u>\$ 89</u>	<u>\$ 9,390</u>

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2020 and 2019.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2020 and 2019:

<i>(in thousands of dollars)</i>	2020	2019
Investments held in perpetuity	\$ 59,352	\$ 56,383
Healthcare services	33,976	20,140
Research	22,116	26,496
Health education	16,849	19,833
Charity care	12,366	12,494
Other	4,488	3,841
Purchase of equipment	3,081	3,273
	<u>\$ 152,228</u>	<u>\$ 142,460</u>

Income earned on donor restricted net assets held in perpetuity is available for these purposes.

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9. Board Designated and Endowment Funds

Net assets include numerous funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System's net assets with donor restrictions which are to be held in perpetuity consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2020 and 2019.

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Endowment net asset composition by type of fund consists of the following at June 30, 2020 and 2019:

<i>(in thousands of dollars)</i>	2020		Total
	Without Donor Restrictions	With Donor Restrictions	
Donor-restricted endowment funds	\$ -	\$ 80,039	\$ 80,039
Board-designated endowment funds	33,714	-	33,714
Total endowed net assets	\$ 33,714	\$ 80,039	\$ 113,753

<i>(in thousands of dollars)</i>	2019		Total
	Without Donor Restrictions	With Donor Restrictions	
Donor-restricted endowment funds	\$ -	\$ 78,268	\$ 78,268
Board-designated endowment funds	31,421	-	31,421
Total endowed net assets	\$ 31,421	\$ 78,268	\$ 109,689

Changes in endowment net assets for the years ended June 30, 2020 and 2019 are as follows:

<i>(in thousands of dollars)</i>	2020		Total
	Without Donor Restrictions	With Donor Restrictions	
Balances at beginning of year	\$ 31,421	\$ 78,268	\$ 109,689
Net investment return	713	1,460	2,173
Contributions	890	2,990	3,880
Transfers	14	267	281
Release of appropriated funds	676	(2,946)	(2,270)
Balances at end of year	\$ 33,714	\$ 80,039	\$ 113,753
Balances at end of year		80,039	
Beneficial interest in perpetual trusts		6,782	
Net assets with donor restrictions		\$ 86,821	

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<i>(in thousands of dollars)</i>	2019		Total
	Without Donor Restrictions	With Donor Restrictions	
Balances at beginning of year	\$ 29,506	\$ 78,197	\$ 107,703
Net investment return	1,184	2,491	3,675
Contributions	804	1,222	2,026
Transfers	(73)	(1,287)	(1,360)
Release of appropriated funds	-	(2,355)	(2,355)
Balances at end of year	<u>\$ 31,421</u>	<u>\$ 78,268</u>	<u>\$ 109,689</u>
Balances at end of year		78,268	
Beneficial interest in perpetual trusts		8,422	
Net assets with donor restrictions		<u>\$ 86,690</u>	

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10. Long-Term Debt

A summary of long-term debt at June 30, 2020 and 2019 is as follows:

<i>(in thousands of dollars)</i>	2020	2019
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	\$ 83,355	\$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	-
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	109,800	109,800
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	-
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	25,160	25,865
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	24,315	25,145
Series 2014A, principal maturing in varying annual amounts, through August 2022 (7)	19,765	26,960
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Note payable		
Note payable to a financial institution due in monthly interest only payments through May 2023 (9)	125,000	-
Total obligated group debt	\$ 1,062,597	\$ 722,162

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A summary of long-term debt at June 30, 2020 and 2019 is as follows (continued):

<i>(in thousands of dollars)</i>	2020	2019
Other		
Note payable to a financial institution payable in interest free monthly installments through July 2015; collateralized by associated equipment	\$ 287	\$ 445
Note payable to a financial institution with entire principal due June 2029 that is collateralized by land and building. The note payable is interest free	273	323
Mortgage note payable to the US Dept of Agriculture; monthly payments of \$10,892 include interest of 2.375% through November 2046	2,560	2,629
Obligations under capital leases	-	17,526
Total nonobligated group debt	3,120	20,923
Total obligated group debt	1,062,597	722,162
Total long-term debt	1,065,717	743,085
Add: Original issue premium and discounts, net	89,542	25,542
Less: Current portion	9,467	10,914
Debt issuance costs, net	7,262	5,533
	<u>\$ 1,138,530</u>	<u>\$ 752,180</u>

Aggregate annual principal payments for the next five years ending June 30 and thereafter are as follows:

<i>(in thousands of dollars)</i>	2020
2021	\$ 9,467
2022	9,419
2023	131,626
2024	1,871
2025	1,954
Thereafter	911,380
	<u>\$ 1,065,717</u>

Dartmouth-Hitchcock Obligated Group (DHOG) Debt

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of D-HH, MHMH, DHC, Cheshire, NLH, MAHHC, and, APD. D-HH is designated as the obligated group agent.

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Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B in February 2018. The Series 2018A Revenue Bonds were primarily used to refund a portion of Series 2015A and Series 2016A. The Series 2018B were primarily used to refund a portion of Series 2015A and Series 2016A, Revolving Line of Credit, Series 2012 Bank Loan and the Series 2015A and Series 2016A Swap terminations. A loss on the extinguishment of debt of approximately \$578,000 was recognized in non-operating gains (losses) on the statement of operations and changes in net assets, as a result of the refinancing. The interest on the Series 2018A Revenue Bonds is variable with a current interest rate of 5.00% and matures in variable amounts through 2037. The interest on the Series 2018B Revenue Bonds is fixed with an interest rate of 4.18% and matures in variable amounts through 2048.

(2) Series 2020A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2020A in February, 2020. The proceeds from the Series 2020A Revenue Bonds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH as well as various equipment. The interest on the Series 2020A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2059.

(3) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B in December, 2017. The Series 2017A Revenue Bonds were primarily used to refund Series 2009 and Series 2010 and the Series 2017B Revenue Bonds were used to refund Series 2012A and Series 2012B. The interest on the Series 2017A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2040. The interest on the Series 2017B Revenue Bonds is fixed with an interest rate of 2.54% and matures in variable amounts through 2031.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2019A in October, 2019. The proceeds from the Series 2019A Revenue Bonds are being used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A Revenue Bonds is fixed with an interest rate of 4.00% and matures in variable amounts through 2043.

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(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C in August, 2018. The Series 2018C Revenue Bonds were used primarily to refinance the Series 2010 Revenue Bonds. The interest on the series 2018C Revenue Bonds is fixed with an interest rate of 3.22% and matures in variable amounts through 2030.

(6) Series 2012 Revenue Bonds

The NHHEFA issued \$29,650,000 of tax-exempt Revenue Bonds, Series 2012. The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%), and matures in variable amounts through 2039.

(7) Series 2014A and Series 2014B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B Revenue Bonds were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

(8) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B in July 2016 through a private placement with a financial institution. The Series 2016B Revenue Bonds were used to finance 2016 projects. The Series 2016B is fixed with an interest rate of 1.78% and matures at various dates through 2045.

(9) Note payable to financial institution

The DHOG issued a note payable to TD Bank in May 2020. Issued in response to the COVID-19 pandemic, the proceeds from the note will be used to fund working capital as needs require. The interest on the note payable is fixed with an interest rate of 2.02% and matures in 2023.

Outstanding joint and several indebtedness of the DHOG at June 30, 2020 and 2019 approximates \$1,062,597,000 and \$722,162,000, respectively.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$236,198,000 and \$631,000 at June 30, 2020 and 2019, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets (Note 5). In addition, debt service reserves of approximately \$9,286,000 and \$1,331,000 at June 30, 2020 and 2019, respectively, are classified as other current assets in the accompanying consolidated balance sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2020 and escrowed funds held for future principal and interest payments at June 30, 2019.

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For the years ended June 30, 2020 and 2019 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately \$27,322,000 and \$25,514,000 and other non-operating losses of \$3,784,000 and \$3,784,000, respectively.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or define contribution plans. In addition, certain members provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen and therefore there are no remaining participants earning benefits in any of the Health System's defined benefit plans.

The Health System continued to execute the settlement of obligations due to retirees in the defined benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2020 and 2019:

<i>(in thousands of dollars)</i>	2020	2019
Service cost for benefits earned during the year	\$ 170	\$ 150
Interest cost on projected benefit obligation	43,433	47,814
Expected return on plan assets	(62,436)	(65,270)
Net loss amortization	12,032	10,357
Total net periodic pension expense	<u>\$ (6,801)</u>	<u>\$ (6,949)</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2020 and 2019:

	2020	2019
Discount rate	3.00% - 3.10%	3.90 % – 4.60%
Rate of increase in compensation	N/A	N/A
Expected long-term rate of return on plan assets	7.50%	7.50%

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The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2020 and 2019:

<i>(in thousands of dollars)</i>	2020	2019
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 1,135,523	\$ 1,087,940
Service cost	170	150
Interest cost	43,433	47,814
Benefits paid	(70,778)	(51,263)
Expenses paid	(168)	(170)
Actuarial loss	139,469	93,358
Settlements	(38,549)	(42,306)
Benefit obligation at end of year	<u>1,209,100</u>	<u>1,135,523</u>
Change in plan assets		
Fair value of plan assets at beginning of year	897,717	884,983
Actual return on plan assets	121,245	85,842
Benefits paid	(70,778)	(51,263)
Expenses paid	(168)	(170)
Employer contributions	19,986	20,631
Settlements	(38,549)	(42,306)
Fair value of plan assets at end of year	<u>929,453</u>	<u>897,717</u>
Funded status of the plans	(279,647)	(237,806)
Less: Current portion of liability for pension	(46)	(46)
Long term portion of liability for pension	(279,601)	(237,760)
Liability for pension	<u>\$ (279,647)</u>	<u>\$ (237,806)</u>

As of June 30, 2020 and 2019, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include approximately \$546,818,000 and \$478,394,000 of net actuarial loss as of June 30, 2020 and 2019, respectively.

The estimated amounts to be amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2021 for net actuarial losses is \$12,752,000.

The accumulated benefit obligation for the defined benefit pension plans was approximately \$1,209,282 and \$1,135,770,000 at June 30, 2020 and 2019, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2020 and 2019:

	2020	2019
Discount rate	3.00% - 3.10%	4.20 % – 4.50 %
Rate of increase in compensation	N/A	N/A

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The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of both June 30, 2020 and 2019, it is expected that the LDI strategy will hedge approximately 60% of the interest rate risk associated with pension liabilities. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	3%
U.S. government securities	0–10	5
Domestic debt securities	20–58	40
Global debt securities	6–26	7
Domestic equities	5–35	18
International equities	5–15	11
Emerging market equities	3–13	5
Real estate investment trust funds	0–5	1
Private equity funds	0–5	0
Hedge funds	5–18	10

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System's Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in these funds rather than in securities underlying each fund and, therefore, are generally required to consider such investments as Level 2 or 3, even though the underlying securities may not be difficult to value or may be readily marketable.

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The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2020 and 2019:

(in thousands of dollars)	2020				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ -	\$ 7,154	\$ -	\$ 7,154	Daily	1
U.S. government securities	49,843	-	-	49,843	Daily-Monthly	1-15
Domestic debt securities	133,794	318,259	-	452,053	Daily-Monthly	1-15
Global debt securities	-	69,076	-	69,076	Daily-Monthly	1-15
Domestic equities	152,688	24,947	-	177,635	Daily-Monthly	1-10
International equities	13,555	70,337	-	83,892	Daily-Monthly	1-11
Emerging market equities	-	39,984	-	39,984	Daily-Monthly	1-17
REIT funds	-	2,448	-	2,448	Daily-Monthly	1-17
Private equity funds	-	-	17	17	See Note 7	See Note 7
Hedge funds	-	-	47,351	47,351	Quarterly-Annual	60-96
Total investments	\$ 349,880	\$ 532,205	\$ 47,368	\$ 929,453		

(in thousands of dollars)	2019				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ 166	\$ 18,232	\$ -	\$ 18,398	Daily	1
U.S. government securities	48,580	-	-	48,580	Daily-Monthly	1-15
Domestic debt securities	122,178	273,424	-	395,602	Daily-Monthly	1-15
Global debt securities	428	75,146	-	75,574	Daily-Monthly	1-15
Domestic equities	159,259	18,316	-	177,575	Daily-Monthly	1-10
International equities	17,232	77,146	-	94,378	Daily-Monthly	1-11
Emerging market equities	321	39,902	-	40,223	Daily-Monthly	1-17
REIT funds	357	2,883	-	3,240	Daily-Monthly	1-17
Private equity funds	-	-	21	21	See Note 7	See Note 7
Hedge funds	-	-	44,126	44,126	Quarterly-Annual	60-96
Total investments	\$ 348,521	\$ 505,049	\$ 44,147	\$ 897,717		

The following tables present additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2020 and 2019:

(in thousands of dollars)	2020		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 44,126	\$ 21	\$ 44,147
Net unrealized gains (losses)	<u>3,225</u>	<u>(4)</u>	<u>3,221</u>
Balances at end of year	<u>\$ 47,351</u>	<u>\$ 17</u>	<u>\$ 47,368</u>

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<i>(in thousands of dollars)</i>	2019		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 44,250	\$ 23	\$ 44,273
Net unrealized losses	(124)	(2)	(126)
Balances at end of year	<u>\$ 44,126</u>	<u>\$ 21</u>	<u>\$ 44,147</u>

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2020 and 2019 were approximately \$18,261,000 and \$14,617,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2020 and 2019.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2020 and 2019.

The weighted average asset allocation for the Health System's Plans at June 30, 2020 and 2019 by asset category is as follows:

	2020	2019
Cash and short-term investments	1 %	2 %
U.S. government securities	5	5
Domestic debt securities	49	44
Global debt securities	8	9
Domestic equities	19	20
International equities	9	11
Emerging market equities	4	4
Hedge funds	5	5
	<u>100 %</u>	<u>100 %</u>

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.50% per annum.

The Health System is expected to contribute approximately \$25,755,000 to the Plans in 2021 however actual contributions may vary from expected amounts.

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The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)

2021	\$	51,007
2022		53,365
2023		55,466
2024		57,470
2025		59,436
2026 – 2028		321,419

Effective May 1, 2020, the Health System terminated a defined benefit plan and settled the accumulated benefit obligation of \$18,795,000 by purchasing nonparticipating annuity contracts. The plan assets at fair value were \$11,836,000.

Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its members, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately \$51,222,000 and \$40,537,000 in 2020 and 2019, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

Various 403(b) and tax-sheltered annuity plans are available to employees of the Health System. Plan specifications vary by member and plan. No employer contributions were made to any of these plans in 2020 and 2019 respectively.

Postretirement Medical and Life Benefits

The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2020 and 2019:

(in thousands of dollars)

	2020	2019
Service cost	\$ 609	\$ 384
Interest cost	1,666	1,842
Net prior service income	(5,974)	(5,974)
Net loss amortization	469	10
	<u>\$ (3,230)</u>	<u>\$ (3,738)</u>

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The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2020 and 2019:

<i>(in thousands of dollars)</i>	2020	2019
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 46,671	\$ 42,581
Service cost	609	384
Interest cost	1,666	1,842
Benefits paid	(3,422)	(3,149)
Actuarial loss	2,554	5,013
Benefit obligation at end of year	<u>48,078</u>	<u>46,671</u>
Funded status of the plans	<u>\$ (48,078)</u>	<u>\$ (46,671)</u>
Current portion of liability for postretirement medical and life benefits	\$ (3,422)	\$ (3,422)
Long term portion of liability for postretirement medical and life benefits	<u>(44,656)</u>	<u>(43,249)</u>
Liability for postretirement medical and life benefits	<u>\$ (48,078)</u>	<u>\$ (46,671)</u>

As of June 30, 2020 and 2019, the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in net assets without donor restrictions are as follows:

<i>(in thousands of dollars)</i>	2020	2019
Net prior service income	\$ (3,582)	\$ (9,556)
Net actuarial loss	<u>10,335</u>	<u>8,386</u>
	<u>\$ 6,753</u>	<u>\$ (1,170)</u>

The estimated amounts that will be amortized from net assets without donor restrictions into net periodic postretirement income in fiscal year 2021 for net prior service cost is \$5,974,000.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

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The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2021 and thereafter:

(in thousands of dollars)

2021	\$	3,422
2022		3,436
2023		3,622
2024		3,642
2025		3,522
2026-2028		16,268

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 2.90% in 2020 and an assumed healthcare cost trend rate of 6.50%, trending down to 5.00% in 2024 and thereafter. Increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement medical benefit obligation as of June 30, 2020 and 2019 by \$1,772,000 and \$1,601,000 and the net periodic postretirement medical benefit cost for the years then ended by \$122,000 and \$77,000, respectively. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement medical benefit obligation as of June 30, 2020 and 2019 by \$1,603,000 and \$1,452,000 and the net periodic postretirement medical benefit cost for the years then ended by \$108,000 and \$71,000, respectively.

12. Professional and General Liability Insurance Coverage

Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic, along with Dartmouth College, Cheshire Medical Center, The New London Hospital Association, Mt. Ascutney Hospital and Health Center, and the Visiting Nurse and Hospice for VT and NH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. Effective November 1, 2018 Alice Peck Day Memorial Hospital is provided professional and general liability insurance coverage through RRG. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Clinic, and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

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Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2020 and 2019, are summarized as follows:

	2020		
	HAC	RRG	Total
<i>(in thousands of dollars)</i>			
Assets	\$ 93,686	\$ 1,785	\$ 95,471
Shareholders' equity	13,620	50	13,670

	2019		
	HAC	RRG	Total
<i>(in thousands of dollars)</i>			
Assets	\$ 75,867	\$ 2,201	\$ 78,068
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from \$10,000,000 up to \$30,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire March 31, 2021. There was no outstanding balance under the lines of credit as of June 30, 2020 and 2019. Interest expense was approximately \$20,000 and \$95,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
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Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2020:

<i>(in thousands of dollars)</i>	2020			
	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	\$ 981,320	\$ 161,704	\$ 1,799	\$ 1,144,823
Employee benefits	231,361	41,116	395	272,872
Medical supplies and medications	454,143	1,238	-	455,381
Purchased services and other	236,103	120,563	3,830	360,496
Medicaid enhancement tax	76,010	-	-	76,010
Depreciation and amortization	26,110	65,949	105	92,164
Interest	5,918	21,392	12	27,322
Total operating expenses	<u>\$ 2,010,965</u>	<u>\$ 411,962</u>	<u>\$ 6,141</u>	<u>\$ 2,429,068</u>
Non-operating income				
Employee benefits	\$ 9,239	\$ 1,549	\$ 22	\$ 10,810
Total non-operating income	<u>\$ 9,239</u>	<u>\$ 1,549</u>	<u>\$ 22</u>	<u>\$ 10,810</u>

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2019:

<i>(in thousands of dollars)</i>	2019			
	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	\$ 922,902	\$ 138,123	\$ 1,526	\$ 1,062,551
Employee benefits	188,634	73,845	333	262,812
Medical supplies and medications	406,782	1,093	-	407,875
Purchased services and other	212,209	108,783	2,443	323,435
Medicaid enhancement tax	70,061	-	-	70,061
Depreciation and amortization	37,528	50,785	101	88,414
Interest	3,360	22,135	19	25,514
Total operating expenses	<u>\$ 1,841,476</u>	<u>\$ 394,764</u>	<u>\$ 4,422</u>	<u>\$ 2,240,662</u>
Non-operating income				
Employee benefits	\$ 9,651	\$ 1,556	\$ 14	\$ 11,221
Total non-operating income	<u>\$ 9,651</u>	<u>\$ 1,556</u>	<u>\$ 14</u>	<u>\$ 11,221</u>

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2020 and 2019

15. Liquidity

The Health System is substantially supported by cash generated from operations. In addition, the Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying consolidated balance sheet may not be available for general expenditure within one year of the balance sheet date.

The Health System's financial assets available at June 30, 2020 and 2019 to meet cash needs for general expenditures within one year of June 30, 2020 and 2019, are as follows:

<i>(in thousands of dollars)</i>	2020	2019
Cash and cash equivalents	\$ 453,223	\$ 143,587
Patient accounts receivable	183,819	221,125
Assets limited as to use	1,134,526	876,249
Other investments for restricted activities	140,580	134,119
Total financial assets	\$ 1,912,148	\$ 1,375,080
Less: Those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	54,596	66,082
Investments for restricted activities	140,580	134,119
Bond proceeds held for capital projects	245,484	-
Other investments with liquidity horizons greater than one year	111,408	97,063
Total financial assets available within one year	\$ 1,360,080	\$ 1,077,816

For the years ended June 30, 2020 and June 30, 2019, the Health System generated positive cash flow from operations of approximately \$269,144,000 and \$161,145,000, respectively. In addition, the Health System's liquidity management plan includes investing excess daily cash in intermediate or long term investments based on anticipated liquidity needs. The Health System has an available line of credit of up to \$30,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the line of credit.

16. Lease Commitments

In February 2016, the FASB issued ASU 2016-02 (Topic 842) "Leases." Topic 842 supersedes the lease requirements in Accounting Standards Codification Topic 840, "Leases." Under Topic 842, lessees are required to recognize assets and liabilities on the balance sheet for most leases and provide enhanced disclosures. Leases will be classified as either finance or operating. D-HH adopted Topic 842 effective July 1, 2019.

D-HH applied Topic 842 to all leases as of July 1, 2019 with comparative periods continuing to be reported under Topic 840. We have elected the practical expedient package to not reassess at adoption (i) expired or existing contracts for whether they are or contain a lease, (ii) the lease classification of any existing leases or (iii) initial direct costs for existing leases. We have also elected the policy exemption that allows lessees to choose to not separate lease and non-lease components by class of underlying asset and are applying this expedient to all relevant asset classes.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2020 and 2019

D-HH determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. We use the implicit rate noted within the contract. If not readily available, we use our estimated incremental borrowing rate, which is derived using a collateralized borrowing rate for the same currency and term as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less and we recognize lease expense for these leases on a straight-line basis over the lease term within lease and rental expense.

Our operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Our real estate lease agreements typically have initial terms of 5 to 10 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at our sole discretion. When determining the lease term, we included options to extend or terminate the lease when it is reasonably certain that we will exercise that option.

On adoption, the Health System recognized lease liabilities and right-of-use assets of \$60,269,884, respectively.

The components of lease expense for the year ended June 30, 2020 are as follows:

(in thousands of dollars)

	12 months ended June 30, 2020
Operating lease cost	8,992
Variable and short term lease cost (a)	1,497
Total lease and rental expense	<u>10,489</u>
Finance lease cost:	
Depreciation of property under finance lease	2,454
Interest on debt of property under finance lease	524
Total finance lease cost	<u>2,978</u>

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2020 and 2019

Supplemental cash flow information related to leases for the year ended June 30, 2020 are as follows:

<i>(in thousands of dollars)</i>	12 months ended June 30, 2020
Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows from operating leases	8,755
Operating cash flows from finance leases	542
Financing cash flows from finance leases	2,429
	<u>\$ 11,726</u>

Supplemental balance sheet information related to leases as of June 30, 2020 are as follows:

<i>(in thousands of dollars)</i>	12 months ended June 30, 2020
Operating Leases	
Right of use assets - operating leases	42,621
Accumulated amortization	(8,425)
Right of use assets - operating leases, net	<u>34,196</u>
Current portion of right of use obligations	9,194
Long-term right of use obligations, excluding current portion	25,308
Total operating lease liabilities	<u>34,502</u>
Finance Leases	
Right of use assets - finance leases	26,076
Accumulated depreciation	(2,687)
Right of use assets - finance leases, net	<u>23,389</u>
Current portion of right of use obligations	2,581
Long-term right of use obligations, excluding current portion	21,148
Total finance lease liabilities	<u>23,729</u>
Weighted Average remaining lease term, years	
Operating leases	4.64
Finance leases	19.39
Weighted Average discount rate	
Operating leases	2.24%
Finance leases	2.22%

Included in the \$42.6 million of right-of-use assets obtained in exchange for operating lease obligations is \$5.6 million of new and modified operating leases entered into during the year ended June 30, 2020. Included in the \$26.1 million of right-of-use assets obtained in exchange for finance lease obligations is \$2.3 million of new and modified operating leases entered into during the year ended June 30, 2020.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2020 and 2019

Future maturities of lease liabilities as of June 30, 2020 are as follows:

<i>(in thousands of dollars)</i>	<u>Operating Leases</u>	<u>Finance Leases</u>
Year ending June 30:		
2021	9,852	3,314
2022	8,274	3,003
2023	6,836	2,718
2024	5,650	1,892
2025	3,023	1,109
Thereafter	2,794	17,339
Total lease payments	36,429	29,374
Less: Imputed interest	1,927	5,645
Total lease payments	<u>\$ 34,502</u>	<u>\$ 23,729</u>

Future minimum rental payments under lease commitments with a term of more than one year as of June 30, 2019, prior to our adoption of ASC 842 are as follows:

<i>(in thousands of dollars)</i>	<u>Capital Leases</u>	<u>Operating Leases</u>
Year ending June 30:		
2020	1,706	11,342
2021	1,467	10,469
2022	1,471	7,488
2023	1,494	6,303
2024	1,230	4,127
Thereafter	10,158	5,752
Total lease payments	<u>\$ 17,526</u>	<u>\$ 45,481</u>

The Health System's rental expense totaled approximately \$12,707,000 for the year ended June 30, 2019.

17. COVID - 19

In March 2020, the World Health Organization declared the COVID-19 outbreak a pandemic and the United States federal government declared COVID-19 a national emergency. The Health System quickly developed and implemented an emergency response to the situation to ensure the safety of its patients and staff across the System. A key decision was made to postpone elective and non-urgent care in mid-March. Several factors drove that decision, including efforts to reduce the spread of COVID-19; conservation of personal protective equipment ("PPE"), which was and remains in critically short supply worldwide; and at the urging of the CDC and U.S. Surgeon General who in March urged all hospitals to reduce the number of elective procedures and visits.

On March 27, 2020, the President of the United States signed into law the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") to provide economic assistance to a wide array of industries to ease the financial impact of COVID-19. As part of the CARES Act, the Centers for Medicare and Medicaid Services ("CMS") expanded its Accelerated and Advance Payment Program which allows participants to receive expedited payments during periods of national emergencies.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

June 30, 2020 and 2019

As of June 30, 2020, the Health System has received approximately \$88,877,000 in governmental assistance including funding under the CARES Act. This includes recognition of approximately \$88,725,000 of stimulus revenue recorded as a component of other operating revenue in the consolidated statements of operations and changes in net assets as a result of satisfying the conditions of general and targeted grant funding under the Provider Relief Fund established by the CARES Act. The Health System recognized revenue related to the CARES Act provider relief funding based on information contained in laws and regulations, as well as interpretations issued by the HHS, governing the funding that was publicly available as of June 30, 2020. The Health System recorded approximately \$239,500,000 attributable to the Medicare Accelerated and Advance Payment Program representing working capital financing to be repaid through the provision of future services. These funds are recorded as a contract liability as a payment received before performing services. This amount is reported as a component of estimated third party settlements in the consolidated balance sheet as of June 30, 2020. Subsequent to June 30, 2020, the Health System received additional stimulus funding attributable to a targeted distribution of approximately \$19,700,000 for Safety Net Hospitals and \$2,500,000 for a general distribution.

Additionally, the CARES Act provides for payroll tax relief, including employee retention tax credits and the deferral of all employer Social Security tax payments to help employers in the face of economic hardship related to the COVID-19 pandemic. As of June 30, 2020, the Health System deferred approximately \$13,727,000 attributable to the employer portion of Social Security taxes and \$2,600,000 of employee retention tax credits. D-HH Leadership has also taken advantage of additional Federal and State programs including the Payroll Tax Deferral, Employee Retention Credit, First Responder Support, Front-Line Employees Hazard Pay Grant Program and FEMA funding to help offset some of the incremental costs being incurred to provide comprehensive and safe care during the pandemic.

18. Subsequent Events

The Health System has assessed the impact of subsequent events through November 17, 2020, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

HHS Reporting Requirements for the CARES Act

In September 2020 and October 2020, HHS issued new reporting requirements for the CARES Act provider relief funding. The new requirements first require Hospitals to identify healthcare-related expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source. If those expenses do not exceed the provider relief funding received, Hospitals will need to demonstrate that the remaining provider relief funds were used to compensate for a negative variance in year over year patient service revenue. HHS is entitled to recoup Provider Relief Funding in excess of the sum of expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source and the decline in calendar year over year patient care revenue. Due to these new reporting requirements there is at least a reasonable possibility that amounts recorded under the CARES Act provider relief fund by the Health System may change in future periods.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
June 30, 2020 and 2019

Medicare and Medicaid Services ("CMS") expanded Accelerated and Advance Payment Program

In October 2020, new regulations were issued to revise the recoupment start date from August 2020 to April 2021.

Note Payable Amendment

In October 2020, the note payable issued to TD Bank in May 2020 was amended. Under the amended terms, the interest on the note payable is fixed at a rate of 2.56%, and matures in 2035. Repayment terms are semi-annual, interest only through July 2024, with annual principal payments to begin August 2024. The obligation can be satisfied at any time beforehand, without penalty.

Consolidating Supplemental Information – Unaudited

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2020

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	\$ 108,858	\$ 217,352	\$ 43,940	\$ 26,079	\$ 22,874	\$ 14,377	\$ -	\$ 433,478	\$ 19,745	\$ -	\$ 453,223
Patient accounts receivable, net	-	146,886	11,413	8,634	10,200	4,367	-	181,500	2,319	-	183,819
Prepaid expenses and other current assets	25,243	179,432	37,538	3,808	6,105	1,715	(82,822)	171,019	(8,870)	(243)	161,906
Total current assets	134,099	543,670	92,891	38,521	39,179	20,459	(82,822)	785,997	13,194	(243)	798,948
Assets limited as to use	344,737	927,207	19,376	13,044	12,768	12,090	(235,568)	1,093,654	40,872	-	1,134,526
Notes receivable, related party	848,250	593	-	1,211	-	-	(848,843)	1,211	(1,211)	-	-
Other investments for restricted activities	-	98,490	6,970	97	3,077	6,266	-	114,900	25,680	-	140,580
Property, plant, and equipment, net	8	466,938	64,803	20,805	43,812	16,823	-	612,989	30,587	-	643,586
Right of use assets	1,542	32,714	1,822	17,574	621	3,221	-	57,494	91	-	57,585
Other assets	2,242	122,481	1,299	14,748	5,482	4,603	(10,971)	139,884	(2,546)	-	137,338
Total assets	\$ 1,330,878	\$ 2,192,093	\$ 187,161	\$ 106,000	\$ 104,739	\$ 63,462	\$ (1,178,204)	\$ 2,806,129	\$ 106,677	\$ (243)	\$ 2,912,563
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	\$ -	\$ 7,380	\$ 865	\$ 747	\$ 147	\$ 232	\$ -	\$ 9,371	\$ 96	\$ -	\$ 9,467
Current portion of right of use obligations	336	8,752	420	1,316	259	631	-	11,716	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	272,764	126,283	39,845	3,087	4,250	3,406	(318,391)	131,244	(1,985)	(243)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,570	3,875	3,582	-	141,151	1,840	-	142,991
Estimated third-party settlements	-	210,144	34,664	25,421	24,667	6,430	-	301,326	1,199	-	302,525
Total current liabilities	273,102	478,419	83,526	34,141	33,198	14,281	(318,391)	598,276	1,209	(243)	599,242
Notes payable, related party	-	814,525	-	-	27,718	6,600	(848,843)	-	-	-	-
Long-term debt, excluding current portion	1,050,694	37,373	23,617	24,312	147	10,595	(10,970)	1,135,768	2,762	-	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,432	16,429	368	2,698	-	46,420	36	-	46,456
Insurance deposits and related liabilities	-	75,697	475	325	388	220	-	77,105	41	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	-	511	-	324,258	(1)	-	324,257
Other liabilities	-	117,631	1,506	384	2,026	-	-	121,547	22,131	-	143,678
Total liabilities	1,324,999	1,849,842	132,396	75,591	63,845	34,905	(1,178,204)	2,303,374	26,178	(243)	2,329,309
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	5,524	242,824	47,729	29,464	36,158	21,247	-	382,946	48,040	40	431,026
Net assets with donor restrictions	355	99,427	7,036	945	4,736	7,310	-	119,809	32,459	(40)	152,228
Total net assets	5,879	342,251	54,765	30,409	40,894	28,557	-	502,755	80,499	-	583,254
Total liabilities and net assets	\$ 1,330,878	\$ 2,192,093	\$ 187,161	\$ 106,000	\$ 104,739	\$ 63,462	\$ (1,178,204)	\$ 2,806,129	\$ 106,677	\$ (243)	\$ 2,912,563

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2020

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	\$ 108,856	\$ 218,295	\$ 47,642	\$ 22,874	\$ 14,568	\$ 34,072	\$ 6,916	\$ -	\$ 453,223
Patient accounts receivable, net	-	146,887	11,413	10,200	4,439	8,634	2,246	-	183,819
Prepaid expenses and other current assets	25,243	180,137	27,607	6,105	1,737	2,986	1,156	(83,065)	161,906
Total current assets	134,099	545,319	86,662	39,179	20,744	45,692	10,318	(83,065)	798,948
Assets limited as to use	344,737	946,938	18,001	12,768	13,240	13,044	21,366	(235,568)	1,134,526
Notes receivable, related party	848,250	593	-	-	-	-	-	(848,843)	-
Other investments for restricted activities	-	105,869	25,272	3,077	6,265	97	-	-	140,580
Property, plant, and equipment, net	8	469,613	68,374	43,612	18,432	40,126	3,421	-	643,586
Right of use assets	1,542	32,714	1,822	621	3,220	17,574	92	-	57,585
Other assets	2,242	122,647	7,429	5,482	2,152	8,199	158	(10,971)	137,338
Total assets	\$ 1,330,878	\$ 2,223,693	\$ 207,560	\$ 104,739	\$ 64,053	\$ 124,732	\$ 35,355	\$ (1,178,447)	\$ 2,912,563
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ -	\$ 7,380	\$ 865	\$ 147	\$ 257	\$ 747	\$ 71	\$ -	\$ 9,467
Current portion of right of use obligations	338	8,752	420	259	631	1,316	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	272,762	126,684	35,117	4,251	3,517	3,528	1,791	(318,634)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,875	3,626	3,883	1,483	-	142,991
Estimated third-party settlements	-	210,143	34,664	24,667	6,430	25,421	1,200	-	302,525
Total current liabilities	273,100	478,819	78,798	33,199	14,461	34,895	4,604	(318,634)	599,242
Notes payable, related party	-	814,525	-	27,718	6,600	-	-	(848,843)	-
Long-term debt, excluding current portion	1,050,694	37,373	23,618	147	10,867	24,312	2,489	(10,970)	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,433	368	2,700	16,429	33	-	46,456
Insurance deposits and related liabilities	-	75,697	475	388	222	325	39	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	510	-	-	-	324,257
Other liabilities	-	117,631	1,506	2,026	-	22,515	-	-	143,678
Total liabilities	1,324,997	1,850,242	127,670	63,846	35,360	98,476	7,165	(1,178,447)	2,329,309
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	5,526	266,327	48,549	36,158	21,385	24,881	28,160	40	431,026
Net assets with donor restrictions	355	107,124	31,341	4,735	7,308	1,375	30	(40)	152,228
Total net assets	5,881	373,451	79,890	40,893	28,693	26,256	28,190	-	583,254
Total liabilities and net assets	\$ 1,330,878	\$ 2,223,693	\$ 207,560	\$ 104,739	\$ 64,053	\$ 124,732	\$ 35,355	\$ (1,178,447)	\$ 2,912,563

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2019

<i>(in thousands of dollars)</i>	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	\$ 42,456	\$ 47,465	\$ 9,411	\$ 7,068	\$ 10,462	\$ 8,372	\$ -	\$ 125,232	\$ 18,355	\$ -	\$ 143,587
Patient accounts receivable, net	-	180,938	15,880	7,279	8,980	5,010	-	218,067	3,058	-	221,125
Prepaid expenses and other current assets	14,178	139,034	8,563	2,401	5,567	1,423	(74,083)	97,083	1,421	(3,009)	95,495
Total current assets	56,634	367,437	33,854	16,748	24,989	14,805	(74,083)	440,382	22,834	(3,009)	480,207
Assets limited as to use	92,602	688,485	18,759	12,884	12,427	11,619	-	836,576	39,673	-	876,249
Notes receivable, related party	553,484	752	-	1,408	-	-	(554,236)	1,406	(1,406)	-	-
Other investments for restricted activities	-	91,882	8,970	31	2,973	6,323	-	108,179	25,940	-	134,119
Property, plant, and equipment, net	22	432,277	67,147	30,945	41,946	17,787	-	590,134	31,122	-	621,256
Right of use assets	-	-	-	-	-	-	-	-	-	-	-
Other assets	3,518	108,208	1,279	15,018	6,042	4,388	(10,970)	127,484	(3,013)	-	124,471
Total assets	\$ 706,260	\$ 1,689,041	\$ 128,009	\$ 76,831	\$ 88,377	\$ 54,932	\$ (639,289)	\$ 2,104,181	\$ 115,150	\$ (3,009)	\$ 2,216,302
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	\$ -	\$ 8,226	\$ 830	\$ 954	\$ 547	\$ 282	\$ -	\$ 10,819	\$ 95	\$ -	\$ 10,914
Current portion of right of use obligations	-	-	-	-	-	-	-	-	-	-	-
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	55,499	99,884	15,620	6,299	3,878	2,778	(74,083)	109,873	6,953	(3,009)	113,617
Accrued compensation and related benefits	-	110,839	5,851	3,894	2,313	4,270	-	126,767	1,941	-	128,408
Estimated third-party settlements	-	26,405	103	1,290	10,851	2,921	-	41,570	-	-	41,570
Total current liabilities	55,499	248,622	22,404	12,237	17,589	10,229	(74,083)	292,497	8,689	(3,009)	296,177
Notes payable, related party	-	526,202	-	-	28,034	-	(554,236)	-	-	-	-
Long-term debt, excluding current portion	643,257	44,820	24,503	35,604	643	11,465	(10,970)	749,322	2,858	-	752,180
Right of use obligations, excluding current portion	-	-	-	-	-	-	-	-	-	-	-
Insurance deposits and related liabilities	-	56,786	440	513	388	240	-	58,367	40	-	58,407
Liability for pension and other postretirement plan benefits, excluding current portion	-	266,427	10,282	-	-	4,320	-	281,009	-	-	281,009
Other liabilities	-	98,201	1,104	28	1,585	-	-	100,918	23,218	-	124,136
Total liabilities	698,756	1,241,058	58,713	48,382	48,239	26,254	(639,289)	1,482,113	34,805	(3,009)	1,513,909
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	7,486	356,880	63,051	27,653	35,518	21,242	-	511,830	48,063	40	559,933
Net assets with donor restrictions	18	91,103	6,245	796	4,820	7,436	-	110,218	32,282	(40)	142,480
Total net assets	7,504	447,983	69,296	28,449	40,138	28,678	-	622,048	80,345	-	702,393
Total liabilities and net assets	\$ 706,260	\$ 1,689,041	\$ 128,009	\$ 76,831	\$ 88,377	\$ 54,932	\$ (639,289)	\$ 2,104,181	\$ 115,150	\$ (3,009)	\$ 2,216,302

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2019

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	\$ 42,456	\$ 48,052	\$ 11,952	\$ 11,120	\$ 8,549	\$ 15,772	\$ 5,686	\$ -	\$ 143,587
Patient accounts receivable, net	-	180,938	15,880	8,960	5,060	7,280	3,007	-	221,125
Prepaid expenses and other current assets	14,178	139,832	9,460	5,567	1,401	1,678	471	(77,092)	95,495
Total current assets	56,634	368,822	37,292	25,647	15,010	24,730	9,164	(77,092)	460,207
Assets limited as to use	92,602	707,597	17,383	12,427	12,738	12,685	20,817	-	876,249
Notes receivable, related party	553,484	752	-	-	-	-	-	(554,236)	-
Other investments for restricted activities	-	99,807	24,985	2,973	6,323	31	-	-	134,119
Property, plant, and equipment, net	22	434,953	70,846	42,423	19,435	50,338	3,239	-	621,256
Right of use assets	-	-	-	-	-	-	-	-	-
Other assets	3,518	108,366	7,388	5,476	1,931	8,688	74	(10,970)	124,471
Total assets	\$ 706,260	\$ 1,720,297	\$ 157,894	\$ 88,946	\$ 55,437	\$ 96,472	\$ 33,294	\$ (642,298)	\$ 2,216,302
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ -	\$ 8,226	\$ 830	\$ 547	\$ 288	\$ 954	\$ 69	\$ -	\$ 10,914
Current portion of right of use obligations	-	-	-	-	-	-	-	-	-
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	55,499	100,441	19,356	3,879	2,856	6,704	2,174	(77,092)	113,817
Accrued compensation and related benefits	-	110,639	5,851	2,313	4,314	4,192	1,099	-	128,408
Estimated third-party settlements	-	26,405	103	10,851	2,921	1,290	-	-	41,570
Total current liabilities	55,499	249,179	26,140	17,590	10,379	13,140	3,342	(77,092)	298,177
Notes payable, related party	-	526,202	-	28,034	-	-	-	(554,236)	-
Long-term debt, excluding current portion	643,257	44,820	24,503	643	11,763	35,604	2,560	(10,970)	752,180
Right of use obligations, excluding current portion	-	-	-	-	-	-	-	-	-
Insurance deposits and related liabilities	-	56,786	440	388	240	513	40	-	58,407
Liability for pension and other postretirement plan benefits, excluding current portion	-	266,427	10,262	-	4,320	-	-	-	281,009
Other liabilities	-	98,201	1,115	1,585	-	23,235	-	-	124,136
Total liabilities	698,756	1,241,615	62,460	48,240	26,702	72,492	5,942	(642,298)	1,513,909
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	7,486	379,498	65,873	36,087	21,300	22,327	27,322	40	559,933
Net assets with donor restrictions	18	99,184	29,561	4,619	7,435	1,653	30	(40)	142,460
Total net assets	7,504	478,682	95,434	40,706	28,735	23,980	27,352	-	702,393
Total liabilities and net assets	\$ 706,260	\$ 1,720,297	\$ 157,894	\$ 88,946	\$ 55,437	\$ 96,472	\$ 33,294	\$ (642,298)	\$ 2,216,302

Dartmouth-Hitchcock Health and Subsidiaries Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions Year Ended June 30, 2020

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	\$ -	\$ 1,490,518	\$ 207,416	\$ 65,496	\$ 53,943	\$ 41,349	\$ -	\$ 1,858,720	\$ 21,305	\$ -	\$ 1,880,025
Contracted revenue	5,369	114,906	400	-	10	7,427	(54,543)	73,569	498	(39)	74,028
Other operating revenue	26,349	321,028	16,406	7,179	10,185	7,847	(28,972)	360,022	15,128	(528)	374,622
Net assets released from restrictions	409	13,013	1,315	162	160	84	-	15,143	1,117	-	16,260
Total operating revenue and other support	32,127	1,939,463	225,537	72,837	64,298	56,707	(83,515)	2,307,454	38,048	(567)	2,344,935
Operating expenses											
Salaries	-	947,275	115,777	37,596	33,073	27,600	(34,706)	1,126,615	17,007	1,201	1,144,823
Employee benefits	-	227,138	26,979	6,214	6,741	6,344	(4,864)	268,552	4,009	311	272,872
Medications and medical supplies	-	401,185	36,313	8,390	5,140	2,944	-	453,952	1,429	-	455,381
Purchased services and other	13,615	284,714	31,864	11,639	14,311	13,351	(20,942)	348,552	13,943	(1,999)	360,496
Medicaid enhancement tax	-	59,708	8,476	3,226	2,853	1,747	-	76,010	-	-	76,010
Depreciation and amortization	14	71,108	9,351	3,361	3,601	2,475	-	89,910	2,254	-	92,164
Interest	25,780	23,431	953	906	1,097	252	(25,412)	27,007	315	-	27,322
Total operating expenses	39,409	2,014,539	229,713	71,332	66,816	54,713	(85,924)	2,390,598	38,957	(487)	2,429,068
Operating (loss) margin	(7,282)	(75,076)	(4,176)	1,505	(2,518)	1,994	2,409	(83,144)	(909)	(80)	(84,133)
Non-operating gains (losses)											
Investment income (losses), net	4,877	18,522	714	292	359	433	(188)	24,999	2,048	-	27,047
Other components of net periodic pension and post retirement benefit income	-	8,793	1,883	-	-	134	-	10,810	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(205)	544	4,317	(2,211)	(3,133)	346	80	(2,707)
Total non-operating gains (losses), net	945	26,238	2,028	87	903	4,884	(2,409)	32,676	2,394	80	35,150
(Deficiency) excess of revenue over expenses	(6,337)	(48,838)	(2,148)	1,592	(1,615)	6,878	-	(50,468)	1,485	-	(48,983)
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	564	179	-	344	300	-	1,387	27	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	-	(7,188)	-	(79,022)	-	-	(79,022)
Net assets transferred to (from) affiliates	4,375	(7,269)	(32)	219	1,911	15	-	(781)	781	-	-
Other changes in net assets	-	-	-	-	-	-	-	-	(2,316)	-	(2,316)
Increase in net assets without donor restrictions	\$ (1,962)	\$ (114,056)	\$ (15,322)	\$ 1,811	\$ 640	\$ 5	\$ -	\$ (128,884)	\$ (23)	\$ -	\$ (128,907)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2020

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	\$ -	\$ 1,490,516	\$ 207,416	\$ 53,943	\$ 41,348	\$ 65,496	\$ 21,306	\$ -	\$ 1,880,025
Contracted revenue	5,369	115,403	400	10	7,427	-	-	(54,581)	74,028
Other operating revenue	26,349	323,151	16,472	10,185	9,482	16,726	1,757	(29,500)	374,622
Net assets released from restrictions	409	13,660	1,335	160	83	613	-	-	16,260
Total operating revenue and other support	32,127	1,942,730	225,623	64,298	58,340	82,835	23,063	(84,081)	2,344,935
Operating expenses									
Salaries	-	947,275	115,809	33,073	28,477	41,085	12,608	(33,504)	1,144,823
Employee benefits	-	227,138	26,988	6,741	6,517	7,123	2,918	(4,553)	272,872
Medications and medical supplies	-	401,165	36,313	5,140	2,941	8,401	1,421	-	455,381
Purchased services and other	13,615	287,948	32,099	14,311	13,767	14,589	7,108	(22,941)	360,496
Medicaid enhancement tax	-	59,708	8,476	2,853	1,747	3,226	-	-	76,010
Depreciation and amortization	14	71,109	9,480	3,601	2,596	5,004	360	-	92,164
Interest	25,780	23,431	953	1,097	252	1,159	62	(25,412)	27,322
Total operating expenses	39,409	2,017,774	230,118	66,816	56,297	80,587	24,477	(86,410)	2,429,068
Operating (loss) margin	(7,282)	(75,044)	(4,495)	(2,518)	2,043	2,248	(1,414)	2,329	(84,133)
Non-operating gains (losses)									
Investment income (losses), net	4,877	19,361	1,305	359	463	292	588	(198)	27,047
Other components of net periodic pension and post retirement benefit income	-	8,793	1,883	-	134	-	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(25)	4,318	(205)	914	(2,131)	(2,707)
Total non-operating gains (losses), net	945	27,077	2,619	334	4,915	87	1,502	(2,329)	35,150
(Deficiency) excess of revenue over expenses	(6,337)	(47,967)	(1,876)	(2,184)	6,958	2,335	88	-	(48,983)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	591	179	344	300	-	-	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	(7,188)	-	-	-	(79,022)
Net assets transferred to (from) affiliates	4,377	(7,282)	10	1,911	15	219	750	-	-
Other changes in net assets	-	-	(2,316)	-	-	-	-	-	(2,316)
Increase in net assets without donor restrictions	\$ (1,960)	\$ (113,171)	\$ (17,324)	\$ 71	\$ 85	\$ 2,554	\$ 838	\$ -	\$ (128,907)

Dartmouth-Hitchcock Health and Subsidiaries Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions Year Ended June 30, 2019

<i>(in thousands of dollars)</i>	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	\$ -	\$ 1,580,552	\$ 220,255	\$ 69,794	\$ 60,166	\$ 46,029	\$ -	\$ 1,976,796	\$ 22,527	\$ -	\$ 1,999,323
Contracted revenue	5,011	109,051	355	-	-	5,902	(48,100)	74,219	790	8	75,017
Other operating revenue	21,128	186,852	3,407	1,748	4,261	2,289	(22,076)	197,609	13,386	(297)	210,698
Net assets released from restrictions	369	11,556	732	137	177	24	-	12,995	1,110	-	14,105
Total operating revenue and other support	26,508	1,888,011	224,749	71,679	64,604	54,244	(68,176)	2,261,619	37,813	(289)	2,299,143
Operating expenses											
Salaries	-	868,311	107,671	37,297	30,549	26,514	(24,682)	1,045,660	15,785	1,106	1,062,551
Employee benefits	-	217,623	25,983	6,454	5,434	7,152	(3,763)	258,883	3,842	287	262,812
Medications and medical supplies	-	354,201	34,331	8,634	6,298	3,032	-	406,496	1,379	-	407,875
Purchased services and other	11,366	242,106	35,088	15,308	13,528	13,950	(21,176)	310,170	14,887	(1,622)	323,435
Medicaid enhancement tax	-	54,954	8,005	3,062	2,264	1,776	-	70,061	-	-	70,061
Depreciation and amortization	14	69,343	7,977	2,305	3,915	2,360	-	85,914	2,500	-	88,414
Interest	20,677	21,585	1,053	1,169	1,119	228	(20,850)	24,981	533	-	25,514
Total operating expenses	32,057	1,828,123	220,108	74,229	63,107	55,012	(70,471)	2,202,165	38,726	(229)	2,240,662
Operating margin (loss)	(5,549)	59,888	4,641	(2,550)	1,497	(768)	2,295	59,454	(913)	(60)	58,481
Non-operating gains (losses)											
Investment income (losses), net	3,929	32,193	227	469	834	623	(198)	38,077	1,975	-	40,052
Other components of net periodic pension and post retirement benefit income	-	9,277	1,758	-	-	186	-	11,221	-	-	11,221
Other (losses) income, net	(3,784)	1,586	(187)	30	(240)	279	(2,097)	(4,413)	791	60	(3,562)
Loss on early extinguishment of debt	-	-	-	(87)	-	-	-	(87)	-	-	(87)
Total non-operating gains (losses), net	145	43,056	1,798	412	594	1,088	(2,295)	44,798	2,766	60	47,624
(Deficiency) excess of revenue over expenses	(5,404)	102,944	6,439	(2,138)	2,091	320	-	104,252	1,853	-	106,105
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	419	565	-	402	318	-	1,704	65	-	1,769
Change in funded status of pension and other postretirement benefits	-	(65,005)	(7,720)	-	-	682	-	(72,043)	-	-	(72,043)
Net assets transferred to (from) affiliates	10,477	(16,360)	1,939	8,760	128	110	-	5,054	(5,054)	-	-
Increase in net assets without donor restrictions	\$ 5,073	\$ 21,998	\$ 1,223	\$ 6,622	\$ 2,621	\$ 1,430	\$ -	\$ 38,967	\$ (3,136)	\$ -	\$ 35,831

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2019

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	\$ -	\$ 1,580,552	\$ 220,254	\$ 60,166	\$ 46,029	\$ 69,794	\$ 22,528	\$ -	\$ 1,999,323
Contracted revenue	5,010	109,842	355	-	5,902	-	-	(46,092)	75,017
Other operating revenue	21,128	188,775	3,549	4,260	3,868	10,951	540	(22,373)	210,698
Net assets released from restrictions	371	12,637	732	177	26	162	-	-	14,105
Total operating revenue and other support	26,509	1,891,806	224,890	64,603	55,825	80,907	23,068	(68,465)	2,299,143
Operating expenses									
Salaries	-	868,311	107,706	30,549	27,319	40,731	11,511	(23,576)	1,062,551
Employee benefits	-	217,623	25,993	5,434	7,319	7,218	2,701	(3,476)	262,812
Medications and medical supplies	-	354,201	34,331	6,298	3,035	8,639	1,371	-	407,875
Purchased services and other	11,366	246,101	35,396	13,390	14,371	18,172	7,437	(22,798)	323,435
Medicaid enhancement tax	-	54,954	8,005	2,264	1,776	3,062	-	-	70,061
Depreciation and amortization	14	69,343	8,125	3,920	2,478	4,194	340	-	88,414
Interest	20,678	21,585	1,054	1,119	228	1,637	63	(20,850)	25,514
Total operating expenses	32,058	1,832,118	220,610	62,974	56,526	83,653	23,423	(70,700)	2,240,662
Operating (loss) margin	(5,549)	59,688	4,280	1,629	(701)	(2,746)	(355)	2,235	58,481
Non-operating gains (losses)									
Investment income (losses), net	3,929	33,310	129	785	645	469	983	(198)	40,052
Other components of net periodic pension and post retirement benefit income	-	9,277	1,758	-	186	-	-	-	11,221
Other (losses) income, net	(3,784)	1,586	(171)	(240)	288	31	765	(2,037)	(3,562)
Loss on early extinguishment of debt	-	-	-	-	-	(87)	-	-	(87)
Total non-operating gains (losses), net	145	44,173	1,716	545	1,119	413	1,748	(2,235)	47,624
(Deficiency) excess of revenue over expenses	(5,404)	103,861	5,996	2,174	418	(2,333)	1,393	-	106,105
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	484	565	402	318	-	-	-	1,769
Change in funded status of pension and other postretirement benefits	-	(65,005)	(7,720)	-	682	-	-	-	(72,043)
Net assets transferred to (from) affiliates	10,477	(16,360)	1,963	128	118	3,629	45	-	-
Increase (decrease) in net assets without donor restrictions	\$ 5,073	\$ 22,980	\$ 804	\$ 2,704	\$ 1,536	\$ 1,296	\$ 1,438	\$ -	\$ 35,831

Dartmouth-Hitchcock Health and Subsidiaries
Note to Supplemental Consolidating Information
June 30, 2020 and 2019

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in net assets without donor restrictions of D-HH and its subsidiaries. All intercompany accounts and transactions between D-HH and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

Cheshire Medical Center Board - 2021

LastName	FirstName	MiddleName
Abert	Susan	
Bahl	Ashok	
Bodin	Mark	G
Caruso	Don	
Cotter	Elizabeth	B
Duckett	Barbara	R
Fabian	Claire	
Gavin	Mark	
Hansen	Harold	R
Holmes	Cherie	
Houder	Nathalie	
Kapiloff	Michael	
LeBlanc	Stephen	J
Lovins	Rachel	
Mitchell	Robert	
Padin	Maria	
Tremblay	Andrew	
Waters	Michael	J

JOHN J. LETENDRE

SUBSTANCE MISUSE RELATED EXPERIENCE:

Better Life Partners: (June 2019- Present)

Counselor, Substance Abuse-

Work as a (contracted) primary counselor for a Harm-Reduction focused program supporting clients with Opiate Use Disorder (OUD). The counselor facilitates a weekly meeting and clients are provided Medications for Addiction Treatment (MAT). Responsibilities include facilitation of in-person and virtual group sessions, treatment planning and collaboration with prescribing physicians regarding client progress, drug screening results and medication monitoring.

Cheshire Medical Center: (December 2018- Present)

Continuum of Care Facilitator-

As part of Center for Population Health, (P/T) work with providers and agencies across the Continuum of Care for mental health and substance abuse. Main objectives are to increase awareness of services, improve communication and help build collaboration among providers. An overall goal is to maximize the utilization and efficiency across the continuum of prevention, intervention treatment and aftercare.

Granite Pathways: (August 2018-December 2018)

Recovery Specialist-

Working with patients and families in order to facilitate entry into appropriate SA treatment programs. Main goal is to provide assistance to consumers in navigating the complicated web of treatment, levels of care, insurance and associated documentation. Additionally charged with developing relationships and agreements with area providers to allow timely access to resources needed to facilitate entry into treatment.

Groups Recover Together: (January 2018-June 2018)

Substance Abuse Counselor-

Worked as primary counselor for a caseload of 80-130 clients engaged in medication assisted treatment. Responsibilities included facilitation of multiple weekly groups of up to 12 clients, initial assessments, and intakes, treatment planning, discharge planning and individual and family counseling sessions. Worked closely with prescribing physicians on issues of medication compliance, drug screening results and medication tapering.

Phoenix Houses of New England: (March 2011 – Jan 2018)

Counselor II/House Manager: Dublin NH-

Performed one on one Substance Abuse counseling with residential clients. Conducted various didactic and process groups such as Anger Management, Seeking Safety, Addiction and the Brain, Meditation / Mindfulness and Men's Gender group. As House Manager, conducted monthly inspection and worked with facilities to help ensure upkeep and general compliance with state regulations and Certification bodies. Assisted Program Director with personnel and managerial duties as assigned.

Counselor I –Cheshire County Drug Court Program – Keene NH

Performed one on one counseling with Drug Court participants. Co-facilitated Intensive Outpatient Program, conducting didactic and process curriculum as directed by program guidelines.

Case Manager– Transitional Living Program –Keene NH

Worked with clients who successfully completed the 28-day inpatient treatment program and assisted them as they transitioned back into the community. Provided one on one counseling

and support as clients sought employment and established a program of recovery; preparing to leave the controlled environment.

Counselor Assistant –Keene NH

Performed administrative tasks such as admissions and transportation of clients to appointments and meetings. Monitored vital signs of detox clients and administered medication as directed in medication orders. Performed other various duties as assigned by Program Director.

EDUCATION:

Associate of Science in Chemical Dependency (2011 Magna Cum Laude)
Bachelor of Science in Management (2006 Cum Laude)
Associate of Science in Chemistry (1996)
Keene State College, Keene, NH
Delta Mu Delta, National Honor Society for Business Administration, 2006

LICENSES / CERTIFICATIONS:

Licensed Alcohol and Drug Counselor (LADC) License# 1001

RELEVANT EMPLOYMENT HISTORY:

Granite Pathways: (August 2018-December 2018)
Recovery Specialist

Groups Recover Together: (January 2018-June 2018)
Substance Abuse Counselor

Phoenix Houses of New England, Keene NH, (March 2011 –January 2018)
Various positions - see above.

JANE PARAYIL

SUMMARY

Self-directed Public Health Preparedness Specialist and innovative thinker with a knack for developing creative solutions to complex problems. Seeking a position with the opportunity for new challenges and professional development and advancement.

SKILLS

- Experienced with eClinical Works and Allscripts EMR system
- Knowledgeable with SPSS and SAS statistical programming
- Proficient in Malayalam and American Sign Language
- Proficient in ArcMap GIS software

EDUCATION

Master of Public Health: Public Health Practice 12/2019

Wayne State University - Detroit, MI

- 3.47 GPA
- Coursework in SAS, SPSS, and ArcMap

Bachelor of Science: Speech, Language, and Hearing Sciences 12/2015

Purdue University - West Lafayette, IN

- Minor in Psychology
- Coursework in American Sign Language

WORK HISTORY

American Sign Language Instructor

Schoolcraft College Continuing Education - Livonia, MI

09/2019 - Current

- Selected and revised course curricula to meet current instructional demands
- Adapted teaching strategies to learning styles of students with different skill levels
- Compiled multidimensional cultural and educational resources for students to expand knowledge of key topics beyond classroom limitations

Public Health Preparedness Specialist

Macomb County Health Department - Mount Clemens, MI

04/2018 - Current

- During the Covid-19 global pandemic, ran the Macomb County Drive-Through test site, conducted testing at congregate living facilities, as well as conducted contact tracing for positive patients.
- Use GIS data to map out cases of various health outcomes in the county and use results to implement new solutions to reduce the health outcomes.
- Build Closed Points of Dispensing within the county, and run drills/ exercises with PODs as well as the Node Emergency Activation Team

Quality Improvement Intern

01/2018 - 04/2018

Wayne County Healthy Communities - Hamtramck, MI

- Observe dynamic between clinic staff from registering patients to patient's discharge to develop and present improvement ideas to make the clinic work efficiently with maximum patient care
- Obtain prenatal data from the UDS reports through the Electronic Medical Record system

Medical Receptionist

06/2017 - 11/2017

Healthy Urgent Care - West Bloomfield

- Maintained established policies and procedures, as well as scheduled patients and appointments in person and over the phone.
- Collected co-pays and patient balances, verified insurance through phone calls and online sources, as well as proficient with EMR.

Direct Line Therapist

10/2016 - 04/2017

Building Bridges Therapy Center - Plymouth, MI

- Provided ABA therapy to children on the Autism Spectrum
- Collected data about target acquisition and maintenance for each child during ABA session

Teacher's Assistant

06/2014 - 08/2016

Michigan Montessori Children's Academy - Shelby Township, MI

- Organized and executed learning modules for children to help them develop skills need to exceed in their education
- Provided one-on-one attention when needed to ensure each child obtained help on academic material

Kerry Kelley

Experience

Customer Service Manager

2/27/13 – 12/18/20 Monadnock Food Co-op Keene, NH

- Founding Member and Employee
- Customer Service Program developer and trainer for all staff
- Supervise and schedule a staff of 23 employees
- Responsible for hiring and training front end staff
- Cross train other store employees
- Organize department meetings as necessary
- Research and resolve over/shorts and assist finance
- Volunteer for Karma Committee, Green Up Keene and local BBQ events
- Oversaw Membership Coordinator responsibilities
- Assist Finance in collection on bad checks
- Responsible for maintaining adequate supplies for Front End

Purchasing Associate

2/22/2010 - 11/4/2011 United Natural Foods, Inc. Chesterfield, NH

- Daily lost sales reports, tracking and expediting PO's, communicating with vendors, working with operations directly regarding PO issues, revising and reordering, coordinating schedule for associates, training new associate.
- Receptionist coverage
- Volunteer on the Green Team committee

Day Care Provider

9/1/1999 - 11/29/2010 Self, Stay at home mother

- Provided supervised, safe and fun environment for infants and children
- Planned field trips, transported to events and school

Volunteer Organizations

2/2020 – current - NH Responders /Cheshire Medical Center/National Guard

- Assisting with distribution of Covid vaccine

6/2020 – current - Elm City Rotary Member

- DeMar committee member

11/2016 – current – Body & Soul Road Runners – Red Cap Run

- Sponsorship committee member – secure sponsors for the event
- Ran a successful auction the day of the event

2/2000 - current Swanzey Cal Ripken Baseball

- Held various positions Vice President, Fundraising Coordinator and currently Concession Manager.
- Secure team sponsors, coordinate and run fundraisers for the league, schedule coverage for cook shack, shop, stock and keep all financial records.

10/2001 - 2011 Cheshire Figure Skating Club

- Served as Program Designer for 7 years, improving and creating program for annual show
- Member at large supporting club and coordinating fundraisers

9/2004 - 10/2007 Mt. Caesar/Cutler PTO

- Secretary, responsible for all meeting minutes

Kerry Kelley

208 South Road Swanzey, NH 03446 (603)352-9250

- Fundraising Coordinator, handled all school fundraisers.

10/2007 - 10/2012 - Cheshire County Cheer Boosters

- Treasurer, handled all funds and accounts of members. Monthly reports and filings with the State of NH
- Fundraising Coordinator, oversaw all fundraisers
- Organized and planned events

Teller Supervisor

11/27/95 - 3/17/2000 Granite Bank, Keene, NH

- Over saw 18 + employees, coordinated scheduling, processed all reviews, audits and interviews for the department
- Daily balancing and ordering of vault.
- Trained all new tellers
- Worked closely with bank securities
- Full cross trained in Customer Service for back up coverage. Opened and closed accounts, processed CD's and bonds
- Back up receptionist, greeted customers and assisted with all needs
- Highly involved with success of Y2K planning

Assistant Manager

9/8/1992 - 11/4/1995 Fashion Bug, Keene, NH

- Assisted customers, organized fashion shows, created displays, received and prepared shipments, trained new associates.
- Prepared bank deposits and prepared cash drawers daily.
- Prepared schedules, assisted in preparing reviews
- Meet monthly goals for obtaining new account applications, and UPC sales. Able to keep store shrink levels at minimum.

Education

Bellows Falls Union High School Bellows Falls, VT

1986 - 1989

- Diploma

Interests

I am a self motivated individual with the desire to learn. My work experience has provided me with excellent customer service skills and I enjoy customer and employee interaction. As a volunteer for many organizations I have enjoyed being involved and supporting activities for children and our community. I started running in 2016 and accomplished completing my first marathon in 2019!

References

Linda Lawton, 603-357-2187

Jennifer Risley, 603-400-9157

Wally Reiny, 603-352-0966

Kelsey M. Trombley

Education

In Progress	Master's Degree of Nursing, Family Nurse Practitioner Walden University
July 2016	Bachelor's Degree of Science, Nursing Southern New Hampshire University
December 2014	Associate Degree of Science, Nursing St. Joseph School of Nursing, Nashua, NH Elected Class Treasurer
May 2012	Diploma in Nursing St. Joseph School of Nursing Perfect Attendance Award

Credentials

American Heart Association, Healthcare Provider CPR/AED (Valid through 11/2021)

Wound Care Certification, #170968950 (Valid through 10/13/2022)

NH Registered Nurse License #071141-21 (Valid through 9/21/2022)

NH Licensed Practical Nurse (LPN) - 5/2012 to 2/2015

NH LPN IV Certification (2013) Omnicare Pharmacy, Londonderry, NH

NH Licensed Nursing Assistant (LNA) - 8/2007 to 5/2012

Work Experience

Jan 2017- Current RN, WCC	Dartmouth Hitchcock Medical Center/ Cheshire Medical Center Keene, NH 03431 <ul style="list-style-type: none">• Manage Anticoagulation patients per protocol including management of dosing instructions and pre-op instructions• IM/SQ injections as prescribed and as needed following standing orders• IV management management and care, including insertion of peripheral IV, port access/de-access and PICCs, includes dressing changes, line maintenance/ de-clotting and PICC removal• Collaborate with the physician in the plan of care for wounds, including assessing, changing plan of care as needed, conservative sharp debridement• Document all pertinent clinical data into the electronic medical record
April 2015- Jan 2017 RN Hospice Case Manager	Home Healthcare Hospice and Community Services Keene, NH 03431 <ul style="list-style-type: none">• Visit patient's in their place of residence to provide End of Life care

Kelsey M. Trombley

- Assess patients during and implement appropriate nursing interventions
- Perform venipuncture, dressing changes and insert foley catheters, port/PICC maintenance and drain Plurex as needed
- Collaborate with the interdisciplinary healthcare team to provide quality, safe care and maintain quality of life
- Collaborate with patient's Primary Care Physician and Hospice Medical Director for medication and symptom management
- Provide education to caregivers on topics such as medication administration, symptom management, incontinence care, pressure reduction and repositioning
- Provide emotional support to family members and make appropriate referrals for additional services needed
- Document all pertinent information using electronic documentation
- Ensure patient has adequate supply of necessary medication and other supplies

May 2012- Jan 2017
RN/ LPN

Genesis Healthcare, Applewood Rehabilitation and Nursing Center
Winchester, NH 03470

- 68 Bed Facility, including a 12 Bed Skilled Nursing Unit; Resident to Nurse Ratio 24:1
- Assess patients as needed and implement appropriate nursing interventions
- Collaborate with the interdisciplinary healthcare team to provide quality care and maintain quality of life
- Supervise LNAs on assigned unit and ensure care & safety of all residents and staff
- Maintain access to and provide proper care to peripheral lines and peripherally inserted central catheters
- Administer IV antibiotics as needed
- Perform venipuncture as needed
- Document all pertinent information using electronic documentation

June 2011- May 2012
LNA

Comfort Keepers
Keene, NH 03431

- Provide quality in home care to clients in a 1:1 ratio
- Assist clients in maintaining their independence
- Perform errands for residents including grocery shopping, banking and laundry

Nov 2007 - June 2012
LNA

Staffing Solutions of Vermont
Woodstock, VT 05091

- Travel to area Long Term Care Nursing Facilities as needed
- Per Diem Position
- Resident to Staff Ratio 10:1
- Collaborate with healthcare team at each facility to provide safe and quality care
- Perform ADL's for each assigned resident and properly document all care performed

ARIEL SOLOMON HOROWITZ

PROFESSIONAL SUMMARY

Multidisciplinary public health specialist experienced in data collection, visualization and programming, community organizing, policy analysis, continuous quality improvement, and project management.

SKILLS

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Project Management• Strategic Planning• Business Development• Feasibility Studies• Performance Assessments<ul style="list-style-type: none">• Budgeting• Case Management<ul style="list-style-type: none">• Research | <ul style="list-style-type: none">• Performance Monitoring• Documentation Proficiency<ul style="list-style-type: none">• Data Collection• Quality Assurance• Staff Development• Statistical Analysis<ul style="list-style-type: none">• Python & R• Tableau & Power BI |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CAREER HIGHLIGHTS

Contract COVID-19 Resource Specialist, 01/2021 to 02/2021

Maxim Healthcare Group – Concord, NH

Interviewed and onboarded response personnel, developed staff schedules, and demobilized response staff. Recognized and resolved safety hazards; stopped and prevented unsafe actions during incident operations. Assisted with regular documentation relating to logistics, asset management, general staffing support, and associated duties. Solved information technology needs on behalf of response staff. Supported related projects as requested related to safety, logistics, planning, facilities, communications, ordering of supplies, storage, movement and receipt of goods and services. Collaborated and communicated effectively with all members of the incident management team, including operations, planning, safety, logistics and finance.

Surgical Technician, 09/2020 to 12/2020

Alice Peck Day Health Systems – Lebanon, NH

Assisted physicians with various procedures including colonoscopies, upper gastrointestinal endoscopies, esophageal dilations, and percutaneous endoscopic gastrostomy. Supported clinical staff in secondary role during total joint procedures in main operating room.

Public Health Specialist, 07/2018 to 12/2018

Schenectady County Department of Health and Human Services – Schenectady, NY

Advised and educated clients regarding diet, hygiene and effective disease prevention methods. Created and lead multidisciplinary, continuous quality improvement program to improve WIC participant outcomes. Connected clients and families to local resources. Developed health plans for clients to improve overall health or recover from injuries and illness.

Data and Enrollment Specialist, 11/2017 to 07/2018

New York State Donate Life Organ Registry – Troy, NY

Maintained and grew database by over 30,000 individual donors via effective and targeted backlog management. Processed registry related documentation using optical character recognition software. Performed regular quality control audits on registry data. Worked with local staff, software contractors, and web designers to meet state contract requirements. Engaged community members at local events, through social media, email, phone and educated individuals on social and medical benefits of organ donation.

Remote International Coordinator, 09/2017 to 07/2018

American Homestay Services – Pittsburgh, PA

Recruited family to host an international student through a rigorous screening process. Conducted new student orientation and facilitated relationship between host family, school, and community centers. Submitted monthly reports on behalf of student to ensure that cultural, familial, and social concerns were addressed immediately and proactively.

Associate Tween Camp Director, 06/2017 to 08/2017

Schenectady Jewish Community Center – Schenectady, NY

Oversaw development of curriculum for camp activities and coordinated with multiple support staff including division leaders, sports, activities, and operations. Created and maintained daily schedules of all camp programming. Communicated and built relationships with local small businesses in reference to specific and targeted off-site events.

Contract Lead Organizer, 10/2016 to 03/2017

Alaska Nurses Association – Anchorage, AK

Identified and developed organizers, lead organizers, and member activists. Conducted staff and member training programs within three hospital bargaining units. Directed and participated in day-to-day organizing operations, political outreach, and community action plans.

Contract Field Organizer, 05/2016 to 10/2016

Jason Kander for U.S. Senate – St. Louis, MO

Recruited, managed and mobilized volunteers in assigned region to persuade prospective voters in St. Louis County. Oversaw voter registration, absentee, early voting programs, and voter contact programs including phone banks and canvasses. Managed data collection and entry into the NGP VAN database.

Patient Transporter, 03/2015 to 03/2016

Tucson Medical Center – Tucson, AZ

Transported patients, industrial equipment, laboratory specimens, and supplies to assigned treatment areas; adhered to evidence-based best practices established by state and federal regulatory agencies when training and developing new staff.

Business Development Specialist, 10/2014 to 03/2015

Tucson Medical Center – Tucson, AZ

Developed and implemented marketing strategies to improve provider and physician participation into improved hospital growth and programming, as well as external community development.

Volunteer Budget Analyst, 04/2014 to 10/2014

American Red Cross – Albany, NY

Analyzed financial and programming data and developed a statistical report accounting for \$3.3 million in Red Cross disaster relief program expenses statewide, later submitted to the state legislature for renewal. Engaged local stakeholders in designing and preparing disaster response programming; created community partnerships with businesses, non-profits, and houses of worship.

Volunteer ICU Coordinator, 04/2014 to 10/2014

Ellis Medicine – Schenectady, NY

Organized patient visitation within the 36-bed intensive care unit (ICU); served as the primary point of contact for friends and family members.

Volunteer Outreach Specialist, 04/2014 to 10/2014

Albany Stratton VA Medical Center – Albany, NY

Developed online and person-to-person marketing strategies to promote the mission of Fisher House; Fisher House provides on-site free and low cost lodging to veterans and military families receiving treatment at military medical centers throughout the United States.

Program Manager, 10/2012 to 10/2014

United States Peace Corps, Department of State – Dar es Salaam, United Republic Of Tanzania

Coordinated outreach activities and events focused on prevention, education and support services for indigent persons at high risk for HIV/STD/HCV in partnership with USAID, the Johns Hopkins Bloomberg School of Public Health, and local health officials in Tanzania. Worked with community medical personnel to monitor and evaluate changes in local disease rates, with a secondary focus on malaria transmission. Partnered with local health directorates and lead joint community-wide health promotion and education campaigns. Formed a community-wide irrigation system through four project grants via private NGOs and USAID. Organized the transport of all building materials, and supervised construction while ensuring that all project phases were completed on schedule and under budget.

Project Associate, 09/2011 to 09/2012

Helene Fuld College of Nursing – New York, NY

Conducted literature review and identified current trends in nursing education, current curricula, and developments in curricula change. Developed qualitative interview tool and conducted key informant interviews. Identified best practices and provided recommendations to HFCN's current curriculum and proposed programming. Prepared strategic planning recommendations based on previous research and reporting.

Legal Assistant, 07/2010 to 07/2012

Gus P. Haritos, Esquire – New York, NY

Analyzed and produced closing documents for real estate transactions, updated cross-referenced clientele list for data entries and recorded meeting notes, and maintained financial escrow ledger balance sheets representing over \$1.5 million in assets.

Continuous Quality Improvement Coordinator, 09/2010 to 09/2011

New York University Langone Health – New York, NY

Created framework to decrease the time frame within each section of the quality cycle altering the existing structure and data relative to enrolling new patients within clinical trials, measuring the difference between present and future statistics best expressed through figures that captured patient information in minutes, hours, days, weeks, and quarters. Monitored results over the course of a year.

Community Outreach Specialist, 09/2009 to 09/2010

U.S. Congressman Joseph Crowley – Bronx, NY

Represented Bronx district office as initial point of contact for constituents. Worked with staff specialists and district members to monitor and resolve cases primarily involving immigration, housing, and healthcare. Organized community events and fundraising campaigns. Drafted proclamations, proposals, greeting letters, letters of recommendation, letters of support, mailings, donor correspondence, and memorandums.

Project Analyst, 05/2008 to 09/2008

Tucson Medical Center – Tucson, AZ

Developed recruiting proposal for recent college graduates in the field of physical therapy at universities nationwide; compiled state and national median salary data and demonstrated long-term cost savings through the retention of salaried physical therapists and reduction of temporarily-contracted traveling employees. Evaluated need for an urgent care clinic by analyzing emergency department data examining individual costs per treatment in medical center employees and dependents and presented findings in memorandum to the executive team.

Project Coordinator, 08/2005 to 05/2008

Drexel University: College of Nursing and Health Professions – Philadelphia, PA

Recruited students and implemented electronic filing system for undergraduate academic records. Contributed to course syllabus design, scheduling, and expansion of student services for all undergraduate health professions programs.

EDUCATION

Graduate Certificate: Health Data Science, Expected in 05/2021

University Of New Hampshire: Department of Health Management and Policy - Durham, NH

- Coursework in probability and inferential statistics, foundations of linear algebra and matrices, data structures in JMP/SAS, programming in Python and R, presentations using Tableau, and Power BI.

Master of Public Administration: Health Policy and Management

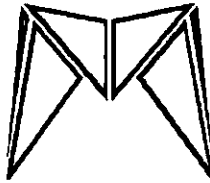
New York University: Robert F. Wagner School of Public Service - New York, NY

- Coursework in microeconomics, financial management, statistics, management and leadership, public policy, information technology, and continuous quality improvement.

Bachelor of Science: Health Services Administration

Drexel University: College of Nursing and Health Professions – Philadelphia, PA

- Coursework in business analysis, civic engagement, human resources, ethics, non-profit management, and healthcare policy.



Maera Cramer

QUALIFICATIONS 9 years experience working in the main office of the Compass School performing a wide variety of tasks

High levels of experience with computers and the Microsoft Office Suite
Hard working, dependable and adaptable

EDUCATION Bachelor of Fine Arts in Visual Communication, Magna Cum Laude - May 2009
Cazenovia College Cazenovia NY

EXPERIENCE Administrative Assistant - *Compass School, Westminster VT* 2010-Present
Managed the office and interacted with parents and students while performing other secretarial duties.
Other duties include: answering phones; purchasing; data entry; student records processing; attendance tracking; and providing support to both faculty and students.

Graphics Designer - *Compass School, Westminster VT* 2010-Present
Worked closely with the Development Director to unify and produce the Compass School brand.
Duties include: design and production of printed materials; print ad design and ordering of merchandise.

Freelance Graphics Designer - *Main Street Arts* Summer 2011
Did design and layout of the SafeMeasures™ Facilitator's Guide To Improving School Climate and Learning handbook, as well as several smaller design projects for their presentations.

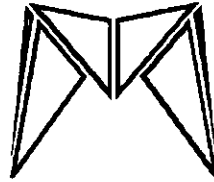
Customer Support and Web Imager - *Cremation Solutions, Arlington VT* 2009-2010
Responsible for providing support through both phone and e-mail to customers.
Other tasks included: photographing merchandise and maintaining the company's website.

Quality Control - *Sajen Jewelry, Putney VT* 2009
Inspected, packaged and shipped jewelry

Graphics Design Intern - *Cazenovia College Communications Department, Cazenovia NY* 2008
Built projects from concept to production. Projects included mailers, t-shirt designs, and posters

Web Imager - *Offerings Jewelry, Putney VT* Summers 2006-2007
Photographed merchandise and enhanced images for the Offerings sales website

SKILLS Proficient in Microsoft Word, PowerPoint, Photoshop, InDesign, and Illustrator.
Knowledgeable in both the Windows and Mac OS, Microsoft Excel and HTML coding.
Other Notable Skills: origami, illustration, sculpture and an enjoyment of problem solving.



Maera Cramer

REFERENCES **Lyssa Singleton**

Office Manager and Bookkeeper
Compass School

7892 US Route 5, Westminster, VT 05159 • (802) 463-2516

lyssa.singleton@compass-school.org

Lyssa Singleton is my colleague, together, we manage the Compass School main office.

Brian Whitehouse

Director of Admissions
Compass School

7892 US Route 5, Westminster, VT 05159 • (802) 463-2517

brian.whitehouse@compass-school.org

Brian Whitehouse is my colleague and supervisor, together we work on advertising.

Tricia J Zahn, MPH

Summary of Experience

- Worked as a Center for Disease Control and Prevention (CDC) Public Health Associate for the Maricopa County Department of Public Health (MCDPH) serving four million residents
 - Vector-Borne and Zoonotic Disease Team 07/2010 – 07/2011:
 - Office of Preparedness and Response 07/2011 – 5/2012:
- Worked as the Public Health Emergency Preparedness Coordinator and Strategic National Stockpile Coordinator for the Greater Monadnock Public Health Network (GMPHN) serving over 100,000 residents 5/2012 – 12/2015
- Worked as the Partner Manager for the Center for Population Health at Cheshire Medical Center 1/2016 – 2/2020
- Currently serving as the Director of Community Strategic Partnerships for the Center for Population Health at Cheshire Medical Center 2/2020 – present

Professional Accomplishments

Cheshire Medical Center/Dartmouth-Hitchcock Keene

Director, Community Strategic Partnerships
Center for Population Health

2/2020 – present

40 Hours per Week

As a Director in the Center, I create and foster collaborations with a diverse audience to support the implementation of the community focused strategies included in Cheshire's strategic plan as well as the regions first Community Health Improvement Plan.

- Supporting our regional partners to advance the health and well-being of our region by providing process improvement, resources, and removing barriers while providing encouragement and accountability
- Oversee a budget of over a quarter million dollars
- Partner with regional groups to move forward our collective impact approach to population health change

Cheshire Medical Center/Dartmouth-Hitchcock Keene

Partner Manager
Center for Population Health

1/2016 – 2/2020

40 Hours per Week

As the Partner Manager in the Center, I worked with many different partners from worksite wellness, tobacco cessation, and emergency preparedness.

- Supported our regional partners to advance the health and well-being of our region specifically in areas that support our Greater Monadnock Public Health Network: Public Health Emergency Preparedness, Regional Substance Misuse Prevention Network Coordination, and the Continuum of Care for Substance Use Disorders
- Partnered with regional and statewide coalitions to deepen relationships and accelerate improvements in population health through technical assistance, coaching, and project management
- Lead multiple grant opportunities including our Spreading Community Accelerators through Learning and Evaluation (SCALE) work in partnership with the Institute of Healthcare Improvement and the Robert Wood Johnson Foundation

Cheshire Medical Center/Dartmouth-Hitchcock Keene
Public Health Emergency Preparedness Coordinator
Greater Monadnock Public Health Network

5/2012 – 12/2015
40 Hours per Week

As a Public Health Emergency Preparedness Coordinator I improved my communication and problem-solving skills to be an effective leader and motivator.

- Managed and oversaw the Emergency Preparedness, Public Health Advisory Council, and Medical Reserve Corps budgets and report to our fiscal agent each month
- Partnered with regional organizations such as Healthy Monadnock 2020 and Monadnock Voices for Prevention for diverse public health projects and initiatives

Centers for Disease Control and Prevention
Public Health Associate – Field assignee
Two year assignment in Maricopa County, Arizona detailed below

7/18/10 – 5/2012

Maricopa County Department of Public Health, Phoenix, AZ
Office of Preparedness and Response (OPR)
Phoenix, Arizona

7/18/11 – 5/2012
40 Hours per Week

Project Management Specialist, CDC Public Health Associate

As a field assignee and a project management specialist I was able to hone my skills in public health emergency preparedness planning, response, evaluation, and improvement.

- Coordinated and compiled the Radiation and Nuclear Device Annex of the County's Emergency Response Plan (ERP): Served as MCDPH point person and subject matter expert for the public health nuclear/radiation response
- Coordinated with healthcare facilities to integrate healthcare response with public health

Maricopa County Department of Public Health, Phoenix, AZ
Office of Epidemiology
Phoenix, Arizona 85012

7/18/10 - 7/17/11
40 Hours per Week

Data Analyst, CDC Public Health Associate

As a data analyst and a CDC field assignee I further developed my analytical skills (reports, trends, intervention recommendations, etc.) along with my communication skills (presentations, press releases, interviews, etc.).

- Served as one of three people in the office that conducted rabies risk assessments and arranging post exposure prophylaxis, which required highly specialized training
- Conducted chart reviews and case phone interviews along with entering relevant information and notes into a database
- Created the first Maricopa County Rabies website including content, photographs, and other visuals

Education

Master of Public Health, University of New Hampshire
Manchester, New Hampshire, 2014

Bachelor of Science, Public Health, University of Tampa
Tampa, Florida, 2010

Spring Semester Abroad, Florence University of the Arts
Florence, Italy, 2009

Certifications

August 2020 – Sworn Notary Public for the State of New Hampshire

November 2017 – Local Improvement Advisor through the Institute for Healthcare Improvement

Cheshire Medical CenterKey Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Jane Parayil	Public Health Emergency Preparedness Coordinator	\$56,118.40	100%	\$56,118.40
Ariel Horowitz	Regional Substance Misuse Prevention Network Coordinator	\$48,796.80	100%	\$48,796.80
John Letendre	Continuum of Care Facilitator	\$22,994.40	100%	\$22,994.40
Maera Cramer	Program Assistant	\$38,188.80	50%	\$19,094.40
Kerry Kelley	Program Assistant	\$18,720.00	100%	\$18,720.00
Kelsey Trombley	RN, Public Health Network	\$75,566.40	30%	\$22,669.92
Tricia Zahn	Director	\$76,377.60	30%	\$22,913.28

Cheshire Medical CenterKey Personnel

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Kerry Kelley	Program Assistant	\$18,720.00	100%	\$18,720.00
Kelsey Trombley	RN, Public Health Network	\$75,566.40	30%	\$22,669.92
Tricia Zahn	Director	\$76,377.60	30%	\$22,913.28

11.03.2021

**State of New Hampshire
Department of Health and Human Services
Amendment #9**

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite United Way ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2019 (Item #78E), as amended on February 5, 2020 (Item #7), as amended on May 6, 2020 (Item #47), as amended with Governor approval on July 10, 2020 and presented to the Executive Council as an Informational Item on August 26, 2020 (Informational Item #L), as amended with Governor approval on November 17, 2020 and presented to the Executive Council as an Informational Item on December 18, 2020 (Informational Item #B), as amended with Governor and Executive Council approval on December 18, 2020 (Item #10), as amended with Governor approval on December 17, 2020 and presented to the Executive Council as an Informational Item on April 7, 2021 (Informational Item #M), as amended with Governor approval on January 29, 2021 and presented to the Executive Council as an Informational Item on May 19, 2021 (Informational Item #N), and as amended with Governor and Executive Council approval on June 30, 2021 (Item #53), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$4,373,221
2. Modify Exhibit A-1, Additional Scope of Services – COVID-19 Response, by replacing in its entirety with Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, which is attached hereto and incorporated by reference herein.
3. Modify Exhibit B - Amendment #1, Methods and Conditions Precedent to Payment, by replacing in its entirety with Exhibit B, Amendment #9, Method and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Program Funding, Amendment #8 by replacing it in its entirety with Exhibit B-1, Amendment #9, Program Funding, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/3/2021

Date

DocuSigned by:
Patricia M. Tilley
946F038F5BFD4C8
Name: Patricia M. Tilley
Title:
Director

Granite United Way

11/2/2021

Date

DocuSigned by:
Patrick Tufts
475837A11BD1A0F4
Name: Patrick Tufts
Title:
President

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

OFFICE OF THE ATTORNEY GENERAL

11/4/2021

Date

DocuSigned by:

Takhmina Rakhmatova

ED6521C825C34AC

Name: Takhmina Rakhmatova

Title:

Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



Additional Scope of Services - COVID-19 Response

1. COVID-19 Response

1.1. Emergency Operations

1.1.1. The Contractor shall enact emergency operations across the Regional Public Health Network for COVID-19 efforts by:

- 1.1.1.1. Activating the regions Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.
- 1.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.
- 1.1.1.3. Assessing the region's public health and healthcare system training needs.
- 1.1.1.4. Providing training designed to improve the region's public health and healthcare system response.
- 1.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2. Responder Safety and Health

1.2.1. The Contractor shall ensure the health and safety of the public health response workforce in the Regional Public Health Network, including but not limited to:

- 1.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.
- 1.2.1.2. Determining responder safety and health gaps and implementing corrective actions.
- 1.2.1.3. Documenting and tracking the Regional Public Health Network's personal protective equipment inventory.

1.3. Identification of Vulnerable Populations

1.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

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Regional Public Health Network Services**

Exhibit A-1, Amendment #9



1.4. Information Sharing and Public Information

1.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders to harmonize response messaging.

1.5. Distribution and Use of Medical Materials

1.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.5.1.1. Maintaining ability for vaccine-specific cold chain management.

1.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.5.1.4. Planning to prioritize limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department and in accordance with all policies and procedures put forth by the Department.

1.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the Centers for Disease Control's electronic Vaccine Administration Management System (VAMS) or the Department's New Hampshire Immunization Information System (NHIIS) to input vaccine data. The loaned assets are outlined in Exhibit A-2 Asset Inventory, which is

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



attached hereto and incorporated by reference herein. The Contractor agrees to the following terms regarding the use of loaned assets:

- 1.5.3.1. Assets to be Used by User: Subject to the terms and conditions of this Agreement, the Department agrees to provide to User with some or all of the Assets listed on Exhibit A-2, which is attached hereto and incorporated by reference herein. This is a non-transferable right for the User to use the Assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An Asset inventory reflecting the deployed Assets selected from Exhibit A-2 will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.
- 1.5.3.2. The Contractor agrees to use and operate the assets only in conjunction with the business use stated herein for administration of the COVID-19 vaccine, unless otherwise agreed upon by mutual written consent.
- 1.5.3.3. The Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining security standards including but not limited to antivirus software, patching and software updates.
- 1.5.3.4. The Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIS User Support will be provided by the Department's Immunization Program.
- 1.5.3.5. The Contractor understands and agrees that the Department retains ownership of the loaned assets and will return them to the Department in good working condition when no longer needed for COVID-19 vaccine administration or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

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Regional Public Health Network Services

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1.5.3.6. Prior to returning laptop, iPads, and/or other mobile or storage devices listed in Exhibit A-2 to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST Special Publication 800-88 Rev.1, or later for guidelines at <https://csrc.nist.gov/publications/sp800>.

1.6. Surge Staffing

1.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.6.2. The Contractor shall recruit, enroll, activate, train and deploy volunteers, including but not limited to:

1.6.2.1. Medical Reserve Corps (MRC).

1.6.2.2. Citizens Emergency Response Teams (CERT).

1.7. Public Health Coordination with Healthcare Systems

1.7.1. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.7.2. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s).

1.8. Biosurveillance

1.8.1. The Contractor shall conduct surveillance and case identification including, but not limited to:

1.8.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.8.1.2. Assess risk of travelers and other persons with potential COVID-19 exposures.

1.8.1.3. Enhance surveillance systems to provide case-based and aggregate epidemiological data.

1.8.1.4. Ensure data management systems are in place and meet the needs of the jurisdiction.

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**New Hampshire Department of Health and Human Services
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- 1.8.1.5. Ensure efficient and timely data collection.
- 1.8.1.6. Ensure ability to rapidly exchange data with public health partners and other relevant partners.
- 1.9. Adult Influenza Vaccinations
 - 1.9.1. The Contractor shall coordinate with local community-based agencies for the administration of influenza vaccines supplied by the New Hampshire Immunization Program (NHIP) to adults (eighteen (18) years or older). The Contractor shall:
 - 1.9.1.1. Provide a Medical/Clinical Director to provide medical oversight, standing orders, emergency interventions/protocols and clinical expertise. The Contract shall ensure the Medical/Clinical Director is:
 - 1.9.1.1.1. Able to prescribe medication in the State of New Hampshire.
 - 1.9.1.1.2. Either a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN).
 - 1.9.1.2. Make copies of standing orders and emergency interventions/protocols available at all clinics.
 - 1.9.1.3. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
 - 1.9.1.4. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.
 - 1.9.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:
 - 1.9.2.1. Annually submit a signed Vaccine Management Agreement to NHIP to ensure that all listed requirements are met.
 - 1.9.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.
 - 1.9.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator unit.

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- 1.9.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
- 1.9.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
- 1.9.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.
- 1.9.2.7. Track each vaccine dose provide by NHIP.
- 1.9.2.8. Notify NHIP of any adverse event within 24 hours of the event occurring by contacting the NHIP Nursing help line and faxing incident forms, if this occurs:
 - 1.9.2.8.1. Immediately quarantine the vaccine in a temperature appropriate setting, separating it from other vaccine and labeling it "DO NOT USE".
 - 1.9.2.8.2. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.
 - 1.9.2.8.3. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.
 - 1.9.2.8.4. Submit a Cold Chain Incident Report along with a Data Logger report to NHIP within 24 hours of temperature excursion occurrence.
- 1.9.3. Within 24 hours of the completion of every clinic:
 - 1.9.3.1. Update the State Vaccination system with total number of vaccines administered and wasted during each mobile clinic.
 - 1.9.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.
 - 1.9.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the contractor's established vaccine refrigerator.
 - 1.9.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:
 - 1.9.3.4.1. Total number of adults vaccinated by age ranges and other demographic indicators as determined by the Department.
 - 1.9.3.4.2. Total number of vaccines wasted.

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Regional Public Health Network Services

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- 1.9.4. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:
 - 1.9.4.1. Strategies that worked well in the areas of communication, logistics, or planning.
 - 1.9.4.2. Areas for improvement both at the state and regional levels, emphasizing strategies for implementing improvements.
 - 1.9.4.3. Future strategies and plans for increasing the number of vaccinated adults.
 - 1.9.4.4. Suggestions on how state level resources may aid increasing the number of vaccinated adults.
- 1.9.5. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional influenza promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.
- 1.9.6. The Contractor shall document and submit the actions taken to recruit a Medical/Clinical Director.

2. COVID-19 Vaccinations

- 2.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:
 - 2.1.1. Racial minority populations.
 - 2.1.2. Ethnic minority populations.
 - 2.1.3. Individuals experiencing homelessness.
 - 2.1.4. Individuals experiencing housing instability.
 - 2.1.5. Rural communities.
- 2.2. The Contractor shall:
 - 2.2.1. Operationalize COVID-19 vaccine clinics for the target populations to increase equitable distribution of COVID-19 vaccination. The Contractor shall operationalize COVID-19 vaccine clinics by utilizing strategies that include, but are not limited to:
 - 2.2.1.1. Vaccine strike teams.
 - 2.2.1.2. Mobile vaccine clinics.
 - 2.2.1.3. Satellite clinics.
 - 2.2.1.4. Temporary clinics.



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- 2.2.1.5. Travel to off-site clinics to provide vaccination services in non-traditional settings, including in-home vaccination to homebound patients where other mechanisms for in-home vaccination are not available.
- 2.2.1.6. Other vaccine sites, as approved by the Department.
- 2.2.2. Ensure vaccine sites are located at a variety of settings, including, but not limited to, schools, healthcare facilities, and community-based sites.
- 2.2.3. Ensure hours of operation at vaccine sites are maintained and/or adjusted as required to meet the needs of the target population.
- 2.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach and partnerships in the target populations. The Contractor shall:
 - 2.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19 vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:
 - 2.3.1.1. Federally Qualified Health Centers
 - 2.3.1.2. Community Mental Health Centers.
 - 2.3.1.3. Community-based Organizations.
 - 2.3.1.4. City Health Departments.
 - 2.3.1.5. Faith-based Organizations.
 - 2.3.1.6. Local barbers and hairdressers.
 - 2.3.1.7. Community Colleges.
 - 2.3.1.8. Schools.
 - 2.3.2. Conduct outreach to populations, including, but not limited to, those who:
 - 2.3.2.1. Experience disproportionately high rates of COVID-19 and related deaths.
 - 2.3.2.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the Centers for Disease Control and Prevention.
 - 2.3.2.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.
 - 2.3.2.4. Are likely to have low acceptance of or confidence in COVID-19 vaccines.
 - 2.3.2.5. Have a history of mistrust in health authorities or the medical establishment.

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- 2.3.2.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.
- 2.3.3. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.
- 2.3.4. Conduct outreach to assess individuals' readiness to receive a vaccination.
- 2.3.5. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.
- 2.3.6. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.
- 2.3.7. Participate in meetings with the Department, as requested by the Department.
- 2.3.8. Attend New Hampshire Immunization Program (NHIP) trainings.
- 2.3.9. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.
- 2.3.10. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.
- 2.4. The Contractor shall procure resources, equipment and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:
 - 2.4.1. Coordinating, operating, and managing clinics.
 - 2.4.2. Procuring sites and/or equipment necessary for establishing and hosting vaccine clinics, which may include, but are not limited to:
 - 2.4.2.1. Property leases.
 - 2.4.2.2. Mobile trailer rentals.
 - 2.4.2.3. Generator rentals.
 - 2.4.2.4. Table and chair rentals.
 - 2.4.2.5. Appropriate refrigerators and freezers, as provided by the Department.
 - 2.4.2.6. Data loggers, as provided by the Department.
 - 2.4.3. Procuring communication devices and services, which may include, but are not limited to:
 - 2.4.3.1. Two-way radios.
 - 2.4.3.2. Cell phones.
 - 2.4.3.3. Wi-Fi.
 - 2.4.3.4. Computers.
 - 2.4.4. Procuring disposable supplies, which may include, but are not limited to:



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- 2.4.4.1. Generator fuel.
- 2.4.4.2. Propane.
- 2.4.4.3. Oil.
- 2.4.4.4. Batteries.
- 2.4.5. Procuring clinical supplies, which may include, but are not limited to:
 - 2.4.5.1. Syringes.
 - 2.4.5.2. Needles
 - 2.4.5.3. Alcohol wipes.
 - 2.4.5.4. Band aids.
 - 2.4.5.5. Stickers.
- 2.4.6. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.
- 2.4.7. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.
- 2.4.8. Recruiting, training and scheduling vaccine clinic staff at a rate of no more than \$65 per hour per vaccine staff member, unless otherwise approved by the Department, to provide services which include, but are not limited to:
 - 2.4.8.1. Administering vaccines.
 - 2.4.8.2. Participating in training, as requested.
 - 2.4.8.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.
- 2.4.9. Providing vaccine clinic staff and volunteers with water, snacks, and/or meals while performing vaccine administration work. All food, drinks, and meals will be provided to staff on site and may include individually packaged meals in lieu of buffet or family style options, given that operations are occurring in a pandemic environment.
- 2.4.10. Reimbursing mileage costs for vaccine clinic staff, Contractor staff and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

3. Community Health Worker

- 3.1. The Contractor shall provide a Community Health Workers (CHW) to support culturally and linguistically appropriate COVID-19 and other social determinants of health related services.
- 3.2. The Contractor shall submit CHW-related documentation to the Department within thirty (30) days of Agreement effective date, which shall include, but is not limited to:
 - 3.2.1. Staff recruitment plan.

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**New Hampshire Department of Health and Human Services
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- 3.2.2. Training procedures.
- 3.2.3. Onboarding plan.
- 3.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:
 - 3.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.
 - 3.3.2. Assisting with contact tracing, when required.
 - 3.3.3. Cultural mediation among individuals, communities, and health and social service systems.
 - 3.3.4. Culturally appropriate health education and information.
 - 3.3.5. Care coordination, case management, and system navigation.
 - 3.3.6. Coaching and social support by advocating for individuals and communities.
 - 3.3.7. Direct services to clients with COVID-19 and their family members affected by COVID-19, which include, but are not limited to facilitating:
 - 3.3.7.1. Access to COVID-19 test within five (5) days of encounter between the CHW and the client.
 - 3.3.7.2. Access to the influenza vaccine within fourteen (14) days of encounter between the CHW and the client.
 - 3.3.7.3. Access to the COVID-19 vaccine within fourteen (14) days of encounter.
 - 3.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.
 - 3.3.9. Providing and distributing educational information about COVID vaccinations and general Department guidance for individual mitigation.
- 3.4. The Contractor shall ensure the CHW provides social determinants of health related services, which include, but are not limited to:
 - 3.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:
 - 3.4.1.1. Providing appropriate care coordination, case management and connections to patient and family identified community and social services and referrals.
 - 3.4.1.2. Assisting with maintaining and/or applying for social services within their community.
 - 3.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

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- 3.4.1.4. Assisting vulnerable populations with navigating the healthcare system.
 - 3.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.
 - 3.4.1.6. Providing culturally appropriate health education on topics related to COVID, chronic disease prevention, physical activity, and nutrition.
 - 3.4.1.7. Providing informal counseling, health screenings, and referrals.
 - 3.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:
 - 3.4.1.8.1. Food insecurity supports.
 - 3.4.1.8.2. Mental health supports.
 - 3.4.1.8.3. Health care referrals.
 - 3.4.1.8.4. Substance use disorder supports.
 - 3.4.1.8.5. Educational supports and services.
 - 3.4.1.8.6. Financial literacy.
 - 3.4.1.8.7. Budgeting supports.
 - 3.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.
 - 3.4.1.8.9. Social Isolation supports.
 - 3.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:
 - 3.4.2.1. Educating healthcare providers and stakeholders about community health needs.
 - 3.4.2.2. Managing care and care transitions for vulnerable populations.
 - 3.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.
 - 3.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.
 - 3.4.2.5. Building community capacity to address health issues.
 - 3.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.
 - 3.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

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Regional Public Health Network Services

Exhibit A-1, Amendment #9



- 3.5. The Contractor shall ensure the CHW documents encounters within the data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:
- 3.5.1. Race.
 - 3.5.2. Ethnicity.
 - 3.5.3. Language.
 - 3.5.4. Household income.
 - 3.5.5. Marital status.
 - 3.5.6. Age of parents.
 - 3.5.7. Sexual orientation and/or gender identity.
 - 3.5.8. Street address.
 - 3.5.9. Town.
 - 3.5.10. County.
 - 3.5.11. Zip Code.
 - 3.5.12. State.
 - 3.5.13. Number of incarcerated parents (if applicable).
 - 3.5.14. Phone number and/or email address.
 - 3.5.15. Status of receiving benefits, if applicable, including, but not limited to:
 - 3.5.15.1. Supplemental Nutrition Assistance Program (SNAP).
 - 3.5.15.2. Child Care.
 - 3.5.15.3. Medicaid.
 - 3.5.15.4. Social Security.
 - 3.5.15.5. Temporary Assistance for Needy Families (TANF).
 - 3.5.15.6. WIC.
- 3.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.
- 3.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.
- 3.8. Reporting
- 3.8.1. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9

-
- 3.8.1.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by the DPHS.
 - 3.8.1.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.
 - 3.8.1.3. Final After Action Report/Improvement Plan for the activity described in paragraph 1.4.1.
 - 3.8.1.4. Final After Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.
 - 3.8.1.5. Other information that may be required by federal and state funders during the contract period.
 - 3.8.2. The Contractor shall submit quarterly reports, which shall include, but are not limited:
 - 3.8.2.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.
 - 3.8.2.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.
 - 3.8.2.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.
 - 3.8.2.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.
 - 3.8.2.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.
 - 3.8.2.6. Efforts, successes, and challenges experienced in providing community engagement.
 - 3.8.2.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.
 - 3.8.2.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received results or COVID vaccination disaggregated by the following age ranges:



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9

- 3.8.2.8.1. 5-11 years old.
- 3.8.2.8.2. 12-17 years old.
- 3.8.2.8.3. 18 years and older.
- 3.8.2.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:
 - 3.8.2.9.1. 5-11 years old.
 - 3.8.2.9.2. 12-17 years old.
 - 3.8.2.9.3. 18 years and older.
- 3.8.2.10. Number of collaborating agencies/services identified as part of CHW-led intervention.
- 3.8.2.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.
- 3.8.2.12. Number and percentage of resources provided in a primary language other than English.
- 3.8.2.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor.
- 3.8.2.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.
- 3.8.2.15. Percentage of clients that identify one or more unmet need.
- 3.8.2.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.
- 3.8.2.17. Number and percentage of clients that have completed CHW encounter form and Patient Questionnaire completed and documented.
- 3.8.2.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:
 - 3.8.2.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.
 - 3.8.2.18.2. Number of other navigation and support services to address COVID-19 risk factors.
 - 3.8.2.18.3. Number of referrals completed through closed loop referral system.

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9



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- 3.8.2.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.
- 3.8.2.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.
- 3.8.2.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).
- 3.8.2.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) of first CHW encounter.
- 3.8.2.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.
- 3.8.2.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

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New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit B, Amendment #9

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response.
 - 1.1. This Agreement is funded by:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.991, Federal Award Identification Number (FAIN) #B01OT009205.
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds.
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds.
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796.
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757.
 - 1.1.6. Federal Funds from the US Department of Health and Human Services, Public Health Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.889, Federal Award Identification Number (FAIN) #U90TP000535.
 - 1.1.7. Federal Funds from the US Department of Health and Human Services, Childhood Lead Poisoning Prevention and Surveillance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.197, Federal Award Identification Number (FAIN) #NUE2EH001408.
 - 1.1.8. Federal Funds from the US Department of Health and Human Services, Climate, Catalog of Federal Domestic Assistance (CFDA #) 93.070, Federal Award Identification Number (FAIN) #NUEIEH001332.
 - 1.1.9. Federal Funds from the US Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, COVID-19 Health Disparities, Catalog of Federal Domestic Assistance (CFDA #) 93.391, Federal Award Identification Number (FAIN) #NH75OT000031.
 - 1.1.10. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness, Catalog of Federal Domestic Assistance (CFDA #) 93.069, Federal Award Identification Number (FAIN) #U90TP922018.
 - 1.1.11. General Funds from the State of New Hampshire.
 - 1.2. For the purposes of this Agreement, the Department has identified:
 - 1.2.1. The Contractor as a Subrecipient, in accordance with 2 CFR §200.331^{DS}↑



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit B, Amendment #9

- 1.2.2. This Agreement as NON-R&D, in accordance with 2 CFR §200.332.
- 1.3. The Contractor shall provide the services in Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, in compliance with funding requirements.
- 1.4. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
2. Program Funding
 - 2.1. The Contractor shall be paid up to the amounts specified for each program/scope of work identified in Exhibit B-1, Amendment #9, Program Funding.
 - 2.2. Payment for the I-CARE program shall be on a lump sum basis for authorized expenditures incurred in the fulfillment of the Department approved I-CARE NH work plan and budget. Authorized expenditures shall include printing, mailing, and media related expenses.
 - 2.3. The Contractor shall submit one (1) ARPA budget for State Fiscal Year 2022 and one (1) COVID Health Disparities budget for State Fiscal Year 2022, in a form satisfactory to the Department, for Department approval no later than (10) days from the Amendment #9 Effective Date. The Contractor shall:
 - 2.3.1. Utilize budget forms as provided by the Department.
 - 2.3.2. Submit a budget for each program/scope of work for each state fiscal year in accordance with Exhibit B-1, Amendment #9, Program Funding.
 - 2.3.3. Collaborate with the Department to incorporate approved budgets into this agreement by Amendment.
3. Payment for said services shall be made monthly as follows:
 - 3.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and in accordance with Section 2, Program Funding, above.
4. The Contractor shall submit an invoice in a form satisfactory to the Department no later than the twentieth (20th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
5. The Contractor shall ensure the invoices are completed, signed, dated and returned to the Department in order to initiate payments.
6. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and only if sufficient funds are available.
7. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, Block 1.7 Completion Date.
8. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

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

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B, Amendment #9

9. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Amendment #8, Scope of Services; Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response; and/or in this Exhibit B, Amendment #9, Method and Conditions Precedent to Payment.
10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
11. The Contractor shall keep detailed records of their activities related to Department-funded programs and services and have records available for Department review, as requested.

Yamato Matsui Graduate Student
Chikara Matsui Regional Public Health Training Services

Student Group Name

[illegible]

pt

11/2/2021

State of New Hampshire

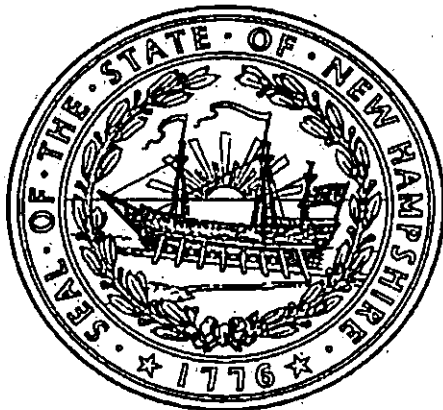
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE UNITED WAY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 30, 1927. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 65650

Certificate Number: 0005363034



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of May A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY


I, Kathy Bizarro-Thunberg, hereby certify that:

1. I am a duly elected Secretary of the Board of Granite United Way.
2. The following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on September 24, 2020, at which a quorum of the Directors were present and voting.

VOTED: That Patrick Tufts, President & CEO, is duly authorized on behalf of Granite United Way to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 11/4/21


Signature of Elected Officer
Name: Kathy Bizarro-Thunberg
Title: Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2021

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

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

PRODUCER THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Elizabeth Prindiville PHONE (A/C No. Ext): (603) 224-2562 FAX (A/C No.): (603) 224-8012 E-MAIL ADDRESS: eprindiville@rowleyagency.com														
INSURED Granite United Way 22 Concord Street Floor 2 Manchester NH 03101	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Hanover Ins - Bedford</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hanover Ins - Bedford		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Hanover Ins - Bedford															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 21-22

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZHV900337108	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ZHV900337108	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHV9003210-09	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	3A States: NH, VT WHV8996802-09	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Covering operations of the named insured during the policy period.

CERTIFICATE HOLDER

CANCELLATION

State of NH
 Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301-3857

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

AUTHORIZED REPRESENTATIVE

E Prindiville/ESP

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Granite United Way

LIVE UNITED

MISSION STATEMENT

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way

Merrimack County
45 South Main Street
Concord, NH 03301
503.224.2595

Southern Region
22 Concord Street
Manchester, NH 02101
503.625.6939

North Country
P.O. Box 311
Littleton, NH 03561
503.444.1555

Northern Region
961 Main Street
Bain, NH 03570
603.732.3343

Upper Valley
21 Technology Drive
W. Lebanon, NH 03784
503.298.8499

Central Region
383 South Main St.
Lancaster, NH 03246
503.737.1121

White Village
258 Highland Street
Plymouth, NH 03264
503.536.3720

Carroll County United
448A White Mountain Highway
Templeworth, NH 03895
503.323.8139

GRANITE UNITED WAY

FINANCIAL REPORT

JUNE 30, 2020

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on the Financial Statements

We have audited the accompanying financial statements of Granite United Way, which comprise the statement of financial position as of June 30, 2020, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the 15-month period then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

Page 1

70 Commercial Street, 4th Floor
Concord, NH 03301

v: 603-224-5357
f: 603-224-3792

59 Emerald Street
Keene, NH 03431

v: 603-357-7665
f: 603-224-3792

44 School Street
Lebanon, NH 03766

v: 603-443-2650
f: 603-443-2476

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of June 30, 2020, and the changes in its net assets and its cash flows for the 15-month period then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

We draw attention to Note 16 to the financial statements, which describes the uncertainty related to the COVID-19 pandemic and impact on the Granite United Way's business. Our opinion is not modified with respect to this matter.

Other Matters

Other Information

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 the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), 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 Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 19, 2020 on our consideration of Granite United Way's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Granite United Way's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Granite United Way's internal control over financial reporting and compliance.

Nathan Wechsler & Company

Concord, New Hampshire
November 19, 2020

GRANITE UNITED WAY

STATEMENT OF FINANCIAL POSITION

June 30, 2020

ASSETS			
	Without Donor / Time Restrictions	With Donor / Time Restrictions	Total
CURRENT ASSETS			
Cash	\$ 161,136	\$ 1,044,167	\$ 1,205,303
Prepaid and reimbursable expenses	30,021	-	30,021
Investments	436,473	-	436,473
Accounts and rent receivable	28,732	-	28,732
Contributions and grants receivable, net of allowance for uncollectible contributions \$499,872	-	2,519,281	2,519,281
<i>Total current assets</i>	<u>656,362</u>	<u>3,563,448</u>	<u>4,219,810</u>
OTHER ASSETS			
Property and equipment, net	1,182,068	-	1,182,068
Investments - endowment	11,545	219,554	231,099
Beneficial interest in assets held by others	-	1,681,721	1,681,721
<i>Total other assets</i>	<u>1,193,613</u>	<u>1,901,275</u>	<u>3,094,888</u>
<i>Total assets</i>	<u>\$ 1,849,975</u>	<u>\$ 5,464,723</u>	<u>\$ 7,314,698</u>
LIABILITIES AND NET ASSETS			
CURRENT LIABILITIES			
Current maturities of long-term notes payable	\$ 13,639	\$ -	\$ 13,639
Donor-designations payable	403,578	473,653	877,231
Accounts payable	18,980	-	18,980
Accrued expenses	250,392	-	250,392
Funds held for others	7,205	-	7,205
Current maturities of the Paycheck Protection Program loan	341,904	-	341,904
<i>Total current liabilities</i>	<u>1,035,698</u>	<u>473,653</u>	<u>1,509,351</u>
LONG-TERM LIABILITIES			
Notes payable, less current maturities	186,436	-	186,436
Paycheck Protection Program loan, less current maturities	430,596	-	430,596
<i>Total long-term liabilities</i>	<u>617,032</u>	<u>-</u>	<u>617,032</u>
<i>Total liabilities</i>	<u>1,652,730</u>	<u>473,653</u>	<u>2,126,383</u>
COMMITMENTS (See Notes)			
NET ASSETS:			
Without donor/ time restrictions	197,245	-	197,245
With donor/ time restrictions (Note 9)	-	4,991,070	4,991,070
<i>Total net assets</i>	<u>197,245</u>	<u>4,991,070</u>	<u>5,188,315</u>
<i>Total liabilities and net assets</i>	<u>\$ 1,849,975</u>	<u>\$ 5,464,723</u>	<u>\$ 7,314,698</u>

GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
15-Month Period Ended June 30, 2020

	Without Donor / Time Restrictions	With Donor / Time Restrictions	Total
Support and revenues:			
Campaign revenue:			
Total contributions pledged	\$ -	\$ 7,285,635	\$ 7,285,635
Less donor designations	-	(1,856,774)	(1,856,774)
Less provision for uncollectible pledges	-	(294,689)	(294,689)
Add prior years' excess provision for uncollectible pledges taken into income in current year	92,189	-	92,189
<i>Net campaign revenue</i>	92,189	5,134,172	5,226,361
Support:			
Grant revenue	-	2,024,091	2,024,091
Sponsors and other contributions	-	1,870,050	1,870,050
In-kind contributions	43,119	-	43,119
<i>Total support</i>	135,308	9,028,313	9,163,621
Other revenue:			
Rental income	104,664	-	104,664
Administrative fees	104,423	-	104,423
Miscellaneous income	5,634	-	5,634
<i>Total support and revenues</i>	350,029	9,028,313	9,378,342
Net assets released from restrictions:			
For satisfaction of time restrictions	5,096,357	(5,096,357)	-
For satisfaction of program restrictions	4,103,229	(4,103,229)	-
	9,549,615	(171,273)	9,378,342
Expenses:			
Program services	6,524,714	-	6,524,714
Support services:			
Management and general	944,017	-	944,017
Fundraising	1,216,880	-	1,216,880
<i>Total expenses</i>	8,685,611	-	8,685,611
<i>Increase (decrease) in net assets before non-operating activities</i>	864,004	(171,273)	692,731
Non-operating activities:			
Change in value of beneficial interest in trusts, net of fees of \$15,090	-	(44,486)	(44,486)
Realized and unrealized gains on investments	4,285	8,033	12,318
Investment income, net	100,179	7,095	107,274
<i>Total non-operating activities</i>	104,464	(29,358)	75,106
<i>Net increase (decrease) in net assets</i>	968,468	(200,631)	767,837
Net assets (deficit), beginning of year	(771,223)	5,191,701	4,420,478
<i>Net assets, end of year</i>	\$ 197,245	\$ 4,991,070	\$ 5,188,315

GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES

15-Month Period Ended June 30, 2020

	Grants and awards	Salaries, employee benefits and taxes	Occupancy	Technology and telephone expenses	United Way Worldwide dues and other dues and subscriptions	Campaign, communications and printing	Professional services and subcontractors	Conferences, travel and staff development	Supplies, office expenses, insurance, and other	Depreciation and amortization	Total
Program services:											
Community impact grants	\$ 148,462	\$ 294,208	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	442,670
Public Health Network	-	608,444	11,704	194	-	1,646	535,278	21,209	111,283	-	1,289,758
211 New Hampshire	-	721,249	-	131,812	7,522	5,809	3,500	5,742	72,774	-	948,408
Volunteer Income Tax Assistance	-	158,286	-	-	-	-	30,795	-	9,650	-	198,731
Whole Village Family Resource Center	-	180,153	68,273	15,600	-	-	38,153	1,047	32,382	39,871	375,479
Work United Program	-	196,675	-	-	-	-	-	19,214	-	-	215,889
COVID-19 Relief Fund	535,558	-	-	-	-	-	-	-	5,800	-	541,358
Leader in Me	172,858	8,476	-	-	-	-	-	-	-	-	181,334
Other program services	55,602	1,070,720	135,321	101,671	90,111	39,691	503,938	39,641	264,181	30,211	2,331,087
<i>Total program services</i>	<i>912,480</i>	<i>3,238,211</i>	<i>215,298</i>	<i>249,277</i>	<i>97,633</i>	<i>47,146</i>	<i>1,111,664</i>	<i>86,853</i>	<i>496,070</i>	<i>70,082</i>	<i>6,524,714</i>
Supporting Services:											
Management and general	-	772,054	32,263	24,240	21,484	-	49,105	8,524	29,418	6,929	944,017
Fundraising	-	1,006,329	42,053	31,596	28,004	49,049	2,771	11,111	36,935	9,032	1,216,880
<i>Total supporting services</i>	<i>-</i>	<i>1,778,383</i>	<i>74,316</i>	<i>55,836</i>	<i>49,488</i>	<i>49,049</i>	<i>51,876</i>	<i>19,635</i>	<i>66,353</i>	<i>15,961</i>	<i>2,160,897</i>
<i>Total functional expenses</i>	<i>\$ 912,480</i>	<i>\$ 5,016,594</i>	<i>\$ 289,614</i>	<i>\$ 305,113</i>	<i>\$ 147,121</i>	<i>\$ 96,195</i>	<i>\$ 1,163,540</i>	<i>\$ 106,488</i>	<i>\$ 562,423</i>	<i>\$ 86,043</i>	<i>\$ 8,685,611</i>

See Notes to Financial Statements.

GRANITE UNITED WAY

STATEMENT OF CASH FLOWS

15-Month Period Ended June 30, 2020

CASH FLOWS FROM OPERATING ACTIVITIES

Cash received from donors	\$ 9,769,549
Cash received from grantors	2,182,609
Administrative fees	18,061
Other cash received	91,548
Cash received from trusts	73,555
Designations paid	(2,235,961)
Net cash paid for funds held for others	(1,850)
Cash paid to agencies	(1,550,638)
Cash paid to suppliers, employees, and others	(8,361,082)
<i>Net cash used in operating activities</i>	<u>(14,209)</u>

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of property and equipment	(19,987)
Proceeds from sale of investments	63,422
<i>Net cash provided by investing activities</i>	<u>43,435</u>

CASH FLOWS FROM FINANCING ACTIVITIES

Proceeds from the Payroll Protection Program loan	772,500
Repayments of long-term debt	(15,861)
<i>Net cash provided by financing activities</i>	<u>756,639</u>

Net increase in cash 785,865

Cash, beginning of year 419,438

Cash, end of year \$ 1,205,303

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash payments for:	
Interest expense	\$ 18,899

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities

Granite United Way is the result of six United Ways merging together to create a single, efficient organization that covers more than 80% of New Hampshire and Windsor County, Vermont. Granite United Way improve lives by mobilizing the caring power of their communities. More than fundraisers, Granite United Way is a partner in change, working with a broad range of people and organizations to identify and resolve pressing community issues. Granite United Way works closely with volunteer leadership to invest donor dollars to help the community learn, earn and be healthy. By focusing on these investment initiatives, Granite United Way is helping people in new and strategic ways.

Granite United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by Granite United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay Granite United Way's operating expenses. Donors may designate their pledges to support a region of Granite United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax-exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as with donor restrictions in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

Granite United Way invest in the community through three different vehicles:

June 30,	2020
Community Impact Awards to partner agencies	\$ 148,462
Donor designated gifts to Health and Human Service agencies	1,856,774
Granite United Way Program services	6,376,252
<i>Total</i>	<u>\$ 8,381,488</u>

The Board of Directors approved Community Impact Grant Awards amounting to \$1,100,000 for each of the years ended June 30, 2021 and 2022.

Note 2. Summary of Significant Accounting Policies

Change in fiscal year: During 2020, the United Way changed its fiscal year from March 31 to June 30. Due to the change, the United Way is reporting for the 15-month period ending June 30, 2020.

Basis of accounting: The financial statements of Granite United Way (the "United Way") have been prepared on the accrual basis. Under the accrual basis, revenues and gains are recognized when earned and expenses and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

Cash and cash equivalents: For purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at June 30, 2020.

Net assets: The United Way reports information regarding its financial position and activities according to two categories of net assets: net assets with donor restrictions and net assets without donor restrictions. Descriptions of these net asset categories are as follows:

Net assets without donor/ time restrictions: Net assets without donor restrictions are available for use at the discretion of the Board of Directors and/or management for general operating purposes. From time to time the Board of Directors designates a portion of these net assets for specific purposes which makes them unavailable for use at management's discretion. For example, the Board has designated a portion of net assets without donor restrictions as a quasi-endowment (an amount to be treated by management as if it were part of the donor restricted endowment) for the purpose of securing the United Way's long-term financial viability.

The United Way has board designated net assets of \$11,545 for endowment at June 30, 2020.

Net assets with donor/ time restrictions: Net assets with donor restrictions consist of assets whose use is limited by donor-imposed, time and/or purpose restrictions.

The United Way reports gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, the net assets are reclassified as net assets without donor restrictions and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Some net assets with donor restrictions include a situation that assets provided be maintained permanently (perpetual in nature) while permitting the United Way to expend the income generated by the assets in accordance with the provisions of additional donor imposed stipulations or a Board approved spending policy.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of \$294,689 for the campaign period ended June 30, 2020. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for the 15-month period ended June 30, 2020.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Contributions: The United Way recognizes contributions received and made, including unconditional promises to give, as revenue in the period received or made. Contributions received are reported as either revenues without donor restrictions or revenues with donor restrictions. Contributions with donor restrictions that are used for the purposes specified by the by the donor in the same year as the contribution is received are recognized as revenues with donor restrictions and are reclassified as net assets released from restrictions in the same year. Promises to contribute that stipulate conditions to be met before the contribution is made are not recorded until the conditions are met. There were no conditional promises to give as of June 30, 2020.

Donated goods and services: Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills. Various types of in-kind support, including services, call center space, gift certificates, materials and other items, amounting to \$43,119 have been reflected at fair value in the financial statements for the 15-month period ended June 30, 2020.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

Functional allocation of expenses: The statement of functional expenses present expenses by function and natural classification. Expenses directly attributable to a specific functional area of the United Way are reported as expenses of those functional areas. A portion of general and administrative costs that benefit multiple functional areas (indirect costs) have been allocated across programs and other supporting services based on estimates of time and effort.

Property and equipment: Property and equipment are carried at cost if purchased and fair value if contributed. Maintenance, repairs, and minor renewals are expensed as incurred, and major renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of \$2,500.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements.....	5-31½
Leasehold improvements	15
Furniture and equipment.....	3-10

Operating measure: The United Way has presented the statement of activities and changes in net assets based on an intermediate measure of operations. The measure of operations includes all revenues and expenses that are an integral part of the United Way's programs and supporting activities and net assets released from restrictions to support operating activities. Non-operating activities are limited to resources outside of those program and services and are comprised of investment return, the changes in fair value of the beneficial interest in trusts, and gains and losses on sales and dispositions of assets.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk, consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at June 30, 2020, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to \$250,000. At June 30, 2020, there was approximately \$932,000 included in cash in excess of federally insured limits.

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The United Way has adopted the provisions of FASB ASC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2017.

Change in accounting principle: In January 2016, the FASB issued ASU 2016-01, *Financial Instruments-Overall: Recognition and Measurement of Financial Assets and Financial Liabilities*. This standard is intended to improve recognition, measurement, presentation, and disclosure of financial instruments. The Organization adopted ASU 2016-01 on April 1, 2019. The adoption of ASU 2016-01 did not have a significant impact on the Organization's financial statements.

In June 2018, the FASB issued ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This standard provides guidance for evaluating whether transactions should be accounted for as contributions or exchange transactions and clarifies the criteria for evaluating whether contributions are unconditional or conditional. The Organization adopted ASU 2018-08 on April 1, 2019. The adoption of ASU 2018-08 did not have a significant impact on the Organization's financial statements.

Recent accounting pronouncements: In May 2014, the FASB issued, *Revenue from Contracts with Customers* (ASU 2014-09), which requires revenue to be recognized when promised goods or services are transferred to customers in amounts that reflect the consideration to which the United Way expects to be entitled in exchange for those goods and services. ASU 2014-09 permits the use of either the retrospective or cumulative effect transition method. In June 2020, the FASB deferred the effective date of this standard for one year for certain entities that have not yet issued their financial statements. This standard will be effective for the United Way for the year ended June 30, 2021. Management is currently evaluating the impact this will have on its financial statements.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

In February 2016, the FASB issued, *Leases, Topic 842* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. In June 2020, the FASB deferred the effective date for this standard for one year. This standard will be effective for the United Way for the year ended June 30, 2023, with early adoption permitted. Management is currently evaluating the impact this will have on its financial statements.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 - inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.
- Level 2 - inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 - inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

Financial assets carried at fair value on a recurring basis consist of the following at June 30, 2020:

	Level 1	Level 2	Level 3
Money market funds	\$ 46,212	\$ 7,214	\$ -
Mutual funds:			
Domestic equity	72,192	-	-
Fixed income	273,459	-	-
Fixed income funds	153,081	6,797	-
Municipal bonds	-	5,089	-
Corporate bonds	-	103,804	-
Beneficial interest in assets held by others	-	-	1,681,721
<i>Total</i>	<u>\$ 544,944</u>	<u>\$ 122,904</u>	<u>\$ 1,681,721</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

	Beneficial interest in assets held by others
<i>Balance, March 31, 2019</i>	\$ 1,726,207
Total unrealized losses, net of fees, included in changes in net assets with donor restrictions	<u>(44,486)</u>
<i>Balance, June 30, 2020</i>	<u>\$ 1,681,721</u>
Amount of unrealized losses, net of fees, attributable to change in unrealized losses relating to assets still held at the reporting date included in the statement of activities and changes in net assets	<u>\$ (44,486)</u>

All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at June 30, 2020.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 4. Property and Equipment

Property and equipment, at cost, at June 30,	2020
Land, buildings and building improvements	\$ 1,425,766
Leasehold improvements	5,061
Furniture and equipment	344,369
<i>Total property and equipment</i>	<u>1,775,196</u>
Less accumulated depreciation	<u>(593,128)</u>
<i>Total property and equipment, net</i>	<u>\$ 1,182,068</u>

Note 5. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way.

In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The distributions are approximately 4.0% of the market value of each fund per year.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$69,111 from the agency endowed funds during the 15-month period ended June 30, 2020.

Designated funds: The United Way is also a beneficiary of two designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way. In accordance with its spending policy, the Foundation makes distributions from the funds to the United Way. The distributions are approximately 4.0% of the market value of the fund per year.

These funds are not included in these financial statements, since although all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way, The New Hampshire Charitable Foundation may redirect funds to another organization.

The United Way received \$4,444 from the designated funds during the 15-month period ended June 30, 2020. The market value of these fund's assets amounted to approximately \$108,000 at June 30, 2020.

Note 6. Long-term Debt

Long-term debt at June 30,	2020
Mortgage financed with a local bank. Interest rate at the 5-year Federal Home Loan Classic Advance Rate plus 2.5% (3.34% at June 30, 2020). Due in monthly installments of principal and interest of \$1,908 through December, 2031. Collateralized by the United Way's building located in Plymouth, NH.	\$ 200,075
Less portion payable within one year	13,639
<i>Total long-term debt</i>	<u><u>\$ 186,436</u></u>

The scheduled maturities of long-term debt at June 30, 2020 were as follows:

<u>Year Ending June 30,</u>	
2021	\$ 13,639
2022	14,311
2023	15,016
2024	15,756
2025	16,532
Thereafter	124,821
<i>Total</i>	<u><u>\$ 200,075</u></u>

The mortgage note contains a financial covenant for debt service coverage, which is tested annually based on the year-end financial statements.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The United Way has a revolving line-of-credit with Citizen's Bank with a maximum borrowing limit of \$250,000. The line-of-credit is subject to annual review and renewal. The line-of-credit agreement bears interest equal to the Wall Street Journal prime rate plus 0.25% (3.5% as of June 30, 2020) and is secured by all assets of the United Way. At June 30, 2020, there were no amounts outstanding on this line-of-credit agreement.

See Note 16 for details about the Payroll Protection loan.

Note 7. Funds Held for Others

The United Way held funds for others for the following projects:

June 30,	2020
Work United Loan Default Program	\$ 4,092
Concord Multicultural Festival	1,728
Get Moving Manchester	1,140
Better Together Lakes Region	245
<i>Total</i>	<u>\$ 7,205</u>

Note 8. Endowment Funds

The United Way's endowment consists of four individual funds established for youth programs, Whole Village Resource Center, and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law: The United Way is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the Board of Directors appropriates such amounts for expenditures. Most of those net assets are also subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. The Board of Directors of the United Way has interpreted UPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund unless a donor stipulates the contrary.

As a result of this interpretation, when reviewing its donor-restricted endowment funds, the United Way considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The United Way has interpreted UPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. Additionally, in accordance with UPMIFA,

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund, (2) the purposes of the organization and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the organization, and (7) the investment policies of the United Way.

Underwater Endowment Funds: From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the United Way to retain as a fund of perpetual duration. The United Way did not have any funds with deficiencies of this nature as of June 30, 2020.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk. Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income. To date there have been no distributions from the endowment fund.

Endowment net asset composition by type of fund as of June 30, 2020 is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment	\$ 11,545	\$ -	\$ 11,545
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	-	142,652	142,652
Accumulated investment gains	-	76,902	76,902
<i>Total funds</i>	<u>\$ 11,545</u>	<u>\$ 219,554</u>	<u>\$ 231,099</u>

Changes in the endowment net assets as of June 30, 2020 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, March 31, 2019	\$ 10,750	\$ 204,426	\$ 215,176
Investment return, net	795	15,128	15,923
Endowment net assets, June 30, 2020	<u>\$ 11,545</u>	<u>\$ 219,554</u>	<u>\$ 231,099</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS*Note 9. Net Assets with Donor Restrictions*

Net assets with donor restrictions are restricted for the following purposes or periods:

June 30,	2020
Subject to expenditure for specified time period:	
Contributions receivable related to campaigns	\$ 2,391,152
Designations payable to other agencies and United Ways	(473,653)
	<u>1,917,499</u>
Subject to expenditure for specified purpose:	
COVID-19 Relief Fund	351,111
Public Health Network services	310,875
Leader in Me	167,160
Literacy Program	153,486
Manchester Proud	135,554
Work United	39,110
Other programs	15,000
	<u>1,172,296</u>
Endowments subject to the United Way's spending policy and appropriation:	
Investments in perpetuity (original amounts of \$142,652), which once appropriated, is expendable to support:	
Whole Village Resource Center	106,343
General Operations	86,752
Youth Programs	26,459
	<u>219,554</u>
Beneficial interest in assets held by others:	
Agency endowed funds at the New Hampshire Charitable Foundation	1,681,721
	<u>1,681,721</u>
<i>Total net assets with donor restrictions</i>	<u>\$ 4,991,070</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 10. Net Assets Released from Donor Restrictions

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of the passage of time or other events specified by donors. The net assets released from restrictions are as follows:

June 30,	2020
Purpose restrictions accomplished:	
Public Health Network services	\$ 1,355,482
211 New Hampshire	874,453
COVID-19 Relief Fund	540,237
Manchester Proud	492,021
Other program services	280,983
Work United	215,889
Leader in Me	172,858
Volunteer Income Tax Assistance	171,306
	<u>4,103,229</u>
Time restrictions expired	<u>5,096,357</u>
<i>Total net assets released from donor restrictions</i>	<u><u>\$ 9,199,586</u></u>

Note 11. Liquidity and Availability of Resources

The United Way's financial assets available within one year of the statement of financial position date for general expenditure are as follows:

June 30,	2020
Cash	\$ 1,205,303
Investments	667,572
Contributions receivable, net	2,519,281
Beneficial interest in trust	1,681,721
Accounts and rent receivable	28,732
<i>Total financial assets</i>	<u>6,102,609</u>
Less amounts unavailable for general expenditures within one year, due to:	
Restricted by donors with time or purpose restrictions	(135,554)
Subject to appropriation and satisfaction or donor restrictions	(219,554)
Agency endowed funds at the New Hampshire Charitable Foundation	(1,681,721)
<i>Total amounts unavailable for general expenditure within one year</i>	<u>(2,036,829)</u>
Amounts unavailable to management without Board's approval:	
Board designated endowment	<u>(11,545)</u>
<i>Total financial assets available to management for general expenditure within one year</i>	<u><u>\$ 4,054,235</u></u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Liquidity Management

The United Way maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To help manage unanticipated liquidity needs the United Way has committed a line of credit of \$250,000, which it could draw upon. Additionally, the United Way has board designated net assets without donor restrictions that, while the United Way does not intend to spend these for purposes other than those identified, the amounts could be made available for current operations, if necessary.

Note 12. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the 15-month period ended June 30, 2020 the United Way contributed \$123,621 to employees participating in the plan.

Note 13. Lease Commitments

During a prior year, the United Way entered into an operating lease agreement for a four year term commencing September 1, 2017 through August 31, 2021 for an office space in Concord, New Hampshire. The lease required monthly payments of \$3,337 through August 31, 2018 and increases 3% annually on each anniversary date of the lease thereafter.

During a prior year, the United Way entered into an operating lease agreement for a five year term commencing July 15, 2016 through June 30, 2021 for an office space in Manchester, New Hampshire. The lease required monthly payments of \$5,905 through June 30, 2019 and increases by 3% annually on each anniversary date of the lease thereafter.

During a prior year, the United Way entered into an operating lease agreement for a five year term commencing on September 1, 2018 through August 31, 2023 for an office space in Lebanon, New Hampshire. The lease requires monthly payments of \$1,760 through August 31, 2020. After August 31, 2020, the rent will increase each year depending on the consumer price index. The lease requires payments for common costs.

During a prior year, the United Way entered into an operating lease agreement for a two year term commencing on January 1, 2019 through December 31, 2020 for an office space in Berlin, New Hampshire. The lease requires monthly payments of \$187 through December 31, 2020. The lease continues on a month to month basis after December 31, 2020.

Total rent expense for these leases amounted to approximately \$173,000 for the 15-month period ended June 30, 2020.

The United Way leases multiple copier machines under the terms of operating lease agreements. The monthly lease payments amount to approximately \$2,100. The lease expense amounted to approximately \$31,000 for these leases for the 15-month period ended June 30, 2020.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

The United Way's future minimum lease commitments are as follows:

<u>Year ending June, 30</u>	
2021	\$ 161,561
2022	42,633
2023	34,155
2024	3,520
<i>Total</i>	<u>\$ 241,869</u>

Note 14. Commitments

In Plymouth, the United Way rents space in a building which they own and occupy to twelve non-affiliated, non-profit organizations. The monthly lease payments range from \$125 to \$1,500 per month. For the 15-month period ended June 30, 2020, the rental income amounted to \$103,758.

Note 15. Payment to Affiliated Organizations and Related Party

The United Way pays dues to United Way of Worldwide. The United Way's dues paid to this affiliated organization aggregated \$132,477 for the 15-month period ended June 30, 2020.

Note 16. COVID - 19 and the Paycheck Protection Program Loan

In December 2019, a novel strain of coronavirus ("COVID-19") was reported in China. The World Health Organization has declared COVID-19 to constitute a "Public Health Emergency of International Concern." This outbreak has impacted virtually every industry and has created volatility in the stock markets throughout the world. Many federal and state governments have implemented numerous restrictions, mandated various closures and quarantine requirements in connection with the COVID-19 outbreak. The extent of the impact of the COVID-19 on the United Way's operational and financial performance will depend on future developments, including the duration and spread of the outbreak and the impact on the United Way's donors and employees, all of which are uncertain and cannot be predicted.

In April 2020, the United Way received \$772,500 in funds from the federal Paycheck Protection Program (PPP). The PPP is a loan designed to provide a direct incentive for small businesses to keep their workers on the payroll. SBA will forgive loans if all employees are kept on the payroll for the specified period of time and the money is used for payroll, rent, mortgage interest, or utilities. Any amounts not forgiven at the end of the program period convert into a loan with 1% interest, payable over 2 years.

In the absence of forgiveness, the following is a summary of the future maturities due:

<u>Year Ending June 30,</u>	
2021	\$ 341,904
2022	430,596
<i>Total</i>	<u>\$ 772,500</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 17. Subsequent Events

The United Way has evaluated subsequent events through November 19, 2020, the date which the financial statements were available to be issued and have not evaluated subsequent events after that date. There were no subsequent events that would require disclosure in financial statements for the 15-month period ended June 30, 2020.

GRANITE UNITED WAY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

15-Month Period Ended June 30, 2020

Federal Grantor Pass-through Grantor Program Title	Pass-through Entity Identifying Number	Federal CFDA Number	Federal Expenditures	Expenditures to Subrecipients
Regional Public Health Network Services Cluster				
<u>U.S. Department of Health and Human Services</u>				
State of N.H. Department of Health and Human Services - South Central Public Health Network				
Block Grants for Prevention and Treatment of Substance Abuse	05-95-92-920510-3380	93.959	\$ 154,392	\$ 133,953
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	05-95-90-902510-7545	93.074	98,599	85,653
Public Health Crisis Response		93.354	545	-
Preventive Health and Health Services Block Grant	05-95-90-901010-5362	93.758	35,199	35,199
Immunization Cooperative Agreements		93.268	603	-
Young Adult Leadership Program	05-95-92-920510-3395	93.243	12,855	12,148
Young Adult Substance Misuse Prevention Strategies	05-95-92-920510-3395	93.243	109,786	99,605
<i>Total State of N.H. Department of Health and Human Services - South Central Public Health Network</i>			<u>411,979</u>	<u>366,558</u>
State of N.H. Department of Health and Human Services - Capital Area Public Health Network				
Block Grants for Prevention and Treatment of Substance Abuse		93.959	137,063	-
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements		93.074	113,268	-
Public Health Crisis Response		93.354	442	-
Preventive Health and Health Services Block Grant		93.758	37,592	-
Immunization Cooperative Agreements		93.268	16,873	-
Young Adult Leadership Program	05-95-92-920510-3395	93.243	13,451	12,000
Young Adult Substance Misuse Prevention Strategies	05-95-92-920510-3395	93.243	97,430	95,424
<i>Total State of N.H. Department of Health and Human Services - Capital Area Public Health Network</i>			<u>416,119</u>	<u>107,424</u>
State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health				
Block Grants for Prevention and Treatment of Substance Abuse		93.959	146,157	-
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements		93.074	101,013	-
Preventive Health and Health Services Block Grant		93.758	36,929	-
Immunization Cooperative Agreements	05-95-90-902510-5178	93.268	14,323	394
Young Adult Leadership Program	05-95-92-920510-3395	93.243	13,296	12,000
Young Adult Substance Misuse Prevention Strategies	05-95-92-920510-3395	93.243	65,856	4,201
<i>Total State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health</i>			<u>377,574</u>	<u>16,595</u>
<i>Total Regional Public Health Network Services Cluster</i>			<u>1,205,672</u>	<u>490,577</u>
<u>U.S. Internal Revenue Services</u>				
Department of the Treasury				
Volunteer Income Tax Assistance (VITA) Matching Grant Program		21.009	63,089	-
<u>U.S. Department of Health and Human Services</u>				
State of N.H. Division for Behavioral Health, Bureau of Drug and Alcohol Services				
State Opioid Response Grant		93.788	512,032	-
<i>Total Expenditures of Federal Awards</i>			<u>\$ 1,780,793</u>	<u>\$ 490,577</u>

The accompanying notes are an integral part of this schedule.

GRANITE UNITED WAY

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Note 1. Basis of Presentation

The Schedule of Expenditures of Federal Awards ("the Schedule") includes the federal grant activity of Granite United Way ("the United Way"), under programs of the federal government for the 15-month period ended June 30, 2020. The information in this schedule is presented in accordance with the requirements of the Office of Management and Budget (OMB) *Uniform Guidance*. Because the schedule presents only a selected portion of the operations of the United Way, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the United Way.

Note 2. Basis of Accounting

This schedule is prepared on the same basis of accounting as the United Way's financial statements. The United Way uses the accrual basis of accounting. Expenditures represent only the federally funded portions of the program. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Note 3. Program Costs

The amounts shown as current year expenditures represent only the federal grant portion of the program costs. Entire program costs could be more than shown. Such expenditures are recognized following, as applicable, either the cost principles in the OMB Circular A-122, Cost Principles for Non-Profit Organizations, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 4. Major Programs

In accordance with OMB Uniform Guidance, major programs are determined using a risk-based approach. Programs in the accompanying Schedule are determined by the independent auditor to be major programs.

Note 5. Indirect Cost Rate

The amount expended includes \$65,600 claimed as an indirect cost recovery. The United Way elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.



NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

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

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Granite United Way as of and for the 15-month period ended June 30, 2020, and the related notes to the financial statements, which collectively comprise Granite United Way's basic financial statements, and have issued our report thereon dated November 19, 2020.

Internal Control over Financial Reporting

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

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

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v: 603-224-5357
f: 603-224-3792

59 Emerald Street
Keene, NH 03431

v: 603-357-7665
f: 603-224-3792

44 School Street
Lebanon, NH 03766

v: 603-448-2650
f: 603-448-2476

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

Compliance and Other Matters

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

Purpose of this Report

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

Nathan Nechaler & Company

Concord, New Hampshire
November 19, 2020



NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON
INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM
GUIDANCE**

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on Compliance for Each Major Federal Program

We have audited Granite United Way's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Granite United Way's major federal programs for the 15-month period ended June 30, 2020. Granite United Way's major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Granite United Way's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Granite United Way's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Granite United Way's compliance.

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f: 603-448-2476

Opinion on Each Major Federal Program

In our opinion, Granite United Way complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the 15-month period ended June 30, 2020.

Report on Internal Control over Compliance

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

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Nathan Wechsler & Company

Concord, New Hampshire
November 19, 2020

GRANITE UNITED WAY
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
(UNIFORM GUIDANCE)
15-MONTH PERIOD ENDED JUNE 30, 2020

Section I: Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: *unmodified*

Internal control over financial reporting:

Are any material weaknesses identified?	_____ Yes	_____ <u>X</u> _____ No
Are any significant deficiencies identified?	_____ Yes	_____ <u>X</u> _____ None Reported
Is any noncompliance material to financial statement noted?	_____ Yes	_____ <u>X</u> _____ No

Federal Awards

Internal control over major federal programs:

Are any material weaknesses identified?	_____ Yes	_____ <u>X</u> _____ No
Are any significant deficiencies identified?	_____ Yes	_____ <u>X</u> _____ None Reported
Type of auditor's report issued on compliance for major federal programs:	<i>unmodified</i>	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	_____ Yes	_____ <u>X</u> _____ No

Identification of major federal programs:

CFDA Numbers	Name of federal program or cluster
	Regional Public Health Network Services Cluster
93.959 - Block Grants for Prevention and Treatment of Substance Abuse	
93.074 - Hospital Preparedness Program and Public Health Emergency Preparedness Aligned Cooperative Agreements	
93.354 - Public Health Crisis Response	
93.069 - Public Health Emergency Preparedness	
93.758 - Preventive Health and Health Services Block Grant	
93.243 - Substance Abuse and Mental Health Services	
93.268 - Immunization Cooperative Agreements	

Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as a low-risk auditee? _____ Yes _____ X _____ No

**GRANITE UNITED WAY
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
(UNIFORM GUIDANCE)
15-MONTH PERIOD ENDED JUNE 30, 2020**

Section II – Financial Statement Findings

No financial statement findings noted.

Section III – Federal Awards Findings

No federal awards findings noted.

**GRANITE UNITED WAY
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
(UNIFORM GUIDANCE)
15-MONTH PERIOD ENDED JUNE 30, 2020**

Audit Finding Reference: 2019-001

Status of Prior Finding:

For the year ended March 31, 2019, we reviewed a selection of subrecipient expenditures and reimbursement requests and noted that supporting documentation was not being monitored by Granite United Way during the first half of the fiscal year. The planned corrective action was completed during the 15-month period ended June 30, 2020.

Prefix	First Name	Informal	Last Name	Region
Ms./Dr.	Larissa	Larissa	Baia	Central
Mr.	Joseph	Joe	Bator	Southern
Ms.	Kathleen	Kathy	Bizarro-Thunberg	Merrimack County
Mr.	Joseph	Joe	Carelli	Southern
Mr.	Michael	Mike	Delahanty	Southern
Mr.	Douglas	Doug	DeLara, Jr.	Southern
Ms.	Patricia	Pat	Donahue	Southern
Mr.	Christopher	Chris	Emond	Merrimack County
Ms.	Marlene	Marlene	Hammond	Merrimack County
Mr.	John	John	Hughes	Corp. Counsel
Ms.	Diana		Johnson	Merrimack County
Mr.	Joseph	Joe	Kenney	Merrimack County
Ms.	Sally	Sally	Kraft	Upper Valley
Ms.	Christina	Christina	Lachance	Southern
Mr./Dr.	Charles	Chuck	Lloyd	Northern
Mr.	Lawrence	Larry	Major, Jr	Central
Ms.	Carolyn	Carolyn	Maloney	Upper Valley
Mr.	Sean		Owen	Southern
Ms.	Elizabeth	Beth	Rattigan	Upper Valley
Mr.	Peter	Peter	Rayno	Southern
Ms.	Betsey	Betsey	Rhynhart	Merrimack County
Mr.	William	Bill	Sherry	
Mr.	Justin		Slattery	Central
Mr.	Timothy	Tim	Soucy	Southern
Ms.	Charla	Charla	Stevens	Southern
Mr.	Russell	Rusty	Talbot	North Country
Mr.	Robert	Robert	Tourigny	Southern
Mr.	Patrick	Patrick	Tufts	
Mr.	Mitchel	Mitch	Davis	Upper Valley
Ms.	Catherine	Cass	Walker	Central

BOD Position
<i>DE&I Chair</i>
<i>Secretary & Audit Chair</i>
<i>Treasurer</i>
<i>Merrimack County CI Chair</i>
<i>Granite CIC Chair</i>
<i>Northern NH CI Chair</i>
<i>Interim Chair</i>
<i>Upper Valley CI Chair</i>
<i>Chief Operating Officer</i>
<i>Vice Chair /Gov. Chair</i>
<i>NC CIC Chair</i>
<i>President & CEO</i>
<i>Central Region CIC Chair</i>

Company	Coorprate Address
Lakes Region Community College	379 Belmont Road Laconia, NH 03246
Primary Bank	207 Route 101 Bedford, NH 03110
NH Hosptial Association	125 Airport Road Concord, NH 03301
Citizen's Bank	900 Elm Street NE 1540 Manchester, NH 03101
Retireed	38 Geremonty Drive, Salam, NH 03079
Baker Newman Noyes	650 Elm Street, Suite 302, Manchester, NH 03101
New Hampshire Hosuing Finance Authority	32 Constitution Drive, Bedford, NH 03110
Boys & Girls Club of Central New Hampshire	876 No. Main Street, Laconia, NH 03246
Lincoln Financial Group	One Granite Place, P.O. Box 515, Concord, NH 03301
McLane, Middleton Law Firm	900 Elm Street, Floor 10, Manchester, NH 03101
Merrimack County Savings Bank	PO Box 2826 Concord NH 03032
The Provident Bank	115 So. River Road, Bedford, NH 03110
Dartmouth Hitchcock Medical Center	46 Centerra Parkway, Lebanon, NH 03766
University of New Hampshire	55 College Rd, Pettee Hall, Durham, NH 03824
White Moutains Community	2020 Riverside Drive, Berlin, NH 03570
Pike Industries, Inc.	3 Eastgate Park Road , Belmont, NH 03307
Hypertherm	P.O. Box 5010, Hanover, NH 03755
Wedu	Manchester, NH
Downs Rachlin Martin	67 Etna Road, Lebanon, NH 03766
Enterprise Bank	130 Main Street, Salem, NH 03079
Concord Hospital	250 Pleasant Street, Concord, NH 03301
Granite United Way	22 Concord Street, Manchester, NH 03101
Belknap EDC	383 S. Main St. , Laconia, NH 03246
Catholic Medical Center	100 McGregor Street, Manchester, NH 03102
McLane, Middleton Law Firm	900 Elm Street, Floor 10, Manchester, NH 03101
North Country Climbing	
NeighborWorks Southern NH	801 Elm Street, 2nd Floor Manchester, NH 03101
Granite United Way	22 Concord St, Floor 2 Manchester, NH 03101
Dartmouth College	7 Lebanon Street, Suite 302 Hanover, NH 03755
LRG Healthcare	80 Highland Street, Laconia, NH 03246



SHANNON SWETT BRESAW, MSW

EDUCATION

Master of Social Work

2002 – 2004

University of New Hampshire

Durham, NH

Bachelor of Arts - Clinical Counseling Psychology

1999 – 2002

Keene State College

Keene, NH

EXPERIENCE


2007 - Present

Granite United Way

Concord, NH

Vice President of Public Health

Accomplishments:

- Provides Program Director support for the NH Governor's Recovery Friendly Workplace initiative through program development, staff oversight, resource development, marketing/communications, and evaluation
- Works to align and leverage Granite United Way investments and strategies with other statewide efforts to address public health, addiction, and social determinants of health
- Provides content expertise and consultation in the areas of substance use disorders, public health, community development, contract management, grant writing, reporting, and evaluation
- Develops and maintains strategic partnerships and relationships with key stakeholders across NH
- Provides contract management and oversight to 3 out of the 13 Regional Public Health Networks in NH, including the Capital Area Public Health Network, the Carroll County Coalition for Public Health and the South Central Public Health Network
- Provides direction and leadership towards achievement of each Network's philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, and community/public relations
- Coordinates all aspects of federal, state, and local grants and contracts, including resource development/grant-writing, financial oversight and reporting
- Develops community health improvement plans, evaluation plans, and other data-driven, research-informed strategic plans for the Networks
- Works with community impact committees and volunteers through Granite 

2005 – 2007 Community Response (CoRe) Coalition Belknap County, NH
Outreach Coordinator, Project Director

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with 10 community sectors, including government, schools, businesses, healthcare, and safety
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005 Caring Community Network of the Twin Rivers (CCNTR) Franklin, NH
Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues including substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

- American Public Health Association: NH Affiliate Representative to the Governing Council 2018-Current
- NH Public Health Association: Board Member 2018-Current
- Prevention Task Force of the Governor's Commission (Co-Chair): 2017-Current
- NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Prevention Representative): 2016-2018
- NH Drug Overdose Fatality Review Committee (Prevention Representative): 2016-2018
- NH Alcohol and Other Drug Service Providers Association: Treasurer 2007-2011, 2014-2015
- NH Prevention Certification Board's Peer Review Committee: 2009-2011

Mary Reed

Professional Profile

- Coalition Building
- Plan Development
- Resource Coordination
- Logistics
- Time management
- Budgeting
- Volunteer Management
- Grant/Proposal Writing
- Organization
- Leadership

Professional Accomplishments

Public Health

- Provide direction and leadership towards achievement of the Public Health Regions' philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, human resource management, and community and public relations

Regional Resource Coordination

- Collected and disseminated data on available resources critical for response to public health emergency.
- Developed working relationship with stakeholders in Public Health Region.

Public Health Coalition

- Regional Public Health Emergency Response Annex development
- Resource Coordination and Development
- Healthcare Coalition Building
- Regional Partner Development
- Clinic Operation Development
- Medical reserve Corps Volunteer Management and Training
- Policy Development
- Team Building

Captain of Operations

- Developed staff and operational procedures for full time staff
- Oversee Training Program
- Facilitate QA/QI
- Facilitated and maintained data entry system and procedures for all of Fire departments operations and patient tracking
- Created Personnel Manual and operational guidelines
- Secured grant funding
- Volunteer Management

Work History

Assistant Vice President of Public Health	Granite United Way	2018- present
Senior Director of Public Health	Granite United Way	2016 -2018
Public Health Region Emergency Preparedness Director	Capital Area Public Health Network / GUW Concord NH	2013 - 2016
Executive Director	Carroll County Coalition for Public Health, Ossipee NH	2011 - 2013
Preparedness Planner	Capital Area Public Health Network/Concord Hospital, Concord NH	2009 - 2011
Regional Resource Coordinator	New England Center for Emergency Preparedness/ Dartmouth College, Lebanon NH	2009
Captain of Operations	Barnstead Fire Rescue, Barnstead NH	2001-2010

Certifications

- Institute for Local Public Health Practices
- Local Government Leadership Institute
- Antioch New England Institute
- DHHS Inventory Management System Training
- FEMA 29, 100, 120.a, 130, 200, 244, 250, 250.7, 300, 546.12, 547a, 700, 701, 702a, 704, 800.B, 806, 808
- Department of Homeland Security Exercise and Evaluation Program (HSEEP)
- CDC SNS/ Mass Dispensing Course, Atlanta GA
- ICS, WebEOC, SNS 101
- HAZMAT Awareness and Operations
- CPR, Blood borne Pathogens
- EMS Field Training Officer
- Fire Fighter C2F2
- Amateur Radio Operator – General Class
- STEP program instructor, Are You Ready instructor

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Shannon Bresaw	VP of Public Health	\$111,000	0	0
Mary Reed	Assistant VP Public Health	\$ 83,200	25%	\$20,800

**State of New Hampshire
Department of Health and Human Services
Amendment #9**

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Greater Seacoast Community Health ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2019, (Item #78E), as amended on February 5, 2020, (Item #7), as amended on May 6, 2020 (Item # 47), as amended with Governor approval on July 10, 2020 and presented to the Executive Council as an Informational Item on August 26, 2020 (Informational Item #L), as amended with Governor approval on November 17, 2020 and presented to the Executive Council as an Informational Item on December 18, 2020 (Informational Item #B), as amended with Governor and Executive Council approval on December 18, 2020 (Item #10), as amended with Governor approval on December 17, 2020 and presented to the Executive Council as an Informational Item on April 7, 2021 (Informational Item # M), as amended with Governor approval on January 29, 2021 and presented to the Executive Council as an Informational Item on May 19, 2021 (Informational Item #N), and as amended with Governor and Executive Council approval on June 30, 2021 (Item #53), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,720,926
2. Modify Exhibit A-1, Additional Scope of Services – COVID-19 Response, by replacing in its entirety with Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, which is attached hereto and incorporated by reference herein.
3. Modify Exhibit B - Amendment #1, Methods and Conditions Precedent to Payment, by replacing in its entirety with Exhibit B, Amendment #9, Method and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Program Funding, Amendment #8 by replacing it in its entirety with Exhibit B-1, Amendment #9, Program Funding, which is attached hereto and incorporated by reference herein.

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11/3/2021

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/3/2021

Date

DocuSigned by:
Patricia M. Tilley
Name: Patricia M. Tilley
Title: Director

Greater Seacoast Community Health

11/3/2021

Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

11/5/2021

Date

DocuSigned by:
Takhmina Rakhmatova
FDE521C825C34AC...

Name: Takhmina Rakhmatova
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



Additional Scope of Services - COVID-19 Response

1. COVID-19 Response

1.1. Emergency Operations

1.1.1. The Contractor shall enact emergency operations across the Regional Public Health Network for COVID-19 efforts by:

- 1.1.1.1. Activating the regions Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.
- 1.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.
- 1.1.1.3. Assessing the region's public health and healthcare system training needs.
- 1.1.1.4. Providing training designed to improve the region's public health and healthcare system response.
- 1.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2. Responder Safety and Health

1.2.1. The Contractor shall ensure the health and safety of the public health response workforce in the Regional Public Health Network, including but not limited to:

- 1.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.
- 1.2.1.2. Determining responder safety and health gaps and implementing corrective actions.
- 1.2.1.3. Documenting and tracking the Regional Public Health Network's personal protective equipment inventory.

1.3. Identification of Vulnerable Populations

- 1.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.
- 1.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9



1.4. Information Sharing and Public Information

1.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders to harmonize response messaging.

1.5. Distribution and Use of Medical Materials

1.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.5.1.1. Maintaining ability for vaccine-specific cold chain management.

1.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.5.1.4. Planning to prioritize limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department and in accordance with all policies and procedures put forth by the Department.

1.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the Centers for Disease Control's electronic Vaccine Administration Management System (VAMS) or the Department's New Hampshire Immunization Information System (NHIIS) to input vaccine data. The loaned assets are outlined in Exhibit A-2 Asset Inventory, which is

New Hampshire Department of Health and Human Services
Regional Public Health Network Services



Exhibit A-1, Amendment #9

attached hereto and incorporated by reference herein. The Contractor agrees to the following terms regarding the use of loaned assets:

- 1.5.3.1. Assets to be Used by User: Subject to the terms and conditions of this Agreement, the Department agrees to provide to User with some or all of the Assets listed on Exhibit A-2, which is attached hereto and incorporated by reference herein. This is a non-transferable right for the User to use the Assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An Asset inventory reflecting the deployed Assets selected from Exhibit A-2 will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.
- 1.5.3.2. The Contractor agrees to use and operate the assets only in conjunction with the business use stated herein for administration of the COVID-19 vaccine, unless otherwise agreed upon by mutual written consent.
- 1.5.3.3. The Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining security standards including but not limited to antivirus software, patching and software updates.
- 1.5.3.4. The Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIS User Support will be provided by the Department's Immunization Program.
- 1.5.3.5. The Contractor understands and agrees that the Department retains ownership of the loaned assets and will return them to the Department in good working condition when no longer needed for COVID-19 vaccine administration or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9

- 1.5.3.6. Prior to returning laptop, iPads, and/or other mobile or storage devices listed in Exhibit A-2 to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST Special Publication 800-88 Rev.1, or later for guidelines at <https://csrc.nist.gov/publications/sp800>.
- 1.6. Surge Staffing
 - 1.6.1. The Contractor shall activate mechanisms for surging public health responder staff.
 - 1.6.2. The Contractor shall recruit, enroll, activate, train and deploy volunteers, including but not limited to:
 - 1.6.2.1. Medical Reserve Corps (MRC).
 - 1.6.2.2. Citizens Emergency Response Teams (CERT).
- 1.7. Public Health Coordination with Healthcare Systems
 - 1.7.1. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.
 - 1.7.2. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s).
- 1.8. Biosurveillance
 - 1.8.1. The Contractor shall conduct surveillance and case identification including, but not limited to:
 - 1.8.1.1. Public health epidemiological investigation activities such as contact follow-up.
 - 1.8.1.2. Assess risk of travelers and other persons with potential COVID-19 exposures.
 - 1.8.1.3. Enhance surveillance systems to provide case-based and aggregate epidemiological data.
 - 1.8.1.4. Ensure data management systems are in place and meet the needs of the jurisdiction.

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



1.8.1.5. Ensure efficient and timely data collection.

1.8.1.6. Ensure ability to rapidly exchange data with public health partners and other relevant partners.

1.9. Adult Influenza Vaccinations

1.9.1. The Contractor shall coordinate with local community-based agencies for the administration of influenza vaccines supplied by the New Hampshire Immunization Program (NHIP) to adults (eighteen (18) years or older). The Contractor shall:

1.9.1.1. Provide a Medical/Clinical Director to provide medical oversight, standing orders, emergency interventions/protocols and clinical expertise. The Contract shall ensure the Medical/Clinical Director is:

1.9.1.1.1. Able to prescribe medication in the State of New Hampshire.

1.9.1.1.2. Either a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN).

1.9.1.2. Make copies of standing orders and emergency interventions/protocols available at all clinics.

1.9.1.3. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.9.1.4. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.9.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.9.2.1. Annually submit a signed Vaccine Management Agreement to NHIP to ensure that all listed requirements are met.

1.9.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.9.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator unit.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9

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- 1.9.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
 - 1.9.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
 - 1.9.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.
 - 1.9.2.7. Track each vaccine dose provide by NHIP.
 - 1.9.2.8. Notify NHIP of any adverse event within 24 hours of the event occurring by contacting the NHIP Nursing help line and faxing incident forms, if this occurs:
 - 1.9.2.8.1. Immediately quarantine the vaccine in a temperature appropriate setting, separating it from other vaccine and labeling it "DO NOT USE".
 - 1.9.2.8.2. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.
 - 1.9.2.8.3. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.
 - 1.9.2.8.4. Submit a Cold Chain Incident Report along with a Data Logger report to NHIP within 24 hours of temperature excursion occurrence.
 - 1.9.3. Within 24 hours of the completion of every clinic:
 - 1.9.3.1. Update the State Vaccination system with total number of vaccines administered and wasted during each mobile clinic.
 - 1.9.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.
 - 1.9.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the contractor's established vaccine refrigerator.
 - 1.9.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:
 - 1.9.3.4.1. Total number of adults vaccinated by age ranges and other demographic indicators as determined by the Department.
 - 1.9.3.4.2. Total number of vaccines wasted.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9

- 1.9.4. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:
 - 1.9.4.1. Strategies that worked well in the areas of communication, logistics, or planning.
 - 1.9.4.2. Areas for improvement both at the state and regional levels, emphasizing strategies for implementing improvements.
 - 1.9.4.3. Future strategies and plans for increasing the number of vaccinated adults.
 - 1.9.4.4. Suggestions on how state level resources may aid increasing the number of vaccinated adults.
- 1.9.5. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional influenza promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.
- 1.9.6. The Contractor shall document and submit the actions taken to recruit a Medical/Clinical Director.

2. COVID-19 Vaccinations

- 2.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:
 - 2.1.1. Racial minority populations.
 - 2.1.2. Ethnic minority populations.
 - 2.1.3. Individuals experiencing homelessness.
 - 2.1.4. Individuals experiencing housing instability.
 - 2.1.5. Rural communities.
- 2.2. The Contractor shall:
 - 2.2.1. Operationalize COVID-19 vaccine clinics for the target populations to increase equitable distribution of COVID-19 vaccination. The Contractor shall operationalize COVID-19 vaccine clinics by utilizing strategies that include, but are not limited to:
 - 2.2.1.1. Vaccine strike teams.
 - 2.2.1.2. Mobile vaccine clinics.
 - 2.2.1.3. Satellite clinics.
 - 2.2.1.4. Temporary clinics.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9

- 2.2.1.5. Travel to off-site clinics to provide vaccination services in non-traditional settings, including in-home vaccination to homebound patients where other mechanisms for in-home vaccination are not available.
- 2.2.1.6. Other vaccine sites, as approved by the Department.
- 2.2.2. Ensure vaccine sites are located at a variety of settings, including, but not limited to, schools, healthcare facilities, and community-based sites.
- 2.2.3. Ensure hours of operation at vaccine sites are maintained and/or adjusted as required to meet the needs of the target population.
- 2.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach and partnerships in the target populations. The Contractor shall:
 - 2.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19 vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:
 - 2.3.1.1. Federally Qualified Health Centers
 - 2.3.1.2. Community Mental Health Centers.
 - 2.3.1.3. Community-based Organizations.
 - 2.3.1.4. City Health Departments.
 - 2.3.1.5. Faith-based Organizations.
 - 2.3.1.6. Local barbers and hairdressers.
 - 2.3.1.7. Community Colleges.
 - 2.3.1.8. Schools.
 - 2.3.2. Conduct outreach to populations, including, but not limited to, those who:
 - 2.3.2.1. Experience disproportionately high rates of COVID-19 and related deaths.
 - 2.3.2.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the Centers for Disease Control and Prevention.
 - 2.3.2.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.
 - 2.3.2.4. Are likely to have low acceptance of or confidence in COVID-19 vaccines.
 - 2.3.2.5. Have a history of mistrust in health authorities or the medical establishment.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9

- 2.3.2.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.
- 2.3.3. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.
- 2.3.4. Conduct outreach to assess individuals' readiness to receive a vaccination.
- 2.3.5. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.
- 2.3.6. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.
- 2.3.7. Participate in meetings with the Department, as requested by the Department.
- 2.3.8. Attend New Hampshire Immunization Program (NHIP) trainings.
- 2.3.9. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.
- 2.3.10. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.
- 2.4. The Contractor shall procure resources, equipment and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:
 - 2.4.1. Coordinating, operating, and managing clinics.
 - 2.4.2. Procuring sites and/or equipment necessary for establishing and hosting vaccine clinics, which may include, but are not limited to:
 - 2.4.2.1. Property leases.
 - 2.4.2.2. Mobile trailer rentals.
 - 2.4.2.3. Generator rentals.
 - 2.4.2.4. Table and chair rentals.
 - 2.4.2.5. Appropriate refrigerators and freezers, as provided by the Department.
 - 2.4.2.6. Data loggers, as provided by the Department.
 - 2.4.3. Procuring communication devices and services, which may include, but are not limited to:
 - 2.4.3.1. Two-way radios.
 - 2.4.3.2. Cell phones.
 - 2.4.3.3. Wi-Fi.
 - 2.4.3.4. Computers.
 - 2.4.4. Procuring disposable supplies, which may include, but are not limited to:



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9

- 2.4.4.1. Generator fuel.
- 2.4.4.2. Propane.
- 2.4.4.3. Oil.
- 2.4.4.4. Batteries.
- 2.4.5. Procuring clinical supplies, which may include, but are not limited to:
 - 2.4.5.1. Syringes.
 - 2.4.5.2. Needles
 - 2.4.5.3. Alcohol wipes.
 - 2.4.5.4. Band aids.
 - 2.4.5.5. Stickers.
- 2.4.6. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.
- 2.4.7. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.
- 2.4.8. Recruiting, training and scheduling vaccine clinic staff at a rate of no more than \$65 per hour per vaccine staff member, unless otherwise approved by the Department, to provide services which include, but are not limited to:
 - 2.4.8.1. Administering vaccines.
 - 2.4.8.2. Participating in training, as requested.
 - 2.4.8.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.
- 2.4.9. Providing vaccine clinic staff and volunteers with water, snacks, and/or meals while performing vaccine administration work. All food, drinks, and meals will be provided to staff on site and may include individually packaged meals in lieu of buffet or family style options, given that operations are occurring in a pandemic environment.
- 2.4.10. Reimbursing mileage costs for vaccine clinic staff, Contractor staff and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

3. Community Health Worker

- 3.1. The Contractor shall provide a Community Health Workers (CHW) to support culturally and linguistically appropriate COVID-19 and other social determinants of health related services.
- 3.2. The Contractor shall submit CHW-related documentation to the Department within thirty (30) days of Agreement effective date, which shall include, but is not limited to:
 - 3.2.1. Staff recruitment plan.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9

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- 3.2.2. Training procedures.
 - 3.2.3. Onboarding plan.
 - 3.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:
 - 3.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.
 - 3.3.2. Assisting with contact tracing, when required.
 - 3.3.3. Cultural mediation among individuals, communities, and health and social service systems.
 - 3.3.4. Culturally appropriate health education and information.
 - 3.3.5. Care coordination, case management, and system navigation.
 - 3.3.6. Coaching and social support by advocating for individuals and communities.
 - 3.3.7. Direct services to clients with COVID-19 and their family members affected by COVID-19, which include, but are not limited to facilitating:
 - 3.3.7.1. Access to COVID-19 test within five (5) days of encounter between the CHW and the client.
 - 3.3.7.2. Access to the influenza vaccine within fourteen (14) days of encounter between the CHW and the client.
 - 3.3.7.3. Access to the COVID-19 vaccine within fourteen (14) days of encounter.
 - 3.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.
 - 3.3.9. Providing and distributing educational information about COVID vaccinations and general Department guidance for individual mitigation.
 - 3.4. The Contractor shall ensure the CHW provides social determinants of health related services, which include, but are not limited to:
 - 3.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:
 - 3.4.1.1. Providing appropriate care coordination, case management and connections to patient and family identified community and social services and referrals.
 - 3.4.1.2. Assisting with maintaining and/or applying for social services within their community.
 - 3.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

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New Hampshire Department of Health and Human Services
Regional Public Health Network Services



Exhibit A-1, Amendment #9

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- 3.4.1.4. Assisting vulnerable populations with navigating the healthcare system.
 - 3.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.
 - 3.4.1.6. Providing culturally appropriate health education on topics related to COVID, chronic disease prevention, physical activity, and nutrition.
 - 3.4.1.7. Providing informal counseling, health screenings, and referrals.
 - 3.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:
 - 3.4.1.8.1. Food insecurity supports.
 - 3.4.1.8.2. Mental health supports.
 - 3.4.1.8.3. Health care referrals.
 - 3.4.1.8.4. Substance use disorder supports.
 - 3.4.1.8.5. Educational supports and services.
 - 3.4.1.8.6. Financial literacy.
 - 3.4.1.8.7. Budgeting supports.
 - 3.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.
 - 3.4.1.8.9. Social Isolation supports.
 - 3.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:
 - 3.4.2.1. Educating healthcare providers and stakeholders about community health needs.
 - 3.4.2.2. Managing care and care transitions for vulnerable populations.
 - 3.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.
 - 3.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.
 - 3.4.2.5. Building community capacity to address health issues.
 - 3.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.
 - 3.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



- 3.5. The Contractor shall ensure the CHW documents encounters within the data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:
- 3.5.1. Race.
 - 3.5.2. Ethnicity.
 - 3.5.3. Language.
 - 3.5.4. Household income.
 - 3.5.5. Marital status.
 - 3.5.6. Age of parents.
 - 3.5.7. Sexual orientation and/or gender identity.
 - 3.5.8. Street address.
 - 3.5.9. Town.
 - 3.5.10. County.
 - 3.5.11. Zip Code.
 - 3.5.12. State.
 - 3.5.13. Number of incarcerated parents (if applicable).
 - 3.5.14. Phone number and/or email address.
 - 3.5.15. Status of receiving benefits, if applicable, including, but not limited to:
 - 3.5.15.1. Supplemental Nutrition Assistance Program (SNAP).
 - 3.5.15.2. Child Care.
 - 3.5.15.3. Medicaid.
 - 3.5.15.4. Social Security.
 - 3.5.15.5. Temporary Assistance for Needy Families (TANF).
 - 3.5.15.6. WIC.
- 3.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.
- 3.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.
- 3.8. Reporting
- 3.8.1. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



Exhibit A-1, Amendment #9

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- 3.8.1.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by the DPHS.
 - 3.8.1.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.
 - 3.8.1.3. Final After Action Report/Improvement Plan for the activity described in paragraph 1.4.1.
 - 3.8.1.4. Final After Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.
 - 3.8.1.5. Other information that may be required by federal and state funders during the contract period.
 - 3.8.2. The Contractor shall submit quarterly reports, which shall include, but are not limited:
 - 3.8.2.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.
 - 3.8.2.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.
 - 3.8.2.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.
 - 3.8.2.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.
 - 3.8.2.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.
 - 3.8.2.6. Efforts, successes, and challenges experienced in providing community engagement.
 - 3.8.2.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.
 - 3.8.2.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received results or COVID vaccination disaggregated by the following age ranges:

New Hampshire Department of Health and Human Services
Regional Public Health Network Services



Exhibit A-1, Amendment #9

- 3.8.2.8.1. 5-11 years old.
- 3.8.2.8.2. 12-17 years old.
- 3.8.2.8.3. 18 years and older.
- 3.8.2.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:
 - 3.8.2.9.1. 5-11 years old.
 - 3.8.2.9.2. 12-17 years old.
 - 3.8.2.9.3. 18 years and older.
- 3.8.2.10. Number of collaborating agencies/services identified as part of CHW-led intervention.
- 3.8.2.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.
- 3.8.2.12. Number and percentage of resources provided in a primary language other than English.
- 3.8.2.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor.
- 3.8.2.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.
- 3.8.2.15. Percentage of clients that identify one or more unmet need.
- 3.8.2.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.
- 3.8.2.17. Number and percentage of clients that have completed CHW encounter form and Patient Questionnaire completed and documented.
- 3.8.2.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:
 - 3.8.2.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.
 - 3.8.2.18.2. Number of other navigation and support services to address COVID-19 risk factors.
 - 3.8.2.18.3. Number of referrals completed through closed loop referral system.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



Exhibit A-1, Amendment #9

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- 3.8.2.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.
 - 3.8.2.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.
 - 3.8.2.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).
 - 3.8.2.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) of first CHW encounter.
 - 3.8.2.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.
 - 3.8.2.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

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New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit B, Amendment #9

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response.

- 1.1. This Agreement is funded by:

- 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.991, Federal Award Identification Number (FAIN) #B01OT009205.
- 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds.
- 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds.
- 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796.
- 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757.
- 1.1.6. Federal Funds from the US Department of Health and Human Services, Public Health Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.889, Federal Award Identification Number (FAIN) #U90TP000535.
- 1.1.7. Federal Funds from the US Department of Health and Human Services, Childhood Lead Poisoning Prevention and Surveillance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.197, Federal Award Identification Number (FAIN) #NUE2EH001408.
- 1.1.8. Federal Funds from the US Department of Health and Human Services, Climate, Catalog of Federal Domestic Assistance (CFDA #) 93.070, Federal Award Identification Number (FAIN) #NUEIEH001332.
- 1.1.9. Federal Funds from the US Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, COVID-19 Health Disparities, Catalog of Federal Domestic Assistance (CFDA #) 93.391, Federal Award Identification Number (FAIN) #NH75OT000031.
- 1.1.10. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness, Catalog of Federal Domestic Assistance (CFDA #) 93.069, Federal Award Identification Number (FAIN) #U90TP922018.
- 1.1.11. General Funds from the State of New Hampshire.

- 1.2. For the purposes of this Agreement, the Department has identified:

- 1.2.1. The Contractor as a Subrecipient, in accordance with 2 CFR §200.331^{DS}

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B, Amendment #9

- 1.2.2. This Agreement as NON-R&D, in accordance with 2 CFR §200.332.
- 1.3. The Contractor shall provide the services in Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, in compliance with funding requirements.
- 1.4. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
2. Program Funding
 - 2.1. The Contractor shall be paid up to the amounts specified for each program/scope of work identified in Exhibit B-1, Amendment #9, Program Funding.
 - 2.2. Payment for the I-CARE program shall be on a lump sum basis for authorized expenditures incurred in the fulfillment of the Department approved I-CARE NH work plan and budget. Authorized expenditures shall include printing, mailing, and media related expenses.
 - 2.3. The Contractor shall submit one (1) ARPA budget for State Fiscal Year 2022 and one (1) COVID Health Disparities budget for State Fiscal Year 2022, in a form satisfactory to the Department, for Department approval no later than (10) days from the Amendment #9 Effective Date. The Contractor shall:
 - 2.3.1. Utilize budget forms as provided by the Department.
 - 2.3.2. Submit a budget for each program/scope of work for each state fiscal year in accordance with Exhibit B-1, Amendment #9, Program Funding.
 - 2.3.3. Collaborate with the Department to incorporate approved budgets into this agreement by Amendment.
3. Payment for said services shall be made monthly as follows:
 - 3.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and in accordance with Section 2, Program Funding, above.
4. The Contractor shall submit an invoice in a form satisfactory to the Department no later than the twentieth (20th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
5. The Contractor shall ensure the invoices are completed, signed, dated and returned to the Department in order to initiate payments.
6. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and only if sufficient funds are available.
7. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, Block 1.7 Completion Date.
8. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

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

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[Signature]



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit B, Amendment #9

9. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Amendment #8, Scope of Services; Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response; and/or in this Exhibit B, Amendment #9, Method and Conditions Precedent to Payment.
10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
11. The Contractor shall keep detailed records of their activities related to Department-funded programs and services and have records available for Department review, as requested.

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Vendor Name: Greater Seacoast Community Health
 Contract Name: Regional Public Health Network Services
 Region: Stratford County

Program Name and Funding Amounts															
State Fiscal Year	COVID Vaccinations	ARPA DHHS Fiscal Recovery Funds	Public Health COVID-19 Health Disparities	Immunization	I-Care	Public Health Advisory Council	Public Health Emergency Preparedness	Public Health Crisis Response	Medical Reserve Corps Activities	Substance Misuse Prevention	Continuum of Care	Young Adult Substance Misuse Prevention Strategies	School-Based Vaccination Clinics	Childhood Lead Poisoning Prevention Community Assessment	Hepatitis A Vaccination Clinics
2019						\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$1,200	\$10,000
2020						\$30,000	\$67,980	\$50,000	\$10,000	\$67,360	\$45,634	\$105,812	\$15,000	\$11,882	\$10,000
2021	\$125,800			\$35,000		\$30,000	\$67,980	\$0	\$10,000	\$67,360	\$45,634	\$60,000	\$15,000	\$8,018	\$0
2022	\$141,691	\$147,821	\$105,000		\$8,000	\$30,000	\$167,860	\$0	\$10,000	\$67,360	\$45,634	\$90,000	\$15,000		\$0
														Total	\$1,720,828

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11/3/2021

State of New Hampshire

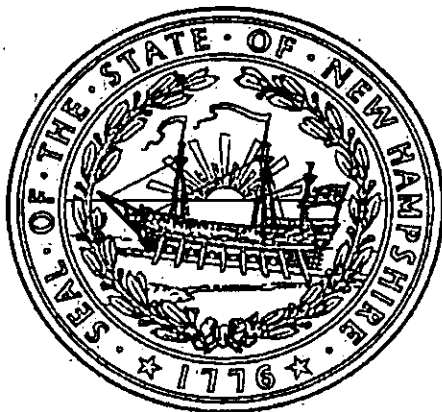
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GREATER SEACOAST COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 65587

Certificate Number: 0005310754



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of March A.D. 2021.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Barbara Henry, of Greater Seacoast Community Health, do hereby certify that:

1. I am the duly elected Board Vice Chair of Greater Seacoast Community Health;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Greater Seacoast Community Health, duly held on January 25, 2021;

Resolved: That this corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services for the provision of Public Health Services.

Resolved: That the Chief Executive Officer, Janet Laatsch, is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of Jan. 25, 2021.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board Chair of Greater Seacoast Community Health this 25TH day of January, 2021.



Barbara Henry, Board Vice-Chair

STATE OF NH

COUNTY OF STRAFFORD

2021

The foregoing instrument was acknowledged before me this _____ day of _____,

by Barbara Henry.

Notary Public/Justice of the Peace

My Commission Expires: _____



GOODCOM-01

PCANTLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/10/2021

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

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

PRODUCER License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Greater Seacoast Community Health dba Goodwin Community Health, Families First, SOS Community Organization, Lilac City Pediatrics 311 Route 108 Somersworth, NH 03878	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Selective Insurance Co of South Carolina</td> <td style="width: 20%;">NAIC # 19259</td> </tr> <tr> <td>INSURER B: Technology Insurance Company</td> <td>42376</td> </tr> <tr> <td>INSURER C: AIX Specialty Insurance Co</td> <td>12833</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Selective Insurance Co of South Carolina	NAIC # 19259	INSURER B: Technology Insurance Company	42376	INSURER C: AIX Specialty Insurance Co	12833	INSURER D:		INSURER E:		INSURER F:	
INSURER A: Selective Insurance Co of South Carolina	NAIC # 19259												
INSURER B: Technology Insurance Company	42376												
INSURER C: AIX Specialty Insurance Co	12833												
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			S 2439491	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S 2439491	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			S 2439491	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC3931922	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab			LIV-A671986-06	1/1/2021	1/1/2022	Each Incident \$ 1,000,000
C	Professional Liab			LIV-A671986-06	1/1/2021	1/1/2022	Aggregate \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Professional Liability excludes coverage for claims that are covered under the FTCA

CERTIFICATE HOLDER

CANCELLATION

State of NH
 Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301-3857

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

AUTHORIZED REPRESENTATIVE

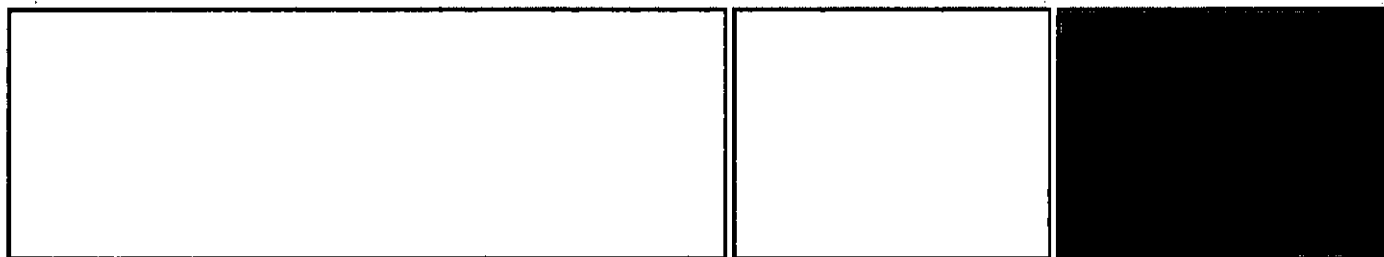
Monique Ruth

Greater Seacoast Community Health

Mission

“To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay.”

Board Approved on 6-25-2018



GREATER SEACOAST COMMUNITY HEALTH

Goodwin
Community Health

Families
First

Lilac City
Pediatrics

FINANCIAL STATEMENTS

December 31, 2019 and 2018

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Greater Seacoast Community Health

We have audited the accompanying financial statements of Greater Seacoast Community Health, which comprise the balance sheets as of December 31, 2019 and 2018, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Board of Directors
Greater Seacoast Community Health
Page 2

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Greater Seacoast Community Health as of December 31, 2019 and 2018, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2019 Greater Seacoast Community Health adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance. Our opinion is not modified with respect to this matter.

Berry Duann McNeil & Parker, LLC

Portland, Maine
July 27, 2020

GREATER SEACOAST COMMUNITY HEALTH

Balance Sheets

December 31, 2019 and 2018

ASSETS

	<u>2019</u>	<u>2018</u>
Current assets		
Cash and cash equivalents	\$ 4,895,949	\$ 3,896,813
Patient accounts receivable	1,178,290	1,560,698
Grants receivable	680,448	424,642
Pledges receivable	33,625	263,557
Inventory	100,428	143,250
Other current assets	<u>53,142</u>	<u>57,987</u>
Total current assets	6,941,882	6,346,947
Investments	1,373,984	1,112,982
Investment in limited liability company	-	38,201
Assets limited as to use	1,621,866	1,421,576
Property and equipment, net	<u>5,784,530</u>	<u>6,107,219</u>
Total assets	<u>\$ 15,722,262</u>	<u>\$ 15,026,925</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 200,449	\$ 172,852
Accrued payroll and related expenses	1,199,712	1,075,463
Patient deposits	137,239	173,105
Deferred revenue	<u>46,628</u>	<u>7,269</u>
Total current liabilities and total liabilities	<u>1,584,028</u>	<u>1,428,689</u>
Net assets		
Without donor restrictions	12,379,359	11,824,495
With donor restrictions	<u>1,758,875</u>	<u>1,773,741</u>
Total net assets	<u>14,138,234</u>	<u>13,598,236</u>
Total liabilities and net assets	<u>\$ 15,722,262</u>	<u>\$ 15,026,925</u>

The accompanying notes are an integral part of these financial statements.

GREATER SEACOAST COMMUNITY HEALTH

Statements of Operations

Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Operating revenue and support		
Patient service revenue	\$11,318,482	\$11,353,111
Provision for bad debts	<u>-</u>	<u>(651,700)</u>
Net patient service revenue	11,318,482	10,701,411
Grants, contracts, and contributions	7,943,253	7,713,908
Other operating revenue	259,394	368,017
Net assets released from restriction for operations	<u>448,507</u>	<u>634,931</u>
Total operating revenue and support	<u>19,969,636</u>	<u>19,418,267</u>
Operating expenses		
Salaries and wages	12,295,009	12,439,986
Employee benefits	2,156,634	2,275,134
Contracted services	1,080,950	1,119,854
Program supplies	1,324,866	1,191,451
Software maintenance	503,376	534,192
Occupancy	787,474	582,900
Other	1,125,378	1,018,477
Depreciation	<u>326,934</u>	<u>349,661</u>
Total operating expenses	<u>19,600,621</u>	<u>19,511,655</u>
Operating income (loss)	<u>369,015</u>	<u>(93,388)</u>
Other revenue and (losses)		
Investment income	48,963	48,204
Loss on disposal of assets	(20,936)	(6,874)
Change in fair value of investments	<u>157,822</u>	<u>(95,246)</u>
Total other revenue and (losses)	<u>185,849</u>	<u>(53,916)</u>
Excess (deficiency) of revenue over expenses and increase (decrease) in net assets without donor restrictions	\$ <u>554,864</u>	\$ <u>(147,304)</u>

The accompanying notes are an integral part of these financial statements.

GREATER SEACOAST COMMUNITY HEALTH

Statements of Changes in Net Assets

Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses and increase in net assets without donor restrictions	\$ <u>554,864</u>	\$ <u>(147,304)</u>
Net assets with donor restrictions		
Contributions	169,687	44,649
Investment income	47,540	37,790
Change in fair value of investments	216,414	(147,099)
Net assets released from restriction for operations	<u>(448,507)</u>	<u>(634,931)</u>
Decrease in net assets with donor restrictions	<u>(14,866)</u>	<u>(699,591)</u>
Change in net assets	539,998	(846,895)
Net assets, beginning of year	<u>13,598,236</u>	<u>14,445,131</u>
Net assets, end of year	<u>\$14,138,234</u>	<u>\$13,598,236</u>

The accompanying notes are an integral part of these financial statements.

GREATER SEACOAST COMMUNITY HEALTH

Statements of Cash Flows

Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities		
Change in net assets	\$ 539,998	\$ (846,895)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	326,934	349,661
Equity in loss of limited liability company	13,754	2,395
Change in fair value of investments	(374,236)	242,345
Loss on disposal of assets	20,936	6,874
(Increase) decrease in		
Patient accounts receivable	406,855	(319,654)
Grants receivable	(255,806)	304,713
Pledges receivable	229,932	300,635
Inventory	42,822	101,604
Other current assets	4,845	(1,155)
Increase (decrease) in		
Accounts payable and accrued expenses	27,597	(138,262)
Accrued salaries and related amounts	124,249	33,819
Patient deposits	(35,866)	6,790
Deferred revenue	<u>39,359</u>	<u>(2,117)</u>
Net cash provided by operating activities	<u>1,111,373</u>	<u>40,753</u>
Cash flows from investing activities		
Capital acquisitions	(25,181)	(21,463)
Proceeds from sale of investments	244,247	198,458
Purchase of investments	<u>(331,303)</u>	<u>(294,519)</u>
Net cash used by investing activities	<u>(112,237)</u>	<u>(117,524)</u>
Net increase (decrease) in cash and cash equivalents	999,136	(76,771)
Cash and cash equivalents, beginning of year	<u>3,896,813</u>	<u>3,973,584</u>
Cash and cash equivalents, end of year	<u>\$ 4,895,949</u>	<u>\$ 3,896,813</u>

The accompanying notes are an integral part of these financial statements.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

1. Summary of Significant Accounting Policies

Organization

Greater Seacoast Community Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC), providing fully integrated medical, behavioral, oral health, recovery services and social support for underserved populations. The Organization is a network of community health centers, which includes Families First Health & Support Center, Goodwin Community Health, and Lilac City Pediatrics providing healthcare services to individuals living within the greater Seacoast service area.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

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

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code (IRC). As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

Revenue Recognition and Patient Accounts Receivable

In 2019, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which provide guidance for revenue recognition. These standards' core principle is that a company will recognize revenue when it transfers promised goods or services to customers in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods or services. The most significant change from the adoption of the new standards relates to the presentation of implicit price concessions. Under the previous standards, the estimate for amounts not expected to be collected based upon historical experience was reflected as provision for doubtful accounts, and presented separately as an offset to net patient service revenue. Under the new standards, the estimate for amounts not expected to be collected based on historical experience will continue to be recognized as a reduction to net revenue, but not reflected separately as provision for doubtful accounts. The Organization has adopted the provisions of ASU No. 2014-09 for the year ended December 31, 2019, and elected the modified retrospective method; therefore, the financial statements and related notes have been presented accordingly. Under the modified retrospective method, amounts in the comparative period have not been restated and continue to be reported under the accounting standards in effect for that year.

The impact of the adoption on the statement of operations for the year ended December 31, 2019 follows:

	As Reported	Balance before ASU 2014-09 Adoption	Effect of Change
Patient service revenue	\$ -	\$ 12,036,809	\$ -
Provision for bad debts	-	(718,327)	-
Net patient service revenue	<u>\$ 11,318,482</u>	<u>\$ 11,318,482</u>	<u>\$ -</u>

Patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligation for medical, behavioral health, dental and ancillary services from the commencement of a face-to-face encounter with a patient to the completion of the encounter. Ancillary services provided the same day as the face-to-face encounter are considered to be part of the performance obligation and are not deemed to be separate performance obligations. The Organization measures the performance obligation for in-house and contract pharmacy services based on when the prescription is distributed to the patient.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount program, and implicit price concessions provided to uninsured patients.

The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The Organization has elected the practical expedient allowed under FASB Accounting Standards Codification Subtopic 606-10-32-18, and does not adjust the promised amount of consideration from patients and third-party payers for the effects of a significant financing component due to the Organization's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payer pays for that service will be one year or less.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is primarily reimbursed based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face FQHC visit. Certain other non-FQHC services are reimbursed based on fee-for-service rate schedules.

Medicaid

The Organization is entitled to reimbursement based on a minimum per visit reimbursement rate (encounter rate) when providing care to Medicaid beneficiaries which is adjusted annually for inflation using the Medicare Economic Index. Certain other non-FQHC services are reimbursed based on fee-for-service rate schedules.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed based on contractually obligated payment rates for each Current Procedural Terminology code which may be less than the Organization's public fee schedule.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

Patients

Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization operates an in-house pharmacy and contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Consistent with the Organization's mission and FQHC designation, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and amounts the Organization expects to collection based on its collection history with those patients.

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program amounted to \$1,523,271 and \$1,756,052 for the years ended December 31, 2019 and 2018, respectively. The Organization is able to provide these services with a component of funds received through federal and state grants.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. A table detailing the payers is presented in Note 7.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of contractual allowances, were as follows:

	<u>2019</u>	<u>2018</u>
Governmental plans		
Medicare	7 %	7 %
Medicaid	28 %	29 %
Commercial payers	31 %	32 %
Patient	<u>34 %</u>	<u>32 %</u>
Total	<u><u>100 %</u></u>	<u><u>100 %</u></u>

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible. Support received under grants and contracts with governmental agencies is recorded as revenue when terms of the agreements have been met.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). For the years ended December 31, 2019 and 2018, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 66% and 63%, respectively, of grants, contracts and contributions.

Inventory

Inventory consists primarily of pharmaceuticals and is stated at the lower of cost or retail. Cost is determined on the first-in, first-out method.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

Investments

The Organization reports investments at fair value. Investments include donor endowment funds and assets held for long-term purposes. Accordingly, investments have been classified as non-current assets in the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

The Organization has elected the fair value option for valuing its investments, which consolidates all investment performance activity within the other revenue and losses section of the statement of operations. The election was made because the Organization believes reporting the activity in a single performance indicator provides a clearer measure of the investment performance. Accordingly, investment income and the change in fair value are included in the excess (deficiency) of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheet.

Investment in Limited Liability Company

The Organization is one of seven members of Primary Health Care Partners, LLC (PHCP). The Organization's investment in PHCP is reported using the equity method. PHCP dissolved on December 31, 2019 and the Organization's remaining capital balance was subsequently distributed to the Organization.

Assets Limited as to Use

Assets limited as to use include investments held for others and donor-restricted contributions to be held in perpetuity and earnings thereon, subject to the Organization's spending policy as further discussed in Note 6.

Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. Property and equipment costing less than \$5,000 is charged to expense upon purchase.

Patient Deposits

Patient deposits consist of payments made by patients in advance of significant dental work based on quotes for the work to be performed.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction.

Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. All pledges receivable are due within one year. Given the short-term nature of the Organization's pledges, they are not discounted and a reserve for uncollectible pledges has been established in the amount of \$2,000 at December 31, 2019 and 2018. Conditional promises to give are not included as revenue until the conditions are substantially met.

In 2019, the Organization adoption ASU No. 2018-08, *Not-for-Profit Entities* (Topic 958), *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to ASU No. 2014-09 or other applicable guidance, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model. Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions must specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. ASU No. 2018-08 has been applied retrospectively to 2018; however, there was no impact to total net assets, results of operations or cash flows.

Excess (Deficiency) of Revenue Over Expenses

The statement of operations reflects the excess (deficiency) of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

On March 11, 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic. Governments have mandated the temporary shut-down of business in many sectors and imposed limitations on travel. Most sectors are experiencing disruption to business operations. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and the extent of government actions to mitigate them. While management believes this matter may negatively impact its operating results, the related financial impact and duration cannot be reasonably estimated at this time.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

On March 27, 2020 the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), was enacted into law. The Organization obtained a loan for \$1,479,000 under the Act. The loan is intended to cover 8 weeks of payroll during May and June, and if certain provisions are met, the loan may be forgiven. Amounts not forgiven, if any, are repayable over two years with interest at 1% and six month deferred payment. The Organization has also received approximately \$1,500,000 from a number of stimulus payments and Federal grants under the CARES Act to support ongoing operations as well as COVID related expenses through March 2021.

For financial reporting purposes, subsequent events have been evaluated by management through July 27, 2020, which is the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

The Organization had working capital of \$5,357,854 and \$4,918,258 at December 31, 2019 and 2018, respectively. The Organization had average days cash and cash equivalents and investments on hand (based on normal expenditures) of 119 and 95 at December 31, 2019 and 2018, respectively.

Financial assets available for general expenditure within one year were as follows:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 4,895,949	\$ 3,896,813
Patient accounts receivable, net	1,178,290	1,560,698
Grants receivable	680,448	424,642
Pledges receivable	<u>33,625</u>	<u>263,557</u>
Financial assets available for current use	<u>\$ 6,788,312</u>	<u>\$ 6,145,710</u>

The Organization has long-term investments and assets for restricted use, which are more fully described in Note 3, that are not reflected in the amount above.

3. Investments and Assets Limited as to Use

Investments, stated at fair value, consisted of the following:

	<u>2019</u>	<u>2018</u>
Long-term investments	\$ 1,373,984	\$ 1,112,982
Assets limited as to use	<u>1,621,866</u>	<u>1,421,576</u>
Total investments	<u>\$ 2,995,850</u>	<u>\$ 2,534,558</u>

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

Assets limited as to use are restricted for the following purposes:

	<u>2019</u>	<u>2018</u>
Assets held in trust under Section 457(b) deferred compensation plans	\$ 36,304	\$ 26,764
Assets with donor restrictions	<u>1,585,562</u>	<u>1,394,813</u>
Total	<u>\$ 1,621,866</u>	<u>\$ 1,421,576</u>

Fair Value of Financial Instruments

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

U.S. GAAP distinguishes three levels of inputs that may be utilized when measuring fair value:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value:

	<u>Investments at Fair Value as of December 31, 2019</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 193,877	\$ -	\$ -	\$ 193,877
Municipal bonds	-	290,796	-	290,796
Exchange traded funds	330,437	-	-	330,437
Mutual funds	<u>2,180,740</u>	-	-	<u>2,180,740</u>
Total investments	<u>\$ 2,705,054</u>	<u>\$ 290,796</u>	<u>\$ -</u>	<u>\$ 2,995,850</u>

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

	Investments at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 13,810	\$ -	\$ -	\$ 13,810
Municipal bonds	-	288,679	-	288,679
Exchange traded funds	411,147	-	-	411,147
Mutual funds	<u>1,820,922</u>	-	-	<u>1,820,922</u>
Total investments	<u>\$ 2,245,879</u>	<u>\$ 288,679</u>	<u>\$ -</u>	<u>\$ 2,534,558</u>

Municipal bonds are valued based on quoted market prices of similar assets.

4. Property and Equipment

Property and equipment consisted of the following:

	<u>2019</u>	<u>2018</u>
Land	\$ 718,427	\$ 718,427
Building and improvements	5,857,428	5,857,428
Leasehold improvements	302,547	311,561
Furniture, fixtures, and equipment	<u>2,673,943</u>	<u>2,667,663</u>
Total cost	9,552,345	9,555,079
Less accumulated depreciation	<u>3,767,815</u>	<u>3,447,860</u>
Property and equipment, net	<u>\$ 5,784,530</u>	<u>\$ 6,107,219</u>

The Organization's facility was built and renovated with federal grant funding. In accordance with the grant agreements, a Notice of Federal Interest (NFI) was required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management (OFAM) and Health Reimbursement and Services Administration (HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

5. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	<u>2019</u>	<u>2018</u>
Specific purpose		
Program services	\$ 139,688	\$ 115,371
Passage of time		
Pledges receivable	33,625	263,557
Investments to be held in perpetuity, for which the income is without donor restrictions	<u>1,585,562</u>	<u>1,394,813</u>
Total	<u>\$ 1,758,875</u>	<u>\$ 1,773,741</u>

Net assets released from net assets with donor restrictions were as follows:

	<u>2019</u>	<u>2018</u>
Satisfaction of purpose - program services	\$ 53,238	\$ 270,530
Passage of time - pledges receivable	322,064	291,384
Passage of time - endowment earnings	<u>73,205</u>	<u>73,017</u>
Total	<u>\$ 448,507</u>	<u>\$ 634,931</u>

6. Endowments**Interpretation of Relevant Law**

The Organization's endowments primarily consist of an investment portfolio managed by the Investment Sub-Committee. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts, and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund;
- (2) The purposes of the Organization and the donor-restricted endowment fund;
- (3) General economic conditions;
- (4) The possible effect of inflation and deflation;
- (5) The expected total return from income and the appreciation of investments;
- (6) Other resources of the Organization; and
- (7) The investment policies of the Organization.

Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration (underwater). In the event the endowment becomes underwater, it is the Organization's policy to not appropriate expenditures from the endowment assets until the endowment is no longer underwater. There were no such deficiencies as of December 31, 2019 and 2018.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

GREATER SEACOAST COMMUNITY HEALTH**Notes to Financial Statements****December 31, 2019 and 2018****Endowment Net Asset Composition by Type of Fund**

The Organization's endowment consists of assets with donor restrictions only and had the following related activities:

	<u>2019</u>	<u>2018</u>
Endowments, beginning of year	\$ 1,394,813	\$ 1,577,139
Investment income	47,540	37,790
Change in fair value of investments	216,414	(147,099)
Spending policy appropriations	<u>(73,205)</u>	<u>(73,017)</u>
Endowments, end of year	<u>\$ 1,585,562</u>	<u>\$ 1,394,813</u>

7. Patient Service Revenue

Net patient service revenue by payer and program is as follows:

	<u>2019</u>		
	Medical, Behavioral Health and Dental <u>Services</u>	Pharmacy <u>Services</u>	<u>Total</u>
Governmental payers			
Medicare	\$ 927,218	\$ 241,341	\$ 1,168,559
Medicaid	4,641,469	298,673	4,940,142
Commercial payers	2,806,586	277,352	3,083,938
Patient	<u>470,870</u>	<u>182,195</u>	<u>653,065</u>
Net direct patient service revenue	8,846,143	999,561	9,845,704
340B contract pharmacy revenue	<u>-</u>	<u>1,472,778</u>	<u>1,472,778</u>
Net patient service revenue	<u>\$ 8,846,143</u>	<u>\$ 2,472,339</u>	<u>\$ 11,318,482</u>

	<u>2018</u>		
	Medical, Behavioral Health and Dental <u>Services</u>	Pharmacy <u>Services</u>	<u>Total</u>
Governmental payers			
Medicare	\$ 1,001,792	\$ 171,979	\$ 1,173,771
Medicaid	3,910,040	196,962	4,107,002
Commercial payers	3,154,989	295,839	3,450,828
Patient	<u>1,165,229</u>	<u>137,889</u>	<u>1,303,118</u>
Total direct patient service revenue	9,232,050	802,669	10,034,719
Provision for bad debts	<u>(651,700)</u>	<u>-</u>	<u>(651,700)</u>
Net direct patient service revenue	8,580,350	802,669	9,383,019
340B contract pharmacy revenue	<u>-</u>	<u>1,318,392</u>	<u>1,318,392</u>
Net patient service revenue	<u>\$ 8,580,350</u>	<u>\$ 2,121,061</u>	<u>\$ 10,701,411</u>

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

8. Retirement Plans

The Organization has a defined contribution plan under IRC Section 401(k) that covers substantially all employees. For the years ended December 31, 2019 and 2018, the Organization contributed \$193,365 and \$194,214, respectively, to the plan.

The Organization has established an unqualified deferred compensation plan under IRC Section 457(b) for certain key employees of the Organization. The Organization did not contribute to the plan during the year ended December 31, 2019. The balance of the deferred compensation plan amounted to \$36,304 and \$26,764 at December 31, 2019 and 2018, respectively.

9. Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). The value of food vouchers distributed by the Organization was \$1,068,417 and \$1,136,875 for the years ended December 31, 2019 and 2018, respectively. These amounts are not included in the accompanying financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

10. Functional Expense

The Organization provides various services to residents within its geographic location. Given the Organization is a service organization, expenses are allocated between healthcare, administrative and support and fundraising services based on the percentage of direct care wages to total wages, with the exception of program supplies which are 100% healthcare in nature. Expenses related to providing these services are as follows:

	Healthcare <u>Services</u>	Administrative and Support <u>Services</u>	Fundraising <u>Services</u>	<u>Total</u>
2019:				
Salaries and wages	\$ 10,587,330	\$ 1,293,845	\$ 413,834	\$ 12,295,009
Employee benefits	1,857,078	226,878	72,678	2,156,634
Contracted services	890,375	183,127	7,448	1,080,950
Program supplies	1,324,866	-	-	1,324,866
Software maintenance	433,457	52,955	16,964	503,376
Occupancy	678,094	82,842	26,538	787,474
Other	963,883	103,415	58,080	1,125,378
Depreciation	<u>281,523</u>	<u>34,393</u>	<u>11,018</u>	<u>326,934</u>
Total	<u>\$ 17,016,606</u>	<u>\$ 1,977,455</u>	<u>\$ 606,560</u>	<u>\$ 19,600,621</u>

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

	Healthcare <u>Services</u>	Administrative and Support <u>Services</u>	Fundraising <u>Services</u>	<u>Total</u>
2018:				
Salaries and wages	\$ 10,726,571	\$ 1,233,194	\$ 480,221	\$ 12,439,986
Employee benefits	1,961,848	225,466	87,820	2,275,134
Contract services	956,218	147,500	16,136	1,119,854
Program supplies	1,191,451	-	-	1,191,451
Software maintenance	460,634	52,938	20,620	534,192
Occupancy	502,635	57,765	22,500	582,900
Other	854,906	88,360	75,211	1,018,477
Depreciation	<u>301,513</u>	<u>34,651</u>	<u>13,497</u>	<u>349,661</u>
Total	<u>\$ 16,955,776</u>	<u>\$ 1,839,874</u>	<u>\$ 716,005</u>	<u>\$ 19,511,655</u>

11. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of December 31, 2019, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

12. Lease Commitments

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are as follows:

2020	\$ 315,971
2021	274,281
2022	42,211
2023	43,048
2024	23,971
Thereafter	<u>1,191</u>
Total	<u>\$ 700,673</u>

Rental expense amounted to \$316,139 and \$258,695 for the year ended December 31, 2019 and 2018, respectively.

GREATER SEACOAST COMMUNITY HEALTH

Goodwin Families Lilac City
Community Health First Pediatrics

**Board of Directors
Calendar Year 2021**

Name/Address	Phone/Email	Occupation
<u>Chair</u> Jennifer Glidden [REDACTED]	[REDACTED]	DHHS Admin. Supervisor Consumer
<u>Vice Chair</u> Barbara Henry [REDACTED]	[REDACTED]	Retired Newspaper Publisher
<u>Board Treasurer</u> Dennis Veilleux [REDACTED]	[REDACTED]	Accounting Manager
<u>Board Secretary</u> Don Chick [REDACTED]	[REDACTED]	Photographer Consumer
Karin Barndollar [REDACTED]	[REDACTED]	Export Manager Consumer
Jody Hoffer Gittell [REDACTED]	[REDACTED]	Professor
Valerie Goodwin [REDACTED]	[REDACTED]	Retired Business Consumer
Jo Jordon [REDACTED] D	[REDACTED]	Emergency Management
Abigail Sykas Karoutas [REDACTED]	[REDACTED]	Attorney Consumer
Jo Lamprey [REDACTED]	[REDACTED]	Retired Nurse and Co-founder of healthcare quality Co.
Brendan Markey [REDACTED]	[REDACTED]	SVP Residential Lending
Allison Neal [REDACTED]	[REDACTED]	Education Consultant Consumer

Name/Address	Phone/Email	Occupation
Yulia Rothenberg [REDACTED]	[REDACTED]	Education Consultant Consumer
Kathy Scheu [REDACTED]	[REDACTED]	Medical/Laboratory Product Sales
Dan Schwarz [REDACTED]	[REDACTED]	Attorney Consumer
Jeffrey Segil, MD [REDACTED]	[REDACTED]	Physician-OB/GYN
James Sepanski [REDACTED]	[REDACTED]	Financial Executive
David B. Staples, DDS [REDACTED]	[REDACTED]	Dentist Consumer

JANET M. LAATSCH

Objective: To utilize my leadership skills to create a dynamic, sustainable non-profit organization.

WORK EXPERIENCE:

Goodwin Community Health (GCH)

Somersworth, NH

Chief Executive Officer

2001-Present

2005-Present

Accomplishments:

- Successfully retained all Directors and Physicians
- Built relationships with donors, foundations, local and state representatives and other non-profit and for-profit organizations
- Retention of an active Board of Directors
- Improvement of patient outcomes
- Successfully implemented mental health integration program
- Successfully acquired a for-profit mental health organization
- Developed a new partnership with Noble High School
- Developed a new partnership with Southeastern NH Services
- Obtained new grant funding of over \$7.0 million
- Expansion of donor base
- Development of a corporate compliance program
- Merged the public health and safety council under AGCHC

Responsibilities:

- Oversight of operations, finance, personnel and fund development
- Grant writing and donor development
- New business development
- Compliance with all federal and state regulations
- Build relationships and partnerships locally and statewide
- Strategic planning
- Report directly to the Board of Directors

Finance Director

2002-2005

Accomplishments:

- Brought in over \$3.9 million in grant funds for the organization
- Obtained Federally Qualified Health Center status in 2004
- Designed and implemented a successful new dental program
- Achieved a financial surplus annually

Responsibilities:

- Responsible for all financial transactions, billing, collections, patient accounts
- Strategic planning as it relates to capital funding
- Budget development, cost/benefit analysis of existing programs and potential new programs
- Development and implementation of an annual development plan
- Research, write, submit and provide follow-up reports for grant funds

• Oversee human resource functions of the organization
Grant Writer/Per Diem Nurse 2001-2002

**Grant Writing Services,
N. Hampton, NH
Sole Proprietor** 1999-2001

Accomplishments:

- Successfully researched and submitted grants for health and educational organizations totaling over \$150k

Responsibilities:

- Research private, industry, state and federal funds for non-profit organizations

**North Shore Medical Center (Partners Health Care)
Salem, MA** 1991-1999

**Acting Chief Operations Officer for the
North Shore Community Health Center** 1997-1999

Accomplishments:

- Successfully submitted their competitive Federal grant and other state grants
- Recruited a medical director and re-negotiated existing provider contracts to include productivity standards
- Re-designed operations to improve productivity
- Incorporated the hospital's medical residency program into the Health Center
- Achieved a financial surplus for the first time in five years
- Developed a quality improvement program and framework

Responsibilities:

- Placed at the Health Center by the North Shore Medical Center to revamp operations and improve the cash flow for the organization
- Reported directly to the Board of Directors

EDUCATION:

University of New Hampshire: Durham, N.H.	M.B.A. Concentration in Finance	1991
Northern Michigan University: Marquette, MI.	B.S.N. Minor in Biology	1981

LICENSES/CERTIFICATES:

Real Estate Broker
N.H. Nursing License

PROFESSIONAL:

Member of the National Association of Community Health Centers
Previous Board member of the United Way of the Greater Seacoast
Treasurer for the Health and Safety Council of Strafford County
Board member of the Community Health Network Access (CHAN)
Board member of the Rochester Rotary, slated for President in 2011

Lara D. Wilhard

◆ **PROFESSIONAL EXPERIENCE**

Somersworth Main Street Inc., Somersworth, New Hampshire

Executive Director, August 2001 – 2004

- Founded and Directed a 501(c)3 non profit organization dedicated to revitalizing a downtown commercial district
- Energized local planning, historic preservation, economic and real estate development
- Worked with public and private interests to achieve common downtown renewal goals
- Developed and implemented strategic marketing and public relations programs, fundraisers and public planning sessions
- Created and coordinated high visibility downtown events and beautification projects
- Responsible for budget management and all day to day program operations

LDW Public Relations

Self-Employed Marketing/Communications Consultant, May 2000 – August 2001

- Enhance creativity, professionalism and frequency of outbound marketing/communications and public relations efforts
- Organize mix of publicity, promotion, advertising and Internet presence for milestone company events such as venture capital funding, new store openings, web casts, direct marketing campaigns and celebrity endorsements.
- Drive brand awareness and message consistency through creation of unique and compelling copy for web sites, catalogs, executive speeches, press releases and direct marketing collateral
- Significantly increase media exposure with key audiences resulting in a multitude of image enhancing feature news stories with leading media outlets like the Wall Street Journal, The Red Herring, The Associated Press and ESPN.
- Conduct media training with company executives
- Clients include 1800FACEOFF.Com and General Linen Service, Inc.
- Chairman of Somersworth Main Street Program communications committee

Unisphere Networks, Inc., Westford, MA

Senior Public Relations Manager, April 2001 – November 2001

- Responsible for managing and creating results-driven public relations programs for multiple product lines and business initiatives
- Successful development and execution of strategies that position the company and its spokespeople as thought leaders in trade and business communities
- Organize industry events to leverage and maximize impact of corporate messaging with key audiences
- Manage outside agency to achieve public relations goals
- Consistently create and edit high-quality, influential materials like press releases, launch plans, abstracts and contributed articles
- Produce stellar coverage results in key media outlets

LDW Public Relations**Self-Employed Marketing/Communications Consultant; May 2000 – August 2001**

- Enhance creativity, professionalism and frequency of outbound marketing/communications and public relations efforts
- Organize mix of publicity, promotion, advertising and Internet presence for milestone company events such as venture capital funding, new store openings, web casts, direct marketing campaigns and celebrity endorsements.
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- Organize industry events to leverage and maximize impact of corporate messaging with key audiences
- Manage outside agency to achieve public relations goals
- Consistently create and edit high-quality, influential materials like press releases, launch plans, abstracts and contributed articles
- Produce stellar coverage results in key media outlets

Cabletron Systems, Rochester, NH**Public Relations Manager; June 1998 – April 2000****Public Relations Specialist, July 1997 – June 1998**

- Oversee North American Public Relations program for software business unit
- Provide strategic counsel to marketing, engineering and top-level executives
- Guide launch team efforts to create, implement and evaluate corporate communications programs and product launches
- Write and edit press materials, speeches, scripts, messages and quotes for both technology and business audiences
- Consistently deliver excellent and measurable results with trade and business media as well as leading industry analysts
- Coordinate detailed media events, trade shows and press tours
- Manage searches for and relationships with outside agencies

The Weber Group, Inc., Cambridge, MA**Assistant Account Executive; September 1996 – July 1997**

- Write and edit pitch letters, speaker abstracts, press kits, briefing binders and media releases under tight deadlines
- Management and supervision of interns and account coordinators
- Responsible for developing and maintaining editorial and speaking calendars to generate client exposure
- Create and pitch story angles to media
- All activity necessary to meet and surpass client expectations
- Clients included SCom and DCI

Erin E. Ross

Objective

Obtain a position in Health Care, which will continue to build knowledge and skills from both education and experiences gained.

Qualifications

Mature, energetic individual possessing management experience, organizational skills, multi-tasking abilities, good work initiative and communicates well with internal and external contacts. Proficient in computer skills with a strong background using all applications within Microsoft Office programs.

Education

September 1998 – May 2002

Bachelor of Science in Health Management & Policy
University of New Hampshire
Durham, New Hampshire 03824

Related Experience

August 2006 – Present

Service Expansion Director
Avis Goodwin Community Health Center

- Responsible for the overall function of the Winter St location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Assist with the integration of private OB/GYN practice into Avis Goodwin Community Health Center.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.

May 2005 – August 2006

Site Manager, Dover Location
Avis Goodwin Community Health Center

- Responsible for the overall function of the Dover location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.

January 2005 – November 2005

Front Office Manager
Avis Goodwin Community Health Center

- Supervise, hire and evaluate front office staff of both Avis Goodwin Community Health Center locations.
- Develop and implement policies and procedures for the smooth functioning of the front office.

May 2004 – Present

Dental Coordinator
Avis Goodwin Community Health Center

- Supervise, hire and evaluate dental staff, including Dental Assistant and Hygienists.
- Acted as general contractor during construction and renovation of existing facility for 4 dental exam rooms.
- Responsible for the operations of the dental center, development of educational programs for providers and staff and supervision of the school-based dental program.
- Developed policy and procedure manual, including OSHA and Infection Control protocols.
- Organize patient outcome data collection and quality improvement measures to monitor dental program and assure sustainability.
- Maintain all dental equipment and order all dental supplies.
- Coordinate grant fund requirements to multiple agencies on a quarterly basis.

- Oversee all aspects of billing for dental services, including training existing billing department staff.

July 2003 – May 2004

Administrative Assistant to Medical Director
Avis Goodwin Community Health Center

- Assist with Quality Improvement program by attending all meetings, generating monthly minutes documenting all aspects of the agenda and reporting quarterly data followed by the agency.
- Generate a monthly report reflecting provider productivity including number patients seen by each provider and no show and cancellation rates of appointments.
- Served as a liaison between patients and Chief Financial Officer to effectively handle all patient concerns and compliments.
- Established and re-created various forms and worksheets used by many departments.

December 2002 – May 2004

Billing Associate
Avis Goodwin Community Health Center

- Organize and respond to correspondence, rejections and payments from multiple insurance companies.
- Created an Insurance Manual for Front Office Staff and Intake Specialists as an aide to educate patients on their insurance.
- Responsible for credentialing and Re-credentialing of providers, including physicians, nurse practitioners and physician assistants, within the agency and to multiple insurance companies.
- Apply knowledge of computer skills, including Microsoft Office, Logician, PCN and Centricity.
- Designed a statement to generate from an existing Microsoft Access database for patients on payment plans to receive monthly statements.
- Assist Front Office Staff during times of planned and unexpected staffing shortages.

June 2002 - December 2002

Billing Associate
Automated Medical Systems
Salem, New Hampshire 03079

- Communicate insurance benefits and explain payments and rejections to patients about their accounts.
- Responsible for organizing and responding to correspondence received for multiple doctor offices.
- Determine effective ways for rejected insurance claims to get paid through communicating with insurance companies and patients.
- Apply knowledge of computer skills, including Microsoft Office, Accuterm and Docstar.

Work Experience

October 1998 – May 2002

Building Manager
Memorial Union Building – UNH
Durham, New Hampshire 03824

- Recognized as a Supervisor, May 2001-May 2002.
- Supervised Building Manager and Information Center staff.
- Responsible for managing and documenting department monetary transactions.
- Organized and led employee meetings on a weekly basis.
- Established policies and procedures for smooth functioning of daily events.
- Oversaw daily operations of student union building, including meetings and campus events.
- Served as a liaison between the University of New Hampshire, students, faculty and community.
- Organized and maintained a weekly list of rental properties available for students.
- Developed and administered new ideas for increased customer service efficiency.

References

Available upon request

Greater Seacoast Community Health

Regional Public Health Network

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Janet Laatsch	Chief Executive Officer	\$230,006	0%	\$0
Erin Ross	Chief Financial Officer	\$167,003	0%	\$0
Lara Drolet	Chief Strategy Officer & Public Health Director	\$118,778	0%	\$0

**State of New Hampshire
Department of Health and Human Services
Amendment #9**

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Lamprey Health Care, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2019, (Item #78E), as amended on February 5, 2020, (Item #7), as amended on May 6, 2020 (Item # 47), as amended with Governor approval on July 10, 2020 and presented to the Executive Council as an Informational Item on August 26, 2020 (Informational Item #L), as amended with Governor approval on November 17, 2020 and presented to the Executive Council as an Informational Item on December 18, 2020 (Informational Item #B), as amended with Governor and Executive Council approval on December 18, 2020 (Item #10), as amended with Governor approval on December 17, 2020 and presented to the Executive Council as an Informational Item on April 7, 2021 (Informational Item #M), as amended with Governor approval on January 29, 2021 and presented to the Executive Council as an Informational Item on May 19, 2021 (Informational Item #N), and as amended with Governor and Executive Council approval on June 30, 2021 (Item #53), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,749,406
2. Modify Exhibit A-1, Additional Scope of Services – COVID-19 Response, by replacing in its entirety with Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, which is attached hereto and incorporated by reference herein.
3. Modify Exhibit B - Amendment #1, Methods and Conditions Precedent to Payment, by replacing in its entirety with Exhibit B, Amendment #9, Method and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Program Funding, Amendment #8 by replacing it in its entirety with Exhibit B-1, Amendment #9, Program Funding, which is attached hereto and incorporated by reference herein.

DS
GW

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/4/2021

Date

DocuSigned by:
Patricia M. Tilley
845FB38F5BFD4C8...

Name: Patricia M. Tilley
Title: Director

Lamprey Health Care, Inc.

11/4/2021

Date

DocuSigned by:
Gregory White
7D023A0E19234D0...

Name: Gregory white
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

11/5/2021

Date

DocuSigned by:
Takhmina Rakhmatova
FDF521C825C34AC...

Name: Takhmina Rakhmatova
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



Additional Scope of Services - COVID-19 Response

1. COVID-19 Response

1.1. Emergency Operations

1.1.1. The Contractor shall enact emergency operations across the Regional Public Health Network for COVID-19 efforts by:

- 1.1.1.1. Activating the regions Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.
- 1.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.
- 1.1.1.3. Assessing the region's public health and healthcare system training needs.
- 1.1.1.4. Providing training designed to improve the region's public health and healthcare system response.
- 1.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2. Responder Safety and Health

1.2.1. The Contractor shall ensure the health and safety of the public health response workforce in the Regional Public Health Network, including but not limited to:

- 1.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.
- 1.2.1.2. Determining responder safety and health gaps and implementing corrective actions.
- 1.2.1.3. Documenting and tracking the Regional Public Health Network's personal protective equipment inventory.

1.3. Identification of Vulnerable Populations

1.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

GW

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



1.4. Information Sharing and Public Information

1.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders to harmonize response messaging.

1.5. Distribution and Use of Medical Materials

1.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.5.1.1. Maintaining ability for vaccine-specific cold chain management.

1.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.5.1.4. Planning to prioritize limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department and in accordance with all policies and procedures put forth by the Department.

1.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the Centers for Disease Control's electronic Vaccine Administration Management System (VAMS) or the Department's New Hampshire Immunization Information System (NHIS) to input vaccine data. The loaned assets are outlined in Exhibit A-2 Asset Inventory, which is

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New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



attached hereto and incorporated by reference herein. The Contractor agrees to the following terms regarding the use of loaned assets:

- 1.5.3.1. Assets to be Used by User: Subject to the terms and conditions of this Agreement, the Department agrees to provide to User with some or all of the Assets listed on Exhibit A-2, which is attached hereto and incorporated by reference herein. This is a non-transferable right for the User to use the Assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An Asset inventory reflecting the deployed Assets selected from Exhibit A-2 will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.
- 1.5.3.2. The Contractor agrees to use and operate the assets only in conjunction with the business use stated herein for administration of the COVID-19 vaccine, unless otherwise agreed upon by mutual written consent.
- 1.5.3.3. The Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining security standards including but not limited to antivirus software, patching and software updates.
- 1.5.3.4. The Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIS User Support will be provided by the Department's Immunization Program.
- 1.5.3.5. The Contractor understands and agrees that the Department retains ownership of the loaned assets and will return them to the Department in good working condition when no longer needed for COVID-19 vaccine administration or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

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Regional Public Health Network Services

Exhibit A-1, Amendment #9



1.5.3.6. Prior to returning laptop, iPads, and/or other mobile or storage devices listed in Exhibit A-2 to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST Special Publication 800-88 Rev.1, or later for guidelines at <https://csrc.nist.gov/publications/sp800>.

1.6. Surge Staffing

1.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.6.2. The Contractor shall recruit, enroll, activate, train and deploy volunteers, including but not limited to:

1.6.2.1. Medical Reserve Corps (MRC).

1.6.2.2. Citizens Emergency Response Teams (CERT).

1.7. Public Health Coordination with Healthcare Systems

1.7.1. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.7.2. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s).

1.8. Biosurveillance

1.8.1. The Contractor shall conduct surveillance and case identification including, but not limited to:

1.8.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.8.1.2. Assess risk of travelers and other persons with potential COVID-19 exposures.

1.8.1.3. Enhance surveillance systems to provide case-based and aggregate epidemiological data.

1.8.1.4. Ensure data management systems are in place and meet the needs of the jurisdiction.

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1.8.1.5. Ensure efficient and timely data collection.

1.8.1.6. Ensure ability to rapidly exchange data with public health partners and other relevant partners.

2. COVID-19 Vaccinations

2.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

2.1.1. Racial minority populations.

2.1.2. Ethnic minority populations.

2.1.3. Individuals experiencing homelessness.

2.1.4. Individuals experiencing housing instability.

2.1.5. Rural communities.

2.2. The Contractor shall:

2.2.1. Operationalize COVID-19 vaccine clinics for the target populations to increase equitable distribution of COVID-19 vaccination. The Contractor shall operationalize COVID-19 vaccine clinics by utilizing strategies that include, but are not limited to:

2.2.1.1. Vaccine strike teams.

2.2.1.2. Mobile vaccine clinics.

2.2.1.3. Satellite clinics.

2.2.1.4. Temporary clinics.

2.2.1.5. Travel to off-site clinics to provide vaccination services in non-traditional settings, including in-home vaccination to homebound patients where other mechanisms for in-home vaccination are not available.

2.2.1.6. Other vaccine sites, as approved by the Department.

2.2.2. Ensure vaccine sites are located at a variety of settings, including, but not limited to, schools, healthcare facilities, and community-based sites.

2.2.3. Ensure hours of operation at vaccine sites are maintained and/or adjusted as required to meet the needs of the target population.

2.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach and partnerships in the target populations. The Contractor shall:

2.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19 vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

2.3.1.1. Federally Qualified Health Centers

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Exhibit A-1, Amendment #9



- 2.3.1.2. Community Mental Health Centers.
- 2.3.1.3. Community-based Organizations.
- 2.3.1.4. City Health Departments.
- 2.3.1.5. Faith-based Organizations.
- 2.3.1.6. Local barbers and hairdressers.
- 2.3.1.7. Community Colleges.
- 2.3.1.8. Schools.
- 2.3.2. Conduct outreach to populations, including, but not limited to, those who:
 - 2.3.2.1. Experience disproportionately high rates of COVID-19 and related deaths.
 - 2.3.2.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the Centers for Disease Control and Prevention.
 - 2.3.2.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.
 - 2.3.2.4. Are likely to have low acceptance of or confidence in COVID-19 vaccines.
 - 2.3.2.5. Have a history of mistrust in health authorities or the medical establishment.
 - 2.3.2.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.
- 2.3.3. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.
- 2.3.4. Conduct outreach to assess individuals' readiness to receive a vaccination.
- 2.3.5. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.
- 2.3.6. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.
- 2.3.7. Participate in meetings with the Department, as requested by the Department.
- 2.3.8. Attend New Hampshire Immunization Program (NHIP) trainings.
- 2.3.9. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

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Exhibit A-1, Amendment #9



- 2.3.10. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.
- 2.4. The Contractor shall procure resources, equipment and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:
 - 2.4.1. Coordinating, operating, and managing clinics.
 - 2.4.2. Procuring sites and/or equipment necessary for establishing and hosting vaccine clinics, which may include, but are not limited to:
 - 2.4.2.1. Property leases.
 - 2.4.2.2. Mobile trailer rentals.
 - 2.4.2.3. Generator rentals.
 - 2.4.2.4. Table and chair rentals.
 - 2.4.2.5. Appropriate refrigerators and freezers, as provided by the Department.
 - 2.4.2.6. Data loggers, as provided by the Department.
 - 2.4.3. Procuring communication devices and services, which may include, but are not limited to:
 - 2.4.3.1. Two-way radios.
 - 2.4.3.2. Cell phones.
 - 2.4.3.3. Wi-Fi.
 - 2.4.3.4. Computers.
 - 2.4.4. Procuring disposable supplies, which may include, but are not limited to:
 - 2.4.4.1. Generator fuel.
 - 2.4.4.2. Propane.
 - 2.4.4.3. Oil.
 - 2.4.4.4. Batteries.
 - 2.4.5. Procuring clinical supplies, which may include, but are not limited to:
 - 2.4.5.1. Syringes.
 - 2.4.5.2. Needles
 - 2.4.5.3. Alcohol wipes.
 - 2.4.5.4. Band aids.
 - 2.4.5.5. Stickers.
 - 2.4.6. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.
 - 2.4.7. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

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- 2.4.8. Recruiting, training and scheduling vaccine clinic staff at a rate of no more than \$65 per hour per vaccine staff member, unless otherwise approved by the Department, to provide services which include, but are not limited to:
 - 2.4.8.1. Administering vaccines.
 - 2.4.8.2. Participating in training, as requested.
 - 2.4.8.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.
- 2.4.9. Providing vaccine clinic staff and volunteers with water, snacks, and/or meals while performing vaccine administration work. All food, drinks, and meals will be provided to staff on site and may include individually packaged meals in lieu of buffet or family style options, given that operations are occurring in a pandemic environment.
- 2.4.10. Reimbursing mileage costs for vaccine clinic staff, Contractor staff and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

3. Community Health Worker

- 3.1. The Contractor shall provide a Community Health Workers (CHW) to support culturally and linguistically appropriate COVID-19 and other social determinants of health related services.
- 3.2. The Contractor shall submit CHW-related documentation to the Department within thirty (30) days of Agreement effective date, which shall include, but is not limited to:
 - 3.2.1. Staff recruitment plan.
 - 3.2.2. Training procedures.
 - 3.2.3. Onboarding plan.
- 3.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:
 - 3.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.
 - 3.3.2. Assisting with contact tracing, when required.
 - 3.3.3. Cultural mediation among individuals, communities, and health and social service systems.
 - 3.3.4. Culturally appropriate health education and information.
 - 3.3.5. Care coordination, case management, and system navigation.
 - 3.3.6. Coaching and social support by advocating for individuals and communities.

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New Hampshire Department of Health and Human Services
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Exhibit A-1, Amendment #9

- 3.3.7. Direct services to clients with COVID-19 and their family members affected by COVID-19, which include, but are not limited to facilitating:
 - 3.3.7.1. Access to COVID-19 test within five (5) days of encounter between the CHW and the client.
 - 3.3.7.2. Access to the influenza vaccine within fourteen (14) days of encounter between the CHW and the client.
 - 3.3.7.3. Access to the COVID-19 vaccine within fourteen (14) days of encounter.
- 3.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.
- 3.3.9. Providing and distributing educational information about COVID vaccinations and general Department guidance for individual mitigation.
- 3.4. The Contractor shall ensure the CHW provides social determinants of health related services, which include, but are not limited to:
 - 3.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:
 - 3.4.1.1. Providing appropriate care coordination, case management and connections to patient and family identified community and social services and referrals.
 - 3.4.1.2. Assisting with maintaining and/or applying for social services within their community.
 - 3.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.
 - 3.4.1.4. Assisting vulnerable populations with navigating the healthcare system.
 - 3.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.
 - 3.4.1.6. Providing culturally appropriate health education on topics related to COVID, chronic disease prevention, physical activity, and nutrition.
 - 3.4.1.7. Providing informal counseling, health screenings, and referrals.
 - 3.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:
 - 3.4.1.8.1. Food insecurity supports.
 - 3.4.1.8.2. Mental health supports.
 - 3.4.1.8.3. Health care referrals.

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**New Hampshire Department of Health and Human Services
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Exhibit A-1, Amendment #9

- 3.4.1.8.4. Substance use disorder supports.
 - 3.4.1.8.5. Educational supports and services.
 - 3.4.1.8.6. Financial literacy.
 - 3.4.1.8.7. Budgeting supports.
 - 3.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.
 - 3.4.1.8.9. Social Isolation supports.
 - 3.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:
 - 3.4.2.1. Educating healthcare providers and stakeholders about community health needs.
 - 3.4.2.2. Managing care and care transitions for vulnerable populations.
 - 3.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.
 - 3.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.
 - 3.4.2.5. Building community capacity to address health issues.
 - 3.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.
 - 3.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.
- 3.5. The Contractor shall ensure the CHW documents encounters within the data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:
 - 3.5.1. Race.
 - 3.5.2. Ethnicity.
 - 3.5.3. Language.
 - 3.5.4. Household income.
 - 3.5.5. Marital status.
 - 3.5.6. Age of parents.
 - 3.5.7. Sexual orientation and/or gender identity.
 - 3.5.8. Street address.
 - 3.5.9. Town.

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Regional Public Health Network Services

Exhibit A-1, Amendment #9



- 3.5.10. County.
- 3.5.11. Zip Code.
- 3.5.12. State.
- 3.5.13. Number of incarcerated parents (if applicable).
- 3.5.14. Phone number and/or email address.
- 3.5.15. Status of receiving benefits, if applicable, including, but not limited to:
 - 3.5.15.1. Supplemental Nutrition Assistance Program (SNAP).
 - 3.5.15.2. Child Care.
 - 3.5.15.3. Medicaid.
 - 3.5.15.4. Social Security.
 - 3.5.15.5. Temporary Assistance for Needy Families (TANF).
 - 3.5.15.6. WIC.
- 3.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.
- 3.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.
- 3.8. Reporting
 - 3.8.1. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department.
 - 3.8.1.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by the DPHS.
 - 3.8.1.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.
 - 3.8.1.3. Final After Action Report/Improvement Plan for the activity described in paragraph 1.4.1.
 - 3.8.1.4. Final After Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.
 - 3.8.1.5. Other information that may be required by federal and state funders during the contract period.
 - 3.8.2. The Contractor shall submit quarterly reports, which shall include, but are not limited:

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New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



- 3.8.2.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.
- 3.8.2.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.
- 3.8.2.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.
- 3.8.2.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.
- 3.8.2.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.
- 3.8.2.6. Efforts, successes, and challenges experienced in providing community engagement.
- 3.8.2.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.
- 3.8.2.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received results or COVID vaccination disaggregated by the following age ranges:
 - 3.8.2.8.1. 5-11 years old.
 - 3.8.2.8.2. 12-17 years old.
 - 3.8.2.8.3. 18 years and older.
- 3.8.2.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:
 - 3.8.2.9.1. 5-11 years old.
 - 3.8.2.9.2. 12-17 years old.
 - 3.8.2.9.3. 18 years and older.
- 3.8.2.10. Number of collaborating agencies/services identified as part of CHW-led intervention.
- 3.8.2.11. Number and percentage of clients with one or more identified co-morbidities through the patient tracking system.

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New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



- 3.8.2.12. Number and percentage of resources provided in a primary language other than English.
- 3.8.2.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor.
- 3.8.2.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.
- 3.8.2.15. Percentage of clients that identify one or more unmet need.
- 3.8.2.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.
- 3.8.2.17. Number and percentage of clients that have completed c
- 3.8.2.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:
 - 3.8.2.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.
 - 3.8.2.18.2. Number of other navigation and support services to address COVID-19 risk factors.
 - 3.8.2.18.3. Number of referrals completed through closed loop referral system.
 - 3.8.2.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.
- 3.8.2.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.
- 3.8.2.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).
- 3.8.2.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) of first CHW encounter.
- 3.8.2.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through patient tracking system.

Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

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Exhibit B, Amendment #9

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response.
 - 1.1. This Agreement is funded by:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.991, Federal Award Identification Number (FAIN) #B01OT009205.
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds.
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds.
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796.
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757.
 - 1.1.6. Federal Funds from the US Department of Health and Human Services, Public Health Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.889, Federal Award Identification Number (FAIN) #U90TP000535.
 - 1.1.7. Federal Funds from the US Department of Health and Human Services, Childhood Lead Poisoning Prevention and Surveillance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.197, Federal Award Identification Number (FAIN) #NUE2EH001408.
 - 1.1.8. Federal Funds from the US Department of Health and Human Services, Climate, Catalog of Federal Domestic Assistance (CFDA #) 93.070, Federal Award Identification Number (FAIN) #NUEIEH001332.
 - 1.1.9. Federal Funds from the US Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, COVID-19 Health Disparities, Catalog of Federal Domestic Assistance (CFDA #) 93.391, Federal Award Identification Number (FAIN) #NH75OT000031.
 - 1.1.10. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness, Catalog of Federal Domestic Assistance (CFDA #) 93.069, Federal Award Identification Number (FAIN) #U90TP922018.
 - 1.1.11. General Funds from the State of New Hampshire.
 - 1.2. For the purposes of this Agreement, the Department has identified:
 - 1.2.1. The Contractor as a Subrecipient, in accordance with 2 CFR §200.331^{DS}.



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Regional Public Health Network Services**

Exhibit B, Amendment #9

- 1.2.2. This Agreement as NON-R&D, in accordance with 2 CFR §200.332.
- 1.3. The Contractor shall provide the services in Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, in compliance with funding requirements.
- 1.4. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
2. Program Funding
 - 2.1. The Contractor shall be paid up to the amounts specified for each program/scope of work identified in Exhibit B-1, Amendment #9, Program Funding.
 - 2.2. Payment for the I-CARE program shall be on a lump sum basis for authorized expenditures incurred in the fulfillment of the Department approved I-CARE NH work plan and budget. Authorized expenditures shall include printing, mailing, and media related expenses.
 - 2.3. The Contractor shall submit one (1) ARPA budget for State Fiscal Year 2022 and one (1) COVID Health Disparities budget for State Fiscal Year 2022, in a form satisfactory to the Department, for Department approval no later than (10) days from the Amendment #9 Effective Date. The Contractor shall:
 - 2.3.1. Utilize budget forms as provided by the Department.
 - 2.3.2. Submit a budget for each program/scope of work for each state fiscal year in accordance with Exhibit B-1, Amendment #9, Program Funding.
 - 2.3.3. Collaborate with the Department to incorporate approved budgets into this agreement by Amendment.
3. Payment for said services shall be made monthly as follows:
 - 3.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and in accordance with Section 2, Program Funding, above.
4. The Contractor shall submit an invoice in a form satisfactory to the Department no later than the twentieth (20th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
5. The Contractor shall ensure the invoices are completed, signed, dated and returned to the Department in order to initiate payments.
6. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and only if sufficient funds are available.
7. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, Block 1.7 Completion Date.
8. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

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

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Regional Public Health Network Services**

Exhibit B, Amendment #9

9. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Amendment #8, Scope of Services; Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response; and/or in this Exhibit B, Amendment #9, Method and Conditions Precedent to Payment.
10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
11. The Contractor shall keep detailed records of their activities related to Department-funded programs and services and have records available for Department review, as requested.

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Vendor Name: Lamprey Health Care, Inc.
 Contract Name: Regional Public Health Network Services
 Region: Seacoast

Program Name and Funding Amounts															
State Fiscal Year	COVID Vaccination	ARPA DHHS Fiscal Recovery Funds	Public Health COVID-19 Health Disparities	Immunization	I-Care	Public Health Advisory Council	Public Health Emergency Preparedness	Public Health Crisis Response	Medical Reserve Corp.	Substance Misuse Prevention	Continuum of Care	Young Adult Substance Misuse Prevention Strategies*	Childhood Lead Poisoning Prevention Community Assessment	Climate and Health Adaptation	Hepatitis A Vaccination Clinics
2019						\$0	\$0			\$0	\$0	\$0	\$1,200	\$0	\$10,000
2020						\$30,000	\$94,657	\$50,000	\$10,000	\$73,649	\$42,500	\$105,912	\$9,533	\$40,000	\$10,000
2021	\$100,000			\$35,000		\$30,000	\$94,657		\$10,000	\$73,649	\$42,500	\$62,431	\$6,168	\$29,511	\$0
2022	\$141,182	\$ 138,624	\$ 105,000		\$8,000	\$30,000	\$103,984		\$10,000	\$73,649	\$42,500	\$75,000		\$40,000	\$0
													Total		\$1,749,408

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 Contractor Initials: _____

11/4/2021
 Date: _____

State of New Hampshire

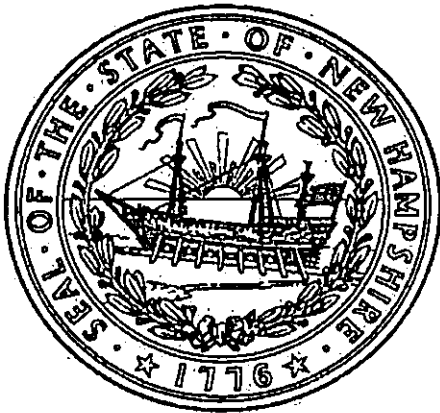
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LAMPREY HEALTH CARE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 16, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 66382

Certificate Number: 0005334125



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Thomas Christopher Drew, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Lamprey Health Care, Inc..
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on March 25, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)


VOTED: That Gregory A. White (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Lamprey Health Care, Inc. to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: November 4, 2021



Signature of Elected Officer

Name: Thomas Christopher Drew

Title: Treasurer, Board of Directors

LAMPHEA-01

ASTOBERT



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 8/19/2021

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

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

PRODUCER License # 1780862 HUB International New England 275 US Route 1 Cumberland Foreside, ME 04110	CONTACT NAME: Lauren Stiles PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Lauren.Stiles@hubinternational.com														
INSURED Lamprey Health Care, Inc. 207 South Main Street Newmarket, NH 03857	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B: Atlantic Charter Insurance Company</td> <td>44326</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance Company	18058	INSURER B: Atlantic Charter Insurance Company	44326	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Philadelphia Indemnity Insurance Company	18058														
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PHPK2286844	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCA00545409	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**
 State of New Hampshire
 Department of Health & Human Services
 129 Pleasant Street
 Concord, NH 03301

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

 AUTHORIZED REPRESENTATIVE

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

Our Mission

The mission of Lamprey Health Care is to provide high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay.

- We seek to be a **leader in providing access** to medical and health services that improve the health status of the individuals and families in the communities we serve.
- Our mission is to **remove barriers that prevent access to care**; we strive to eliminate such barriers as language, cultural stereotyping, finances and/or lack of transportation.
- Lamprey Health Care's **commitment to the community** extends to providing and/or coordinating access to a full range of comprehensive services.
- Lamprey Health Care is committed to achieving the highest level of patient satisfaction through a personal and caring approach and **exceeding standards of excellence in quality and service**.

Our Vision

- We will be the **outstanding primary care choice** for our patients, our communities and our service area, and the standard by which others are judged.
- We will continue as **pacesetter** in the use of new knowledge for lifestyle improvement, quality of life.
- We will be a **center of excellence** in service, quality and teaching.
- We will be **part of an integrated system** of care to ensure access to medical care for all individuals and families in our communities.
- We will be an **innovator** to foster development of the best primary care practices, adoption of the tools of technology and teaching.
- We will **establish partnerships**, linkages, networks and referrals with other organizations to provide access to a full range of services to meet our communities' needs.

Our Values

- We exist to **serve the needs of our patients**.
- We value a positive **caring approach** in delivering patient services.
- We are committed to **improving the health** and total well-being of our communities.
- We are committed to **being proactive** in identifying and meeting our communities' health care needs.
- We provide a supportive environment for **the professional and personal growth, and healthy lifestyles of our employees**.
- We provide an **atmosphere of learning** and growth for both patients and employees as well as for those seeking training in primary care.
- We succeed by utilizing a **team approach** that values a positive, constructive commitment to Lamprey Health Care's mission.

Affirmed 12/16/2020



LAMPREY
HEALTH CARE
Where Excellence and Caring go Hand in Hand

CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

September 30, 2020 and 2019

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc., which comprise the consolidated balance sheets as of September 30, 2020 and 2019, and the related consolidated statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

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

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

Board of Directors

Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Page 2

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. as of September 30, 2020 and 2019, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets as of September 30, 2020 and 2019, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis rather than to present the financial position, results of operations and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
January 28, 2021

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidated Balance Sheets****September 30, 2020 and 2019****ASSETS**

	<u>2020</u>	<u>2019</u>
Current assets		
Cash and cash equivalents	\$ 3,504,514	\$ 1,422,407
Patient accounts receivable, net	1,277,013	1,237,130
Grants receivable	658,568	452,711
Other receivables	130,004	236,798
Inventory	129,591	81,484
Other current assets	<u>147,799</u>	<u>78,405</u>
Total current assets	5,847,489	3,508,935
Investment in limited liability company	-	19,101
Assets limited as to use	2,953,580	2,943,714
Fair value of interest rate swap	-	13,512
Property and equipment, net	<u>7,795,861</u>	<u>7,608,578</u>
Total assets	<u>\$16,596,930</u>	<u>\$14,093,840</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 578,888	\$ 641,818
Accrued payroll and related expenses	1,322,364	961,024
Deferred revenue	72,421	85,418
Provider Relief Funds	196,549	-
COVID-19 Emergency Healthcare System Relief Fund refundable advance	250,000	-
Current maturities of long-term debt	<u>88,027</u>	<u>106,190</u>
Total current liabilities	2,508,249	1,794,450
Long-term debt, less current maturities	2,821,023	2,031,076
Fair value of interest rate swaps	<u>217,657</u>	<u>-</u>
Total liabilities	<u>5,546,929</u>	<u>3,825,526</u>
Net assets		
Without donor restrictions	10,579,230	9,732,208
With donor restrictions	<u>470,771</u>	<u>536,106</u>
Total net assets	<u>11,050,001</u>	<u>10,268,314</u>
Total liabilities and net assets	<u>\$16,596,930</u>	<u>\$14,093,840</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidated Statements of Operations****Years Ended September 30, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
Operating revenue		
Patient service revenue	\$10,206,803	\$ 9,424,048
Provision for bad debts	<u>(497,961)</u>	<u>(398,544)</u>
Net patient service revenue	9,708,842	9,025,504
Rental income	176,353	194,443
Grants, contracts and contributions	5,663,601	6,104,270
Paycheck Protection Program	2,152,212	-
Other operating revenue	410,309	1,162,855
Net assets released from restriction for operations	<u>242,945</u>	<u>75,197</u>
Total operating revenue	<u>18,354,262</u>	<u>16,562,269</u>
Operating expenses		
Salaries and wages	11,106,208	10,583,987
Employee benefits	2,096,040	2,056,956
Supplies	747,665	646,620
Purchased services	1,691,285	1,752,050
Facilities	574,422	580,711
Other operating expenses	474,659	614,501
Insurance	140,572	145,114
Depreciation	462,768	461,062
Interest	<u>111,808</u>	<u>108,017</u>
Total operating expenses	<u>17,405,427</u>	<u>16,949,018</u>
Excess (deficiency) of revenue over expenses	948,835	(386,749)
Change in fair value of interest rate swaps	(231,169)	26,916
Net assets released from restriction for capital acquisition	<u>129,356</u>	<u>31,012</u>
Increase (decrease) in net assets without donor restrictions	<u>\$ 847,022</u>	<u>\$ (328,821)</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2020

	Healthcare Services	AHEC/PHN	Transportation	Total Program Services	Administration and Support Services	Total
Salaries and wages	\$ 8,372,143	\$ 498,707	\$ 69,857	\$ 8,940,707	\$ 2,165,501	\$ 11,106,208
Employee benefits	1,567,514	93,157	12,726	1,673,397	422,643	2,096,040
Supplies	708,447	7,255	-	715,702	31,963	747,665
Purchased services	879,416	114,614	-	994,030	697,255	1,691,285
Facilities	23,488	402	8,652	32,542	541,880	574,422
Other	166,743	61,261	-	228,004	246,655	474,659
Insurance	-	-	7,673	7,673	132,899	140,572
Depreciation	-	-	26,400	26,400	436,368	462,768
Interest	-	-	-	-	111,808	111,808
Allocated program support	754,724	74,216	14,538	843,478	(843,478)	-
Allocated occupancy costs	817,796	35,153	4,641	857,590	(857,590)	-
Total	<u>\$ 13,290,271</u>	<u>\$ 884,765</u>	<u>\$ 144,487</u>	<u>\$ 14,319,523</u>	<u>\$ 3,085,904</u>	<u>\$ 17,405,427</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2019

	Healthcare Services	AHEC/PHN	Transportation	Total Program Services	Administration and Support Services	Total
Salaries and wages	\$ 8,599,552	\$ 418,785	\$ 127,054	\$ 9,145,391	\$ 1,438,596	\$ 10,583,987
Employee benefits	1,531,182	76,015	23,346	1,630,543	426,413	2,056,956
Supplies	614,474	12,839	47	627,360	19,260	646,620
Purchased services	912,746	225,590	407	1,138,743	613,307	1,752,050
Facilities	4,020	477	23,155	27,652	553,059	580,711
Other	264,063	157,524	120	421,707	192,794	614,501
Insurance	-	-	8,922	8,922	136,192	145,114
Depreciation	-	-	27,509	27,509	433,553	461,062
Interest	-	-	-	-	108,017	108,017
Allocated program support	886,269	-	-	886,269	(886,269)	-
Allocated occupancy costs	714,331	34,319	4,531	753,181	(753,181)	-
Total	<u>\$ 13,526,637</u>	<u>\$ 925,549</u>	<u>\$ 215,091</u>	<u>\$ 14,667,277</u>	<u>\$ 2,281,741</u>	<u>\$ 16,949,018</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidated Statements of Changes in Net Assets****Years Ended September 30, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	\$ 948,835	\$ (386,749)
Change in fair value of interest rate swaps	(231,169)	26,916
Net assets released from restriction for capital acquisition	<u>129,356</u>	<u>31,012</u>
Increase (decrease) in net assets without donor restrictions	<u>847,022</u>	<u>(328,821)</u>
Net assets with donor restrictions		
Contributions	224,245	205,027
Grants for capital acquisition	82,721	126,142
Net assets released from restriction for operations	(242,945)	(75,197)
Net assets released from restriction for capital acquisition	<u>(129,356)</u>	<u>(31,012)</u>
(Decrease) increase in net assets with donor restrictions	<u>(65,335)</u>	<u>224,960</u>
Change in net assets	781,687	(103,861)
Net assets, beginning of year	<u>10,268,314</u>	<u>10,372,175</u>
Net assets, end of year	<u><u>\$11,050,001</u></u>	<u><u>\$10,268,314</u></u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidated Statements of Cash Flows****Years Ended September 30, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
Cash flows from operating activities		
Change in net assets	\$ 781,687	\$ (103,861)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	462,768	461,062
Equity in earnings of limited liability company	6,877	3,489
Change in fair value of interest rate swaps	231,169	(26,916)
Grants for capital acquisition	(82,721)	(126,142)
(Increase) decrease in the following assets:		
Patient accounts receivable	(39,883)	93,540
Grants receivable	(205,857)	(223,739)
Other receivable	106,794	(63,959)
Inventory	(48,107)	(9,265)
Other current assets	(69,394)	61,163
(Decrease) increase in the following liabilities:		
Accounts payable and accrued expenses	(3,984)	25,215
Accrued payroll and related expenses	361,340	41,334
Deferred revenue	(12,997)	(32,278)
Provider Relief Funds	196,549	-
COVID-19 Emergency Healthcare System Relief Fund refundable advance	<u>250,000</u>	<u>-</u>
Net cash provided by operating activities	<u>1,934,241</u>	<u>99,643</u>
Cash flows from investing activities		
Equity distribution from limited liability company	12,224	-
Capital acquisitions	<u>(708,997)</u>	<u>(306,944)</u>
Net cash used by investing activities	<u>(696,773)</u>	<u>(306,944)</u>
Cash flows from financing activities		
Grants for capital acquisition	82,721	126,142
Proceeds from issuance of long-term debt	2,100,000	-
Principal payments on long-term debt	<u>(1,328,216)</u>	<u>(99,085)</u>
Net cash provided by financing activities	<u>854,505</u>	<u>27,057</u>
Net increase (decrease) in cash and cash equivalents and restricted cash	2,091,973	(180,244)
Cash and cash equivalents and restricted cash, beginning of year	<u>4,366,121</u>	<u>4,546,365</u>
Cash and cash equivalents and restricted cash, end of year	<u>\$ 6,458,094</u>	<u>\$ 4,366,121</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Cash Flows (Concluded)

Years Ended September 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Breakdown of cash and cash equivalents and restricted cash, end of year		
Cash and cash equivalents	\$ 3,504,514	\$ 1,422,407
Assets limited as to use	<u>2,953,580</u>	<u>2,943,714</u>
	<u>\$ 6,458,094</u>	<u>\$ 4,366,121</u>
Supplemental disclosure of cash flow information		
Cash paid for interest	\$ <u>111,808</u>	\$ <u>108,017</u>
Capital expenditures included in accounts payable	<u>\$ 118,827</u>	<u>\$ 177,773</u>

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

Organization

Lamprey Health Care, Inc. (LHC) is a not-for-profit corporation organized in the State of New Hampshire. LHC is a Federally Qualified Health Center (FQHC) whose primary purpose is to provide high quality family health, medical and behavioral health services to residents of southern New Hampshire without regard to the patient's ability to pay for these services.

Subsidiary

Friends of Lamprey Health Care, Inc. (FLHC) is a not-for-profit corporation organized in the State of New Hampshire. FLHC's primary purpose is to support LHC. FLHC is also the owner of the property occupied by LHC's administrative and program offices in Newmarket, New Hampshire. LHC is the sole member of FLHC.

1. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Organization to report information in the consolidated financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity, of which there were none.

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

Income Taxes

Both LHC and FLHC are public charities under Section 501(c)(3) of the Internal Revenue Code. As public charities, the entities are exempt from state and federal income taxes on income earned in accordance with their tax-exempt purposes. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

COVID-19

In March 2020 the World Health Organization declared coronavirus disease (COVID-19) a global pandemic and the United States federal government declared COVID-19 a national emergency. The Organization implemented an emergency response to ensure the safety of its patients, staff and the community. The school based dental health program has been suspended until schools reopen and are able to provide adequate space for the services in accordance with regulatory guidelines. The Organization's senior transportation program was suspended due to the pandemic and has since been permanently discontinued with other local transportation programs providing these services to the communities. In adhering to guidelines issued by the State of New Hampshire and the Center for Disease Control, the Organization took steps to create safe distances between both staff and patients. These efforts resulted in the temporary furlough and reduction of hours for 17% of staff and a temporary reduction in clinic hours. All providers received the necessary equipment to allow for medical and behavioral health visits using telehealth. Facility modifications included installation of plexi-glass partitions, restructuring of work stations to allow for 6 feet between staff, heating, ventilation, and air conditioning systems were modified to improve air exchange rates and the tents and awnings were setup to allow screening, testing and vaccine administration outside of the four walls of the clinics. In addition, the Organization created infection control wings at all sites for positively screened patients.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act (PPHCE) Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by the U.S. Department of Health and Human Services (HHS). The Organization received PRF in the amount of \$196,549 during the year ended September 30, 2020. These funds are to be used for qualifying expenses and to cover lost revenue due to COVID-19 through June 30, 2021. The PRF are considered contributions and are recognized as income when qualifying expenditures have been incurred. The Organization has not incurred qualifying expenses or lost revenue necessary to recognize these contributions during the year ended September 30, 2020 and as a result the funds are recorded as a refundable advance on the consolidated balance sheet. Management expects to fully expend the funds prior to June 30, 2021.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

On April 19, 2020, the Organization qualified for and received a loan in the amount of \$2,152,212 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the CARES Act and the PPPHCE Act. The principal amount of the PPP is subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, rent and utilities, incurred by the Organization during a specific covered period. The Organization is following the conditional contribution model to account for the PPP and management believes the Organization has met the conditions for forgiveness and has recognized the full amount of the PPP as revenue for the year ended September 30, 2020. The Organization has not yet applied for forgiveness and is required to do so no later than May 2021.

The SBA has indicated it will review PPP loans in excess of \$2,000,000 to determine whether the Organization can support the good-faith certification made when applying for the PPP that economic uncertainty made the loan request necessary to support ongoing operations. Management believes there is sufficient evidence to support the Organization's necessity of the PPP to support ongoing operations due to the economic uncertainty at the time of the loan application. Any difference between amounts previously estimated to be forgiven and amounts subsequently determined to be forgivable will be reflected in the year that such amounts become known.

On May 10, 2020, the Organization qualified for and received a loan in the amount of \$250,000 from the COVID-19 Emergency Healthcare System Relief Fund (Relief Loan), a program implemented by the State of New Hampshire (the State), Department of Health and Human Services. The principal amount of the Relief Loan has the potential to be converted to a grant at the sole discretion of the State. The Relief Loan was converted to a grant subsequent to September 30, 2020.

During 2020, the Organization was awarded cost reimbursable grants from HHS to support the Organization in preventing, preparing for, and responding to COVID-19 in the amount of \$1,237,052, of which \$856,195 has not been recognized at September 30, 2020 because qualifying expenditures have not yet been incurred.

Cash and Cash Equivalents

Cash and cash equivalents consist of business checking and savings accounts as well as petty cash funds.

The Organization maintains cash balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At various times throughout the year, the Organization's cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past collection history from insured and uninsured patients and identifies trends for all funding sources in the aggregate. Management regularly reviews revenue and payer mix data in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from HHS. As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2020 and 2019, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 80% and 76%, respectively, of grants, contracts and contributions revenue.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Organization has been awarded cost reimbursable grants in the amount of \$4,233,420, the majority of which are available through May and June 2021, that have not been recognized at September 30, 2020 because qualifying expenditures have not yet been incurred.

Investment in Limited Liability Company

The Organization was one of eight partners in Primary Health Care Partners (PHCP), a limited liability company organized in New Hampshire. The Organization's investment in PHCP was reported on the equity method due to the Organization's ability to exercise significant influence over reporting and financial policies. The Organization's investment in PHCP amounted to \$19,101 at September 30, 2019. PHCP was terminated on December 31, 2019 due to changes in the regulatory environment in New Hampshire. The Organization's capital balance was distributed to the Organization during 2020 in the amount of \$12,224, resulting in a recognized loss of \$6,877.

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than \$5,000.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

LHC, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. LHC contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of LHC and bill insurances on behalf of LHC. Reimbursement received by the pharmacies is remitted to LHC net of dispensing and administrative fees.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Organization has adopted Financial Accounting Standards Board Accounting Standards Update (ASU) No. 2018-08, *Not-for-Profit Entities* (Topic 958), *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to applicable guidance for revenue recognition, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model. Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. The adoption of ASU No. 2018-08 had no impact on the Organization's net assets, results of its operations, or cash flows.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Notes to Consolidated Financial Statements****September 30, 2020 and 2019****Functional Expenses**

The consolidated financial statements report certain categories of expenses that are attributable to more than one program or supporting function of the Organization. Expenses which are allocated between program services and administrative support include employee benefits which are allocated based on direct wages and facilities and related costs which are allocated based upon square footage occupied by the program.

Excess (Deficiency) of Revenue Over Expenses

The consolidated statements of operations reflect the excess (deficiency) of revenue over expenses. Changes in net assets without donor restriction which are excluded from this measure include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and changes in fair value of an interest rate swap that qualifies for hedge accounting.

Subsequent Events

For purposes of the preparation of these consolidated financial statements, management has considered transactions or events occurring through January 28, 2021, the date that the consolidated financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the consolidated financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

The Organization had working capital of \$3,339,240 and \$1,714,485 at September 30, 2020 and 2019, respectively. The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 75 and 31 at September 30, 2020 and 2019, respectively.

Financial assets available for general expenditure within one year as of September 30 were as follows:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 3,504,514	\$ 1,422,407
Patient accounts receivable, net	1,277,013	1,237,130
Grants receivable	658,568	452,711
Other receivables	<u>130,004</u>	<u>236,798</u>
Financial assets available	<u>\$ 5,570,099</u>	<u>\$ 3,349,046</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Notes to Consolidated Financial Statements****September 30, 2020 and 2019**

The Organization has certain board-designated assets limited as to use which are available for general expenditure within one year in the normal course of operations upon obtaining approval from the Board of Directors and other assets limited as to use for donor-restricted purposes, which are more fully described in Note 4. Accordingly, these assets have not been included in the quantitative information above.

The Organization's goal is generally to have, at the minimum, the U.S. Health Resources and Services Administration recommended days cash and cash equivalents on hand for operations of 30 days.

The Organization has a \$1,000,000 line of credit, as discussed in more detail in Note 6.

3. Patient Accounts Receivable

Patient accounts receivable consisted of the following at September 30:

	<u>2020</u>	<u>2019</u>
Patient accounts receivable	\$ 1,587,492	\$ 1,397,194
Contract 340B pharmacy program receivables	<u>178,003</u>	<u>75,586</u>
Total patient accounts receivable	1,765,495	1,472,780
Allowance for doubtful accounts	<u>(488,482)</u>	<u>(235,650)</u>
Patient accounts receivable, net	<u>\$ 1,277,013</u>	<u>\$ 1,237,130</u>

A reconciliation of the allowance for uncollectible accounts follows:

	<u>2020</u>	<u>2019</u>
Balance, beginning of year	\$ 235,650	\$ 254,097
Provision for bad debts	497,961	398,544
Write-offs	<u>(245,129)</u>	<u>(416,991)</u>
Balance, end of year	<u>\$ 488,482</u>	<u>\$ 235,650</u>

The provision for bad debts and allowance for uncollectible accounts increased for the year ended and at September 30, 2020, respectively, as a result of complications in the collection process during the COVID-19 pandemic.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows at September 30:

	<u>2020</u>	<u>2019</u>
Medicare	15%	17%
Medicaid	19%	19%

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Notes to Consolidated Financial Statements****September 30, 2020 and 2019****4. Assets Limited as To Use**

Assets limited as to use are made up of cash and cash equivalents which are to be used for the following purposes at September 30:

	<u>2020</u>	<u>2019</u>
Repairs and maintenance on the real property collateralizing loans with the United States Department of Agriculture, Rural Development (Rural Development)	\$ _____ -	\$ <u>142,092</u>
Board-designated for		
Transportation	16,982	16,982
Working capital	1,391,947	1,391,947
Capital improvements	<u>1,139,165</u>	<u>951,717</u>
Total board-designated	<u>2,548,094</u>	<u>2,360,646</u>
Donor restricted	<u>405,486</u>	<u>440,976</u>
Total	<u>\$ 2,953,580</u>	<u>\$ 2,943,714</u>

5. Property and Equipment

Property and equipment consists of the following at September 30:

	<u>2020</u>	<u>2019</u>
Land and improvements	\$ 1,154,753	\$ 1,154,753
Building and improvements	11,661,674	10,970,378
Furniture, fixtures and equipment	<u>1,887,073</u>	<u>1,799,636</u>
Total cost	14,703,500	13,924,767
Less accumulated depreciation	<u>7,115,614</u>	<u>6,667,847</u>
	7,587,886	7,256,920
Construction in progress and assets not in service	<u>207,975</u>	<u>351,658</u>
Property and equipment, net	<u>\$ 7,795,861</u>	<u>\$ 7,608,578</u>

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

6. Line of Credit

The Organization has an available \$1,000,000 revolving line of credit from a local bank through May 31 2021, with an interest rate at Prime, but not less than 3.25% (3.25% at September 30, 2020). The line of credit is collateralized by all business assets. There was no outstanding balance as of September 30, 2020 and 2019.

7. Long-Term Debt

Long-term debt consists of the following at September 30:

	<u>2020</u>	<u>2019</u>
Promissory note payable to local bank; see terms outlined below. (1)	\$ 829,242	\$ 851,934
Promissory note payable to local bank; see terms outlined below. (2)	2,079,808	-
5.375% promissory note payable to Rural Development, paid in monthly installments of \$4,949, which includes interest, through June 2026. The note was collateralized by all tangible property owned by the Organization. The note was paid in full through refinancing on October 2, 2019; see (2) below.	-	335,509
4.75% promissory note payable to Rural Development, paid in monthly installments of \$1,892, which includes interest, through November 2033. The note was collateralized by all tangible property owned by the Organization. The note was paid in full through refinancing on October 2, 2019; see (2) below.	-	231,091
4.375% promissory note payable to Rural Development, paid in monthly installments of \$5,000, which includes interest, through December 2036. The note was collateralized by all tangible property owned by the Organization. The note was paid in full through refinancing on October 2, 2019; see (2) below.	-	718,732
Total long-term debt	2,909,050	2,137,266
Less current maturities	88,027	106,190
Long-term debt, less current maturities	<u>\$ 2,821,023</u>	<u>\$ 2,031,076</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Notes to Consolidated Financial Statements****September 30, 2020 and 2019**

(1) The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 30 years, with variable monthly payments of principal and interest at 85% of the one-month LIBOR rate plus 2.125% through January 2022 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2022 that limits the potential interest rate fluctuation and substantively fixes the rate at 4.13%.

(2) On October 2, 2019, the Organization obtained a \$2,100,000 promissory note with a local bank, which repaid the notes payable due to Rural Development in the amount of \$1,285,332 and included additional financing to renovate the Organization's Newmarket clinical building. The note has a ten-year balloon and is to be paid at the amortization rate of 30 years, with variable monthly principal payments plus interest at the one-month LIBOR rate plus 1.5% through October 2029 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2029 that limits the potential interest rate fluctuation and substantially fixes the rate at 3.173%.

The fair value of the interest rate swap agreements and a previous swap agreement in 2019 was a liability of \$217,657 and an asset of \$13,512 at September 30, 2020 and 2019, respectively.

The Organization is required to meet certain administrative and financial covenants under the loan agreements included above. In the event of default, the bank has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization was in compliance with all loan covenants at September 30, 2020.

Maturities of long-term debt for the next five years and thereafter are as follows at September 30:

2021	\$ 88,027
2022	829,785
2023	46,465
2024	47,812
2025	49,543
Thereafter	<u>1,847,418</u>
Total	<u>\$ 2,909,050</u>

8. Derivative Financial Instruments

The Organization participates in certain fixed-payor swap contracts related to underlying, variable rate debt obligations. The purpose of these contracts is to protect the Organization against rising interest rates related to the variable rate debt. These contracts qualify for hedge accounting as a cash flow hedge and are reported at fair value as an asset or a liability. The change in fair value of the contracts are reported as change in net assets without donor restrictions. The Organization expects to hold the swap contracts until their respective maturities.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

The interest swap contract terms are summarized as follows at September 30:

Entity	Fixed Rate Paid	Variable Rate Received	Notional Amount	2020 Fair Value Asset (Liability)	2019 Fair Value Asset (Liability)	Termination Date	Counterparty
LHC	4.1300 %	2.2578 %	\$ 829,242	\$ (18,241)	\$ 13,512	11-19-2021	TD Bank
FLHC	3.1730 %	1.6568 %	2,061,527	(199,416)	-	10-02-2029	TD Bank
Cumulative unrealized loss				\$ (217,657)	\$ 13,512		

U.S. GAAP establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

Level 1 — Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2 — Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3 — Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The Organization uses inputs other than quoted prices that are observable to value the interest rate swaps. The Organization considers these inputs to be Level 2 inputs in the context of the fair value hierarchy. These values represent the estimated amounts the Organization would receive or pay to terminate agreements, taking into consideration current interest rates and the current creditworthiness of the counterparty.

9. Net Assets

Net assets without donor restrictions are designated for the following purposes at September 30:

	<u>2020</u>	<u>2019</u>
Undesignated	\$ 8,031,136	\$ 7,371,562
Board-designated	<u>2,548,094</u>	<u>2,360,646</u>
Total	<u>\$10,579,230</u>	<u>\$ 9,732,208</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Notes to Consolidated Financial Statements****September 30, 2020 and 2019**

Net assets with donor restrictions were restricted for the following specific purposes at September 30:

	<u>2020</u>	<u>2019</u>
Temporary in nature:		
Capital improvements	\$ 214,647	\$ 231,437
Community programs	170,745	181,151
Substance abuse prevention	20,094	28,388
Grants for capital acquisitions not in service	<u>65,285</u>	<u>95,130</u>
Total	<u>\$ 470,771</u>	<u>\$ 536,106</u>

10. Patient Service Revenue

Patient service revenue was as follows for the years ended September 30:

	<u>2020</u>	<u>2019</u>
Gross charges	\$13,852,130	\$13,786,408
340B contract pharmacy revenue	<u>1,617,196</u>	<u>1,139,085</u>
Total gross revenue	15,469,326	14,925,493
Contractual adjustments	(5,010,816)	(4,793,060)
Sliding fee discounts	(811,423)	(964,485)
Other patient related revenue	<u>559,716</u>	<u>256,100</u>
Total patient service revenue	<u>\$10,206,803</u>	<u>\$ 9,424,048</u>

The mix of gross patient service revenue from patients and third-party payers was as follows for the years ended September 30:

	<u>2020</u>	<u>2019</u>
Medicare	14 %	17 %
Medicaid	34 %	31 %
Blue Cross Blue Shield	17 %	17 %
Other payers	22 %	21 %
Self-pay and sliding fee scale patients	<u>13 %</u>	<u>14 %</u>
	<u>100 %</u>	<u>100 %</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is primarily reimbursed for medical and ancillary services based on the lesser of actual charges or prospectively set rates for an encounter furnished to a Medicare beneficiary. Certain other services are reimbursed based on fee-for-service rate schedules.

Medicaid

The Organization is primarily reimbursed for medical and ancillary services based on prospectively set rates for an encounter furnished to a Medicaid beneficiary. Certain other services, including most dental services, are reimbursed based on fee-for-service rate schedules.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each Current Procedural Terminology code, which may be less than the Organization's public fee schedule.

Uninsured Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program amounted to \$1,041,631 and \$1,053,562 for the years ended September 30, 2020 and 2019, respectively. The Organization is able to provide these services with a component of funds received through federal grants.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

11. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed \$292,808 and \$300,572 for the years ended September 30, 2020 and 2019, respectively.

12. Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 2020, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of either FTCA or medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

13. Litigation

From time-to-time certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover material losses. In the opinion of management, there are no matters that will materially affect the Organization's consolidated financial statements.

SUPPLEMENTARY INFORMATION

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidating Balance Sheet****September 30, 2020****ASSETS**

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2020 Consolidated
Current assets				
Cash and cash equivalents	\$ 2,205,696	\$ 1,298,818	\$ -	\$ 3,504,514
Patient accounts receivable, net	1,277,013	-	-	1,277,013
Grants receivable	658,568	-	-	658,568
Other receivables	130,004	-	-	130,004
Inventory	129,591	-	-	129,591
Other current assets	<u>147,799</u>	<u>-</u>	<u>-</u>	<u>147,799</u>
Total current assets	4,548,671	1,298,818	-	5,847,489
Assets limited as to use	2,953,580	-	-	2,953,580
Property and equipment, net	<u>6,009,215</u>	<u>1,786,646</u>	<u>-</u>	<u>7,795,861</u>
Total assets	\$ <u>13,511,466</u>	\$ <u>3,085,464</u>	\$ <u>-</u>	\$ <u>16,596,930</u>

LIABILITIES AND NET ASSETS

Current liabilities				
Accounts payable and accrued expenses	\$ 578,888	\$ -	\$ -	\$ 578,888
Accrued payroll and related expenses	1,322,364	-	-	1,322,364
Deferred revenue	72,421	-	-	72,421
Due to affiliate				
Provider Relief Funds	196,549	-	-	196,549
COVID-19 Emergency Healthcare System Relief Fund refundable advance	250,000	-	-	250,000
Due to (from) affiliate	22,604	(22,604)	-	-
Current maturities of long-term debt	<u>44,453</u>	<u>43,574</u>	<u>-</u>	<u>88,027</u>
Total current liabilities	2,487,279	20,970	-	2,508,249
Long-term debt, less current maturities	784,789	2,036,234	-	2,821,023
Fair value of interest rate swap	18,241	199,416	-	217,657
Due to (from) affiliate	<u>1,104,410</u>	<u>(1,104,410)</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>4,394,719</u>	<u>1,152,210</u>	<u>-</u>	<u>5,546,929</u>
Net assets				
Without donor restrictions	8,645,976	1,933,254	-	10,579,230
With donor restrictions	<u>470,771</u>	<u>-</u>	<u>-</u>	<u>470,771</u>
Total net assets	<u>9,116,747</u>	<u>1,933,254</u>	<u>-</u>	<u>11,050,001</u>
Total liabilities and net assets	\$ <u>13,511,466</u>	\$ <u>3,085,464</u>	\$ <u>-</u>	\$ <u>16,596,930</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidating Balance Sheet****September 30, 2019****ASSETS**

	<u>Lamprey Health Care, Inc.</u>	<u>Friends of Lamprey Health Care, Inc.</u>	<u>Eliminations</u>	<u>2019 Consolidated</u>
Current assets				
Cash and cash equivalents	\$ 453,924	\$ 968,483	\$ -	\$ 1,422,407
Patient accounts receivable, net	1,237,130	-	-	1,237,130
Grants receivable	452,711	-	-	452,711
Other receivables	236,798	59,797	(59,797)	236,798
Inventory	81,484	-	-	81,484
Other current assets	<u>78,405</u>	<u>-</u>	<u>-</u>	<u>78,405</u>
Total current assets	2,540,452	1,028,280	(59,797)	3,508,935
Investment in limited liability company	19,101	-	-	19,101
Assets limited as to use	2,861,010	82,704	-	2,943,714
Fair value of interest rate swap	13,512	-	-	13,512
Property and equipment, net	<u>5,718,217</u>	<u>1,890,361</u>	<u>-</u>	<u>7,608,578</u>
Total assets	\$ <u>11,152,292</u>	\$ <u>3,001,345</u>	\$ <u>(59,797)</u>	\$ <u>14,093,840</u>

LIABILITIES AND NET ASSETS

Current liabilities				
Accounts payable and accrued expenses	\$ 701,615	\$ -	\$ (59,797)	\$ 641,818
Accrued payroll and related expenses	961,024	-	-	961,024
Deferred revenue	85,418	-	-	85,418
Current maturities of long-term debt	<u>65,417</u>	<u>40,773</u>	<u>-</u>	<u>106,190</u>
Total current liabilities	1,813,474	40,773	(59,797)	1,794,450
Long-term debt, less current maturities	<u>1,122,027</u>	<u>909,049</u>	<u>-</u>	<u>2,031,076</u>
Total liabilities	<u>2,935,501</u>	<u>949,822</u>	<u>(59,797)</u>	<u>3,825,526</u>
Net assets				
Without donor restrictions	7,680,685	2,051,523	-	9,732,208
With donor restrictions	<u>536,106</u>	<u>-</u>	<u>-</u>	<u>536,106</u>
Total net assets	<u>8,216,791</u>	<u>2,051,523</u>	<u>-</u>	<u>10,268,314</u>
Total liabilities and net assets	\$ <u>11,152,292</u>	\$ <u>3,001,345</u>	\$ <u>(59,797)</u>	\$ <u>14,093,840</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidating Statement of Operations****Year Ended September 30, 2020**

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2020 Consolidated
Operating revenue				
Patient service revenue	\$10,206,803	\$ -	\$ -	\$10,206,803
Provision for bad debts	<u>(497,961)</u>	<u>-</u>	<u>-</u>	<u>(497,961)</u>
Net patient service revenue	9,708,842	-	-	9,708,842
Rental income	176,353	227,916	(227,916)	176,353
Grants, contracts and contributions	5,663,601	-	-	5,663,601
Paycheck Protection Program	2,152,212	-	-	2,152,212
Other operating revenue	410,188	121	-	410,309
Net assets released from restriction for operations	<u>242,945</u>	<u>-</u>	<u>-</u>	<u>242,945</u>
Total operating revenue	<u>18,354,141</u>	<u>228,037</u>	<u>(227,916)</u>	<u>18,354,262</u>
Operating expenses				
Salaries and wages	11,106,208	-	-	11,106,208
Employee benefits	2,096,040	-	-	2,096,040
Supplies	747,665	-	-	747,665
Purchased services	1,691,103	182	-	1,691,285
Facilities	798,038	4,300	(227,916)	574,422
Other operating expenses	474,659	-	-	474,659
Insurance	140,572	-	-	140,572
Depreciation	352,880	109,888	-	462,768
Interest expense	<u>79,288</u>	<u>32,520</u>	<u>-</u>	<u>111,808</u>
Total operating expenses	<u>17,486,453</u>	<u>146,890</u>	<u>(227,916)</u>	<u>17,405,427</u>
Excess of revenue over expenses	867,688	81,147	-	948,835
Change in fair value of interest rate swap	(31,753)	(199,416)	-	(231,169)
Net assets released from restriction for capital acquisition	<u>129,356</u>	<u>-</u>	<u>-</u>	<u>129,356</u>
Increase (decrease) in net assets without donor restrictions	<u>\$ 965,291</u>	<u>\$ (118,269)</u>	<u>\$ -</u>	<u>\$ 847,022</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidating Statement of Operations****Year Ended September 30, 2019**

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2019 Consolidated
Operating revenue				
Patient service revenue	\$ 9,424,048	\$ -	\$ -	\$ 9,424,048
Provision for bad debts	<u>(398,544)</u>	<u>-</u>	<u>-</u>	<u>(398,544)</u>
Net patient service revenue	9,025,504	-	-	9,025,504
Rental income	194,443	227,916	(227,916)	194,443
Grants, contracts and contributions	6,104,270	-	-	6,104,270
Other operating revenue	1,162,752	103	-	1,162,855
Net assets released from restriction for operations	<u>75,197</u>	<u>-</u>	<u>-</u>	<u>75,197</u>
Total operating revenue	<u>16,562,166</u>	<u>228,019</u>	<u>(227,916)</u>	<u>16,562,269</u>
Operating expenses				
Salaries and wages	10,583,987	-	-	10,583,987
Employee benefits	2,056,956	-	-	2,056,956
Supplies	646,620	-	-	646,620
Purchased services	1,751,922	128	-	1,752,050
Facilities	808,327	300	(227,916)	580,711
Other operating expenses	611,489	3,012	-	614,501
Insurance	145,114	-	-	145,114
Depreciation	351,790	109,272	-	461,062
Interest	<u>64,359</u>	<u>43,658</u>	<u>-</u>	<u>108,017</u>
Total operating expenses	<u>17,020,564</u>	<u>156,370</u>	<u>(227,916)</u>	<u>16,949,018</u>
(Deficiency) excess of revenue over expenses	(458,398)	71,649	-	(386,749)
Change in fair value of interest rate swap	26,916	-	-	26,916
Net assets released from restriction for capital acquisition	<u>31,012</u>	<u>-</u>	<u>-</u>	<u>31,012</u>
(Decrease) increase in net assets without donor restrictions	<u>\$ (400,470)</u>	<u>\$ 71,649</u>	<u>\$ -</u>	<u>\$ (328,821)</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidating Statement of Changes in Net Assets****Year Ended September 30, 2020**

	<u>Lamprey Health Care, Inc.</u>	<u>Friends of Lamprey Health Care, Inc.</u>	<u>2020 Consolidated</u>
Net assets without donor restrictions			
Excess of revenue over expenses	\$ 867,688	\$ 81,147	\$ 948,835
Change in fair value of interest rate swap	(31,753)	(199,416)	(231,169)
Net assets released from restriction for capital acquisition	<u>129,356</u>	<u>-</u>	<u>129,356</u>
Increase (decrease) in net assets without donor restrictions	<u>965,291</u>	<u>(118,269)</u>	<u>847,022</u>
Net assets with donor restrictions			
Contributions	224,245	-	224,245
Grants for capital acquisition	82,721	-	82,721
Net assets released from restriction for operations	(242,945)	-	(242,945)
Net assets released from restrictions for capital acquisition	<u>(129,356)</u>	<u>-</u>	<u>(129,356)</u>
Decrease in net assets with donor restrictions	<u>(65,335)</u>	<u>-</u>	<u>(65,335)</u>
Change in net assets	899,956	(118,269)	781,687
Net assets, beginning of year	<u>8,216,791</u>	<u>2,051,523</u>	<u>10,268,314</u>
Net assets, end of year	<u>\$ 9,116,747</u>	<u>\$ 1,933,254</u>	<u>\$11,050,001</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.**Consolidating Statement of Changes in Net Assets****Year Ended September 30, 2019**

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2019 Consolidated
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	\$ (458,398)	\$ 71,649	\$ (386,749)
Change in fair value of interest rate swap	26,916	-	26,916
Net assets released from restriction for capital acquisition	<u>31,012</u>	<u>-</u>	<u>31,012</u>
(Decrease) increase in net assets without donor restrictions	<u>(400,470)</u>	<u>71,649</u>	<u>(328,821)</u>
Net assets with donor restrictions			
Contributions	205,027	-	205,027
Grants for capital acquisition	126,142	-	126,142
Net assets released from restrictions for operations	(75,197)	-	(75,197)
Net assets released from restriction for capital acquisition	<u>(31,012)</u>	<u>-</u>	<u>(31,012)</u>
Increase in net assets with donor restrictions	<u>224,960</u>	<u>-</u>	<u>224,960</u>
Change in net assets	(175,510)	71,649	(103,861)
Net assets, beginning of year	<u>8,392,301</u>	<u>1,979,874</u>	<u>10,372,175</u>
Net assets, end of year	<u>\$ 8,216,791</u>	<u>\$ 2,051,523</u>	<u>\$10,268,314</u>

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2021-2022 Board of Directors

Frank Goodspeed (President/Chair)



Term Ends 2023

Affiliation: Tropic Star Development

Years of Service: 8

Michelle Boom



Term Ends 2022

Affiliation: Homemaker

Years of Service: 2

Arvind Ranade, (Vice President)



Term Ends 2024

Affiliation: SymbioSys Solutions, Inc.

Years of Service: 6

James Brewer



Term Ends 2022

Affiliation: Kennebunk Savings Bank

Years of Service: 2

Thomas "Chris" Drew (Treasurer)



Term Ends 2022

Affiliation: Seacoast Mental Health Center

Years of Service: 23

Michael Chouinard



Term Ends 2022

Affiliation: Retired

Years of Service: 2

Laura Valencia (Secretary)



Term Ends 2024

Affiliation: Student

Years of Service: 3

Elizabeth Crepeau



Term ends 2024

Affiliation: Retired

Years of Service: 15

Audrey Ashton-Savage (Immediate Past Chair/President)



Term Ends 2024

Affiliation: University of New Hampshire

Years of Service: 31

Raymond Goodman, III



Term ends 2024

Affiliation: Children's Trust

Years of Service: 9

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2021-2022 Board of Directors

Todd J Hathaway



Term Ends 2023

Affiliation: Wadleigh, Starr & Peters, PLLC

New Board Member

Michael Reinke

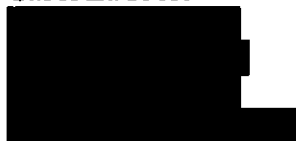


Term Ends 2023

Affiliation: Nashua Soup Kitchen & Shelter

Years of Service: 1

Carol LaCross



Term Ends 2024

Affiliation: Retired

Years of Service: 33

Samantha Stamas



Term Ends 2023

Affiliation: Rivier University

New Board Member

Andrea Laskey



Term Ends 2022

Affiliation: Retired

Years of Service: 2

Wilberto Torres



Term Ends 2022

Affiliation: Torres Management and Research Corporation

Years of Service: 4

Mark Marandola



Term Ends 2023

Affiliation: Fidelity

Years of Service: 1

Robert S. Woodward



Term Ends 2022

Affiliation: Retired

Years of Service: 5

Paula K. Smith, MBA, EdD

EDUCATION

Rivier University, Nashua NH

Doctoral Program in Education, Leadership and Learning, May 2018

American Evaluation Association/Centers for Disease Control, Summer Institute, June 2012

The Dartmouth Institute of Health Policy and Clinical Practice, Coach the Coach: The Art of Coaching and Improving Quality, Microsystems Process Improvement Training, 2009

American Society of Training & Development, Professional Trainer Certificate Program, Concord, NH, 2002.

Cultural Competency; Training of Trainers Program, CCHCP Training Institute, Seattle, WA, 2000

University of Massachusetts, Boston, Harbor Campus, Boston, MA 02125

Masters in Business Administration, 1991

Boston University School of Public Health, Boston, MA

Negotiation and Conflict Resolution for Health Care Management (Training Program), 1991

University of New Hampshire, Durham, NH

Bachelor of Science, Health Administration and Planning, 1985

PROFESSIONAL EXPERIENCE

February 1998

Director, Southern New Hampshire Area Health Education Center (AHEC)

Present

Lamprey Health Care, Raymond, NH

- Coordinates, plans and supervises the establishment and operation of a new AHEC center and programs designed to increase access to quality health care in southern NH.
- Partners with community-based providers and academic institutions to improve the supply and distribution of primary health care professionals and facilitates student placements in the community with an emphasis on medically underserved areas.
- Provides training opportunities for residents, nurse practitioners, social worker, physician assistant, nursing and medical students, as well as practicing providers.
- Develops and coordinates health care awareness programs for high school students with a focus on minority and disadvantaged populations.
- Coaches health center microteams in quality improvement initiatives.
- Oversees implementation of "Better Choices, Better Health" Chronic Disease Self-Management Program, including marketing, reporting, recruitment and management of leaders, and coordination of NH CDSMP Network, a learning community of leaders.
- Directs activities of the Seacoast Public Health Network, implementing the Community Health Improvement Plan.
- Develops and oversees the Nurse Practitioner Fellowship Program, including supervising staff to implement day to day operations, maintaining relationships with preceptors and specialty practices, and pursuing accreditation.

October 1995 to

Regional Services Coordinator

February 1998

New England Community Health Center Association, Woburn, MA

- Provided technical assistance, policy analysis, and other membership services to state primary care associations in New England and the community health centers they serve;
- Coordinated educational sessions for primary care clinicians and administrators on a variety of health care topics; assisted in developing program for two community health conferences a year, as well as one-day programs;
- Acted as liaison for members of MIS/Fiscal Directors and other regional committees;
- Wrote grants, including concept development, implementation plans and budget, for government and foundation proposals;
- Designed survey instruments, analyzed data, and wrote reports for region-wide surveys of community health centers, including compensation survey, needs assessment for locum tenens, survey on management information systems, and survey on productivity and staffing ratios;
- Acted as Project Director of Phase III of the Mammography Access Project;
- Wrote and distributed quarterly newsletter to health centers and public health organizations throughout New England.

February 1992 to Program Director
October 1995 Department of Medical Security, Boston, MA
Paula K. Smith
Page 2

- Managed the Labor Shortage Initiative, a \$23 million state-wide program providing education and training opportunities in health care occupations; oversaw the allocation of funds to participating hospitals, colleges and universities, and community organizations; supervised the development of contracts; monitored program achievements.
- Developed, implemented, and managed the *Children's Medical Security Plan*, a health insurance program for uninsured children under the age of 13; negotiated and monitored contracts totaling nearly \$12 million with participating insurers; coordinated public relations and outreach activities related to the program; acted as a liaison with various advocacy groups.
- Managed *CenterCare*, a \$4 million managed care program providing services through contracts with 30 community health centers across the state; allocated resources to participating centers; developed and conducted training sessions on *CenterCare* program operations for health center staff; analyzed demographic and utilization data of participants.

May 1990 to Contract Manager
February 1992 Department of Medical Security, Boston, MA

- Coordinated the procurement process for both *CenterCare* and the Labor Shortage Initiative, which included writing Requests for Proposals (RFPs), reviewing and analyzing proposals, monitoring the contracting and administration of funded proposals, and acting as a liaison between interested parties.
- Monitored *CenterCare* by coordinating payments to contractors, conducting site visits at participating community health centers, and reporting on program status; managed administrative procedures and acted as a liaison between agencies for all contracts in accordance with regulations.

October 1988 to Contract Specialist
May 1990 Office of the State Comptroller, Boston, MA

- Assisted and instructed departments in the process of contract approval, as well as utilization of the state-wide automated accounting systems (MMARS);
- Developed policies in support of state regulations pertaining to contract approval.
- Supervised contract officers in the review and approval of statewide consultant contracts; created reports to monitor departmental activities; organized special projects.

January 1988 to Contract Officer
October 1988 Office of the State Comptroller, Boston, MA

- Reviewed and approved transactions on MMARS submitted by departments throughout the Commonwealth;
- Managed Tax Exempt Lease Purchase program of all departments in the Commonwealth;
- Utilized word processing and spreadsheet programs.

September 1985 to Administrative Assistant
January 1988 Joseph M. Smith Community Health Center, Alston, MA

- Provided assistance to the Executive Director in overall administration of health center,
- Assisted Finance Director in management of accounts, and prepared monthly invoices for all grant reimbursement, utilizing word processing and spreadsheet programs.
- Supervised the payroll system and managed personnel files for 60 employees;
- Acted as liaison between outside vendors and health center;
- Interviewed candidates for support staff positions.

AFFILIATIONS

Endowment for Health Board of Advisors, 2013-Present

Recipient of 2007 NH Office of Minority Health Women's Health Recognition Award

NH Leadership Board: American Lung Association, 2007-present

Recipient of 2006 National AHEC Center for Excellence Award in Community Programming

Leadership New Hampshire 2003 Associate

Member of National AHEC Organization

Organizational Recipient of 2002 Champions in Diversity Award for Education

References Available Upon Request

MARIA REYES

Professional Summary

Innovative senior level director with over 15 years of versatile non-profit management and social services experience. Demonstrated track record of managing financially sustainable federal, state and private foundation programs with measurable outcomes and community impact. Resourceful experience overseeing youth and adult community programs in a variety of settings including health, social services, public schools, libraries and other institutions. Over twenty years' experience of substance abuse and mental health counseling, case management, and community education in both inpatient/outpatient psychiatric and substance abuse treatment with diverse populations.

Skills and knowledge include:

- Health/cultural competency training
- Strategic planning
- Public Speaker/consultant
- Community Outreach
- Substance Abuse and Mental Health
- Community mobilization
- Government, state and private grant management
- Outcome measurement

YWCA Tulsa

Tulsa, Oklahoma

Director of Immigrant and Refugee Center

2000-April 2015

Responsible for the direct oversight of a team of 25+ diverse professionals from over 10 countries and all operations. Diversified agency funding portfolio thru fee for service, augmented new foundation dollars thru solid community/donor relationships, and generated state/local government funding from \$450,000 to 1 million plus. Responsible for direct oversight of core program services: Immigration legal services, English Language classes to adult immigrants, refugee social services and numerous community projects/collaborations that provided health education and outreach to underserved communities. Forged solid partnerships and collaborations to implement community projects that address community health issues such as substance misuse/abuse, diabetes prevention, American Heart Association, Parenting skills, HIV/Aids, Alzheimer's awareness and others.

Highlights:

- Instituted first medical Spanish elective course at Oklahoma State University Osteopathic College of Medicine for first and second year medical students.
- Reputation as skilled collaborator with strong partnerships-key member of community wide coalition that helped facilitate a one million dollar Robert Wood Johnson Foundation grant for Latino diabetes prevention health program.
- Spearheaded diabetes prevention academy of health for first generation Spanish speakers.
- Selected to participate and implement state wide Meth-360 program thru Drug Free America Campaign.

Maria Reyes

Tulsa Community College

Adjunct Professor, Part-Time

Tulsa, Oklahoma

2003-2006

- Taught Chemical Dependency and Treatment Course to community college students.
- Community presenter on culture and mental health/substance abuse education to Tulsa's immigrant populations.

Parkside Hospital,

Oklahoma Certified Drug and Alcohol Counselor #226

Tulsa, Oklahoma

1990-2000

- First mental health professional in Tulsa to create and implement community depression screenings to limited English proficiency populations.
- Launched the first Spanish-speaking case management caseload in the hospital's history.
- Provided group and individual counseling, case management and education to adults in inpatient and outpatient treatment/aftercare.
- Vital member of multidisciplinary team that assisted with court order evaluations and treatment placement.

CREDENTIALS

EDUCATION

Plymouth State University, Plymouth New Hampshire-B.A. Spanish,
Latin American Studies

University of Valencia Spain-Junior Year Abroad program

CERTIFICATION

Certified Oklahoma Drug and Alcohol Counselor since 1990,
(current) #226-Hospital based two year certification program
(Maintain 20 CEU's yearly in addiction/mental health)

Oklahoma Non-Profit Management Training

SKILLS

Proficient in Microsoft products, bilingual in Spanish and English
Public Speaking, Teaching

ACHIEVEMENTS

YWCA Tulsa Community Outstanding Service Award-2015

Tulsa Partners-Language Cultural Bank Volunteer of the Year 2011

Tulsa Mental Health Association Education Award 2005

Parkside Hospital Employee of the Year 1985

Plymouth State University, New Hampshire- Foreign Language
Award

COMMUNITY

Vice President of Coalition of Hispanic Organizations

Board member of Tulsa Mental Health Association

Board member and Co-President of Tulsa Language Cultural Bank

Appointed Commissioner for the Tulsa Mayor's Commission on the
Status of Women

References available upon request

Julia B. Meuse

Education

University of New Hampshire, Durham, NH

Bachelor of Science: Health Management and Policy

Dean's List: Spring 2017, Fall 2017, Spring 2018, Fall 2018, Spring 2019

May 2019

GPA: 3.53

Experience

Lamprey Health Care, Raymond, NH

Program Coordinator

Program Assistant

Intern

July 2019- Present

September 2018- July 2019

May 2018-August 2018

- Coordinate vaccination clinics and manage vaccine storage and ordering processes.
- Assist in the process of developing and implementing a tickborne illness prevention project with the Seacoast Public Health Network
- Collaborated in planning programs for health professionals with the Southern New Hampshire Area Health Education Center
- Coordinate Lamprey Healthcare's Nurse Practitioner Fellowship Program

Family Centered Counseling of New England, Nashua, NH

Remote Office Assistant

- Demonstrated time management skills and self-motivation from working remotely
- Mastered insurance claim process
- Responsibly managed patient payments

May 2017- August 2018

Pinnacle Rehabilitation Network, Multiple Locations

Office Coordinator

- Exeter Sport and Spine Therapy, Exeter, NH
- Hampton Physical Therapy of Seabrook, Seabrook, NH

May 2016- August 2016

June 2012- August 2015

- Provided courteous and knowledgeable front-end assistance
- Was responsible for managing copays, scheduling appointments, completing insurance verifications, and data entry

Certifications

Community Health Worker Course

Received certificate for completing Southern NH AHEC's 56 hour Community Health Worker training. Trained in healthcare service coordination, cultural effectiveness, community assessment skills, etc.

June 2018- July 2018

Child and Infant CPR Certified

Completed objectives and skills in accordance with the American Heart Association CPR AED program for child and infant certification

July 2018

Campus Involvement

Member of Student Organization for Health Leadership

Attend meetings, healthcare panels, and network with Health Management and Policy alumni

September 2015-Present

Volunteer Experience

The Fabulous Find Resale Boutique

Partnered with non-profit boutique to sell my original artwork and donate profits to local community charities. Currently maintain inventory and fill special orders

June 2017- Present

LINDSEY MESSINA

Passionate young adult with over two years of experience on the ground in prevention and advocacy efforts. Can manage multiple tasks at hand while maintaining and working toward the mission and vision of an organization. Looking to be more hands on and involved in community prevention efforts in the seacoast and surrounding counties.

Experience

Substance Misuse Prevention Coordinator; Seacoast Public Health Network — 2019 Present

- Works in every region of the state to promote effective population level substance misuse prevention policies, programs, and practices.

Coordinator, Programs and Education; Addiction Policy Forum — 2018–Present

- Jan 2018 - May 2018 National Coordinator for the northeast. Scheduled introductory phone calls, follow up emails and provided resources to families in crisis.
- Assisted CEO in creating eBooks and online toolkits for community educators, first responders and professionals in the field of addiction.
 - i.e. Addiction and the Brain, Rx Disposal Toolkit
- Assisted and traveled around the country with the Executive Vice President of Community Relations in partnership with NDAA to bring trainings to District Attorneys on addiction and criminal justice reform.
- Assisted the Chief of Staff in administrative efforts and communication with national partners i.e. NDAA, FAVOR, CADCA etc.
 - Kept organized online files and created work-plans in Excel, Word and PowerPoint.
- Create, schedule and coordinate social media content for current and future online advocacy.

Volunteer Director; Austin17House — 2017–Present

- Built a non-profit from the ground up including infrastructure, mission/vision and funding.
- Network with partners in the Seacoast and Rockingham County to collaborate on prevention, treatment, recovery and advocacy efforts.
- Wrote grants and other proposals to organizations to sustain current and future programs.
- Created and implemented extended learning opportunities and programs for youth two nights a week.
- Schedule and host educational community workshops for youth and parents. i.e. understanding teen depression, suicide prevention, drug and alcohol prevention.
- Create and schedule social media content for Facebook, Instagram and current website.
- Manage volunteers including scheduling, training and staff appreciation.

Certifications

- Signs of Suicide (SOS) Train the Trainer Certification (12 hour)

- National Alliance on Mental Illness (NAMI) Train the Trainer for Young Adults (12 hours)
- American Foundation for Suicide Prevention Train the Trainer (2 hour)
- Youth Mental Health First Aid Certification (8 hours)
- Emotional CPR (eCPR) training by Dr. Fisher from National Empowerment Center (14 hours)
- Teen Empowerment Youth Development Training Certification Program (18 hours)
- New Hampshire Children's Behavioral Health Collaborative Advocacy Training
- National Wellness Institute Resilience and Thriving Train the Trainer Certification (6 hours)
- National Wellness Institute Empowered Health Consciousness Train the Trainer Certification (6 hours)

Education

Great Bay Community College – 2013 to 2015

- Liberal Arts Business

Southern New Hampshire University – 2015 to 2017

- AS Marketing with High Honors (GPA: 3.818)
 - Introduction to Psychology
 - English Composition
 - Introduction to Humanities
 - Consumer Behavior
 - Financial Accounting
 - Services Marketing

Skills

- Self-motivated leader
- High communication skills with the ability to speak in front of large groups of people
- Ability to facilitate and/or work on a team
- Generate flyers and marketing materials for events
- Proficient in Microsoft Office including Word, Excel and PowerPoint
- SEO Marketing

Awards and Acknowledgements

10 To Watch Awards 2019

10 to Watch each year honors young professionals who make positive contributions to social and economic development in the Seacoast.

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Paula K. Smith	AHEC Director	\$115190	15.8%	\$18167
Maria Reyes	COC Facilitator	\$64634.40	94.5%	\$61096.39
Vacant	EP Manager	\$60,772	66.4%	\$40368
Lindsey Messina	Substance Misuse Prevention Coordinator	\$47587.50	96.4%	\$45882.66
Julia Meuse	Program Coordinator	\$43706.00	100%	\$43706
Vacant	CHW/Equity Coordinator	\$14040	100%	\$14040

**State of New Hampshire
Department of Health and Human Services
Amendment #9**

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Mid-State Health Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2019, (Item #78E), as amended on February 5, 2020, (Item #7), as amended on May 6, 2020 (Item # 47), as amended with Governor approval on July 10, 2020 and presented to the Executive Council as an Informational Item on August 26, 2020 (Informational Item #L), as amended with Governor approval on November 17, 2020 and presented to the Executive Council as an Informational Item on December 18, 2020 (Informational Item #B), as amended with Governor and Executive Council approval on December 18, 2020 (Item #10), as amended with Governor approval on December 17, 2020 and presented to the Executive Council as an Informational Item on April 7, 2021 (Informational Item #M), as amended with Governor approval on January 29, 2021 and presented to the Executive Council as an Informational Item on May 19, 2021 (Informational Item #N), and as amended with Governor and Executive Council approval on June 30, 2021 (Item #53), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,489,536
2. Modify Exhibit A-1, Additional Scope of Services – COVID-19 Response, by replacing in its entirety with Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, which is attached hereto and incorporated by reference herein.
3. Modify Exhibit B - Amendment #1, Methods and Conditions Precedent to Payment, by replacing in its entirety with Exhibit B, Amendment #9, Method and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Program Funding, Amendment #8 by replacing it in its entirety with Exhibit B-1, Amendment #9, Program Funding, which is attached hereto and incorporated by reference herein.

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All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/3/2021

Date

DocuSigned by:
Patricia M. Tilley
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Name: Patricia M. Tilley
Title:

Director

Mid-State Health Center

11/3/2021

Date

DocuSigned by:
Robert MacLeod
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Name: Robert MacLeod
Title:

CEO

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

OFFICE OF THE ATTORNEY GENERAL

11/4/2021

Date

DocuSigned by:

Takhmina Rakhmatova

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Name: Takhmina Rakhmatova
Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

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Additional Scope of Services - COVID-19 Response

1. COVID-19 Response

1.1. Emergency Operations

1.1.1. The Contractor shall enact emergency operations across the Regional Public Health Network for COVID-19 efforts by:

- 1.1.1.1. Activating the regions Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.
- 1.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.
- 1.1.1.3. Assessing the region's public health and healthcare system training needs.
- 1.1.1.4. Providing training designed to improve the region's public health and healthcare system response.
- 1.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2. Responder Safety and Health

1.2.1. The Contractor shall ensure the health and safety of the public health response workforce in the Regional Public Health Network, including but not limited to:

- 1.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.
- 1.2.1.2. Determining responder safety and health gaps and implementing corrective actions.
- 1.2.1.3. Documenting and tracking the Regional Public Health Network's personal protective equipment inventory.

1.3. Identification of Vulnerable Populations

- 1.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.
- 1.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

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1.4. Information Sharing and Public Information

1.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders to harmonize response messaging.

1.5. Distribution and Use of Medical Materials

1.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.5.1.1. Maintaining ability for vaccine-specific cold chain management.

1.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.5.1.4. Planning to prioritize limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department and in accordance with all policies and procedures put forth by the Department.

1.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the Centers for Disease Control's electronic Vaccine Administration Management System (VAMS) or the Department's New Hampshire Immunization Information System (NHIIS) to input vaccine data. The loaned assets are outlined in Exhibit A-2 Asset Inventory, which is

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attached hereto and incorporated by reference herein. The Contractor agrees to the following terms regarding the use of loaned assets:

- 1.5.3.1. Assets to be Used by User: Subject to the terms and conditions of this Agreement, the Department agrees to provide to User with some or all of the Assets listed on Exhibit A-2, which is attached hereto and incorporated by reference herein. This is a non-transferable right for the User to use the Assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An Asset inventory reflecting the deployed Assets selected from Exhibit A-2 will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.
- 1.5.3.2. The Contractor agrees to use and operate the assets only in conjunction with the business use stated herein for administration of the COVID-19 vaccine, unless otherwise agreed upon by mutual written consent.
- 1.5.3.3. The Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining security standards including but not limited to antivirus software, patching and software updates.
- 1.5.3.4. The Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIS User Support will be provided by the Department's Immunization Program.
- 1.5.3.5. The Contractor understands and agrees that the Department retains ownership of the loaned assets and will return them to the Department in good working condition when no longer needed for COVID-19 vaccine administration or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

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1.5.3.6. Prior to returning laptop, iPads, and/or other mobile or storage devices listed in Exhibit A-2 to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST Special Publication 800-88 Rev.1, or later for guidelines at <https://csrc.nist.gov/publications/sp800>.

1.6. Surge Staffing

1.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.6.2. The Contractor shall recruit, enroll, activate, train and deploy volunteers, including but not limited to:

1.6.2.1. Medical Reserve Corps (MRC).

1.6.2.2. Citizens Emergency Response Teams (CERT).

1.7. Public Health Coordination with Healthcare Systems

1.7.1. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.7.2. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s).

1.8. Biosurveillance

1.8.1. The Contractor shall conduct surveillance and case identification including, but not limited to:

1.8.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.8.1.2. Assess risk of travelers and other persons with potential COVID-19 exposures.

1.8.1.3. Enhance surveillance systems to provide case-based and aggregate epidemiological data.

1.8.1.4. Ensure data management systems are in place and meet the needs of the jurisdiction.

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- 1.8.1.5. Ensure efficient and timely data collection.
- 1.8.1.6. Ensure ability to rapidly exchange data with public health partners and other relevant partners.

1.9. Adult Influenza Vaccinations

- 1.9.1. The Contractor shall coordinate with local community-based agencies for the administration of influenza vaccines supplied by the New Hampshire Immunization Program (NHIP) to adults (eighteen (18) years or older). The Contractor shall:

- 1.9.1.1. Provide a Medical/Clinical Director to provide medical oversight, standing orders, emergency interventions/protocols and clinical expertise. The Contract shall ensure the Medical/Clinical Director is:

- 1.9.1.1.1. Able to prescribe medication in the State of New Hampshire.
- 1.9.1.1.2. Either a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN).

- 1.9.1.2. Make copies of standing orders and emergency interventions/protocols available at all clinics.
- 1.9.1.3. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 1.9.1.4. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

- 1.9.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

- 1.9.2.1. Annually submit a signed Vaccine Management Agreement to NHIP to ensure that all listed requirements are met.
- 1.9.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.
- 1.9.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator unit.

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- 1.9.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
- 1.9.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
- 1.9.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.
- 1.9.2.7. Track each vaccine dose provide by NHIP.
- 1.9.2.8. Notify NHIP of any adverse event within 24 hours of the event occurring by contacting the NHIP Nursing help line and faxing incident forms, if this occurs:
 - 1.9.2.8.1. Immediately quarantine the vaccine in a temperature appropriate setting, separating it from other vaccine and labeling it "DO NOT USE".
 - 1.9.2.8.2. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.
 - 1.9.2.8.3. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.
 - 1.9.2.8.4. Submit a Cold Chain Incident Report along with a Data Logger report to NHIP within 24 hours of temperature excursion occurrence.
- 1.9.3. Within 24 hours of the completion of every clinic:
 - 1.9.3.1. Update the State Vaccination system with total number of vaccines administered and wasted during each mobile clinic.
 - 1.9.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.
 - 1.9.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the contractor's established vaccine refrigerator.
 - 1.9.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:
 - 1.9.3.4.1. Total number of adults vaccinated by age ranges and other demographic indicators as determined by the Department.
 - 1.9.3.4.2. Total number of vaccines wasted.

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- 1.9.4. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:
 - 1.9.4.1. Strategies that worked well in the areas of communication, logistics, or planning.
 - 1.9.4.2. Areas for improvement both at the state and regional levels, emphasizing strategies for implementing improvements.
 - 1.9.4.3. Future strategies and plans for increasing the number of vaccinated adults.
 - 1.9.4.4. Suggestions on how state level resources may aid increasing the number of vaccinated adults.
- 1.9.5. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional influenza promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.
- 1.9.6. The Contractor shall document and submit the actions taken to recruit a Medical/Clinical Director.

2. COVID-19 Vaccinations

- 2.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:
 - 2.1.1. Racial minority populations.
 - 2.1.2. Ethnic minority populations.
 - 2.1.3. Individuals experiencing homelessness.
 - 2.1.4. Individuals experiencing housing instability.
 - 2.1.5. Rural communities.
- 2.2. The Contractor shall:
 - 2.2.1. Operationalize COVID-19 vaccine clinics for the target populations to increase equitable distribution of COVID-19 vaccination. The Contractor shall operationalize COVID-19 vaccine clinics by utilizing strategies that include, but are not limited to:
 - 2.2.1.1. Vaccine strike teams.
 - 2.2.1.2. Mobile vaccine clinics.
 - 2.2.1.3. Satellite clinics.
 - 2.2.1.4. Temporary clinics.

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- 2.2.1.5. Travel to off-site clinics to provide vaccination services in non-traditional settings, including in-home vaccination to homebound patients where other mechanisms for in-home vaccination are not available.
- 2.2.1.6. Other vaccine sites, as approved by the Department.
- 2.2.2. Ensure vaccine sites are located at a variety of settings, including, but not limited to, schools, healthcare facilities, and community-based sites.
- 2.2.3. Ensure hours of operation at vaccine sites are maintained and/or adjusted as required to meet the needs of the target population.
- 2.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach and partnerships in the target populations. The Contractor shall:
 - 2.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19 vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:
 - 2.3.1.1. Federally Qualified Health Centers
 - 2.3.1.2. Community Mental Health Centers.
 - 2.3.1.3. Community-based Organizations.
 - 2.3.1.4. City Health Departments.
 - 2.3.1.5. Faith-based Organizations.
 - 2.3.1.6. Local barbers and hairdressers.
 - 2.3.1.7. Community Colleges.
 - 2.3.1.8. Schools.
 - 2.3.2. Conduct outreach to populations, including, but not limited to, those who:
 - 2.3.2.1. Experience disproportionately high rates of COVID-19 and related deaths.
 - 2.3.2.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the Centers for Disease Control and Prevention.
 - 2.3.2.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.
 - 2.3.2.4. Are likely to have low acceptance of or confidence in COVID-19 vaccines.
 - 2.3.2.5. Have a history of mistrust in health authorities or the medical establishment.

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- 2.3.2.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.
- 2.3.3. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.
- 2.3.4. Conduct outreach to assess individuals' readiness to receive a vaccination.
- 2.3.5. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.
- 2.3.6. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.
- 2.3.7. Participate in meetings with the Department, as requested by the Department.
- 2.3.8. Attend New Hampshire Immunization Program (NHIP) trainings.
- 2.3.9. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.
- 2.3.10. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.
- 2.4. The Contractor shall procure resources, equipment and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:
 - 2.4.1. Coordinating, operating, and managing clinics.
 - 2.4.2. Procuring sites and/or equipment necessary for establishing and hosting vaccine clinics, which may include, but are not limited to:
 - 2.4.2.1. Property leases.
 - 2.4.2.2. Mobile trailer rentals.
 - 2.4.2.3. Generator rentals.
 - 2.4.2.4. Table and chair rentals.
 - 2.4.2.5. Appropriate refrigerators and freezers, as provided by the Department.
 - 2.4.2.6. Data loggers, as provided by the Department.
 - 2.4.3. Procuring communication devices and services, which may include, but are not limited to:
 - 2.4.3.1. Two-way radios.
 - 2.4.3.2. Cell phones.
 - 2.4.3.3. Wi-Fi.
 - 2.4.3.4. Computers.
 - 2.4.4. Procuring disposable supplies, which may include, but are not limited to:

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- 2.4.4.1. Generator fuel.
- 2.4.4.2. Propane.
- 2.4.4.3. Oil.
- 2.4.4.4. Batteries.
- 2.4.5. Procuring clinical supplies, which may include, but are not limited to:
 - 2.4.5.1. Syringes.
 - 2.4.5.2. Needles
 - 2.4.5.3. Alcohol wipes.
 - 2.4.5.4. Band aids.
 - 2.4.5.5. Stickers.
- 2.4.6. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.
- 2.4.7. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.
- 2.4.8. Recruiting, training and scheduling vaccine clinic staff at a rate of no more than \$65 per hour per vaccine staff member, unless otherwise approved by the Department, to provide services which include, but are not limited to:
 - 2.4.8.1. Administering vaccines.
 - 2.4.8.2. Participating in training, as requested.
 - 2.4.8.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.
- 2.4.9. Providing vaccine clinic staff and volunteers with water, snacks, and/or meals while performing vaccine administration work. All food, drinks, and meals will be provided to staff on site and may include individually packaged meals in lieu of buffet or family style options, given that operations are occurring in a pandemic environment.
- 2.4.10. Reimbursing mileage costs for vaccine clinic staff, Contractor staff and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

3. Community Health Worker

- 3.1. The Contractor shall provide a Community Health Workers (CHW) to support culturally and linguistically appropriate COVID-19 and other social determinants of health related services.
- 3.2. The Contractor shall submit CHW-related documentation to the Department within thirty (30) days of Agreement effective date, which shall include, but is not limited to:
 - 3.2.1. Staff recruitment plan.

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- 3.2.2. Training procedures.
 - 3.2.3. Onboarding plan.
 - 3.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:
 - 3.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.
 - 3.3.2. Assisting with contact tracing, when required.
 - 3.3.3. Cultural mediation among individuals, communities, and health and social service systems.
 - 3.3.4. Culturally appropriate health education and information.
 - 3.3.5. Care coordination, case management, and system navigation.
 - 3.3.6. Coaching and social support by advocating for individuals and communities.
 - 3.3.7. Direct services to clients with COVID-19 and their family members affected by COVID-19, which include, but are not limited to facilitating:
 - 3.3.7.1. Access to COVID-19 test within five (5) days of encounter between the CHW and the client.
 - 3.3.7.2. Access to the influenza vaccine within fourteen (14) days of encounter between the CHW and the client.
 - 3.3.7.3. Access to the COVID-19 vaccine within fourteen (14) days of encounter.
 - 3.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.
 - 3.3.9. Providing and distributing educational information about COVID vaccinations and general Department guidance for individual mitigation.
 - 3.4. The Contractor shall ensure the CHW provides social determinants of health related services, which include, but are not limited to:
 - 3.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:
 - 3.4.1.1. Providing appropriate care coordination, case management and connections to patient and family identified community and social services and referrals.
 - 3.4.1.2. Assisting with maintaining and/or applying for social services within their community.
 - 3.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

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- 3.4.1.4. Assisting vulnerable populations with navigating the healthcare system.
 - 3.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.
 - 3.4.1.6. Providing culturally appropriate health education on topics related to COVID, chronic disease prevention, physical activity, and nutrition.
 - 3.4.1.7. Providing informal counseling, health screenings, and referrals.
 - 3.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:
 - 3.4.1.8.1. Food insecurity supports.
 - 3.4.1.8.2. Mental health supports.
 - 3.4.1.8.3. Health care referrals.
 - 3.4.1.8.4. Substance use disorder supports.
 - 3.4.1.8.5. Educational supports and services.
 - 3.4.1.8.6. Financial literacy.
 - 3.4.1.8.7. Budgeting supports.
 - 3.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.
 - 3.4.1.8.9. Social Isolation supports.
 - 3.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:
 - 3.4.2.1. Educating healthcare providers and stakeholders about community health needs.
 - 3.4.2.2. Managing care and care transitions for vulnerable populations.
 - 3.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.
 - 3.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.
 - 3.4.2.5. Building community capacity to address health issues.
 - 3.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.
 - 3.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.



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- 3.5. The Contractor shall ensure the CHW documents encounters within the data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:
- 3.5.1. Race.
 - 3.5.2. Ethnicity.
 - 3.5.3. Language.
 - 3.5.4. Household income.
 - 3.5.5. Marital status.
 - 3.5.6. Age of parents.
 - 3.5.7. Sexual orientation and/or gender identity.
 - 3.5.8. Street address.
 - 3.5.9. Town.
 - 3.5.10. County.
 - 3.5.11. Zip Code.
 - 3.5.12. State.
 - 3.5.13. Number of incarcerated parents (if applicable).
 - 3.5.14. Phone number and/or email address.
 - 3.5.15. Status of receiving benefits, if applicable, including, but not limited to:
 - 3.5.15.1. Supplemental Nutrition Assistance Program (SNAP).
 - 3.5.15.2. Child Care.
 - 3.5.15.3. Medicaid.
 - 3.5.15.4. Social Security.
 - 3.5.15.5. Temporary Assistance for Needy Families (TANF).
 - 3.5.15.6. WIC.
- 3.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.
- 3.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.
- 3.8. Reporting
- 3.8.1. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department.

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- 3.8.1.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by the DPHS.
 - 3.8.1.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.
 - 3.8.1.3. Final After Action Report/Improvement Plan for the activity described in paragraph 1.4.1.
 - 3.8.1.4. Final After Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.
 - 3.8.1.5. Other information that may be required by federal and state funders during the contract period.
 - 3.8.2. The Contractor shall submit quarterly reports, which shall include, but are not limited:
 - 3.8.2.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.
 - 3.8.2.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.
 - 3.8.2.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.
 - 3.8.2.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.
 - 3.8.2.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.
 - 3.8.2.6. Efforts, successes, and challenges experienced in providing community engagement.
 - 3.8.2.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.
 - 3.8.2.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received results or COVID vaccination disaggregated by the following age ranges:



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit A-1, Amendment #9

-
- 3.8.2.8.1. 5-11 years old.
 - 3.8.2.8.2. 12-17 years old.
 - 3.8.2.8.3. 18 years and older.
 - 3.8.2.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:
 - 3.8.2.9.1. 5-11 years old.
 - 3.8.2.9.2. 12-17 years old.
 - 3.8.2.9.3. 18 years and older.
 - 3.8.2.10. Number of collaborating agencies/services identified as part of CHW-led intervention.
 - 3.8.2.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.
 - 3.8.2.12. Number and percentage of resources provided in a primary language other than English.
 - 3.8.2.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor.
 - 3.8.2.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.
 - 3.8.2.15. Percentage of clients that identify one or more unmet need.
 - 3.8.2.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.
 - 3.8.2.17. Number and percentage of clients that have completed CHW encounter form and Patient Questionnaire completed and documented.
 - 3.8.2.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:
 - 3.8.2.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.
 - 3.8.2.18.2. Number of other navigation and support services to address COVID-19 risk factors.
 - 3.8.2.18.3. Number of referrals completed through closed loop referral system.

DS
PM

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



Exhibit A-1, Amendment #9

-
- 3.8.2.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.
- 3.8.2.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.
- 3.8.2.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).
- 3.8.2.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) of first CHW encounter.
- 3.8.2.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.
- 3.8.2.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B, Amendment #9

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response.
 - 1.1. This Agreement is funded by:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.991, Federal Award Identification Number (FAIN) #B01OT009205.
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds.
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds.
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796.
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757.
 - 1.1.6. Federal Funds from the US Department of Health and Human Services, Public Health Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.889, Federal Award Identification Number (FAIN) #U90TP000535.
 - 1.1.7. Federal Funds from the US Department of Health and Human Services, Childhood Lead Poisoning Prevention and Surveillance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.197, Federal Award Identification Number (FAIN) #NUE2EH001408.
 - 1.1.8. Federal Funds from the US Department of Health and Human Services, Climate, Catalog of Federal Domestic Assistance (CFDA #) 93.070, Federal Award Identification Number (FAIN) #NUEIEH001332.
 - 1.1.9. Federal Funds from the US Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, COVID-19 Health Disparities, Catalog of Federal Domestic Assistance (CFDA #) 93.391, Federal Award Identification Number (FAIN) #NH75OT000031.
 - 1.1.10. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness, Catalog of Federal Domestic Assistance (CFDA #) 93.069, Federal Award Identification Number (FAIN) #U90TP922018.
 - 1.1.11. General Funds from the State of New Hampshire.
 - 1.2. For the purposes of this Agreement, the Department has identified:
 - 1.2.1. The Contractor as a Subrecipient, in accordance with 2 CFR §200.331 ^{DS}_{PM}



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B, Amendment #9

- 1.2.2. This Agreement as NON-R&D, in accordance with 2 CFR §200.332.
- 1.3. The Contractor shall provide the services in Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, in compliance with funding requirements.
- 1.4. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
2. Program Funding
 - 2.1. The Contractor shall be paid up to the amounts specified for each program/scope of work identified in Exhibit B-1, Amendment #9, Program Funding.
 - 2.2. Payment for the I-CARE program shall be on a lump sum basis for authorized expenditures incurred in the fulfillment of the Department approved I-CARE NH work plan and budget. Authorized expenditures shall include printing, mailing, and media related expenses.
 - 2.3. The Contractor shall submit one (1) ARPA budget for State Fiscal Year 2022 and one (1) COVID Health Disparities budget for State Fiscal Year 2022, in a form satisfactory to the Department, for Department approval no later than (10) days from the Amendment #9 Effective Date. The Contractor shall:
 - 2.3.1. Utilize budget forms as provided by the Department.
 - 2.3.2. Submit a budget for each program/scope of work for each state fiscal year in accordance with Exhibit B-1, Amendment #9, Program Funding.
 - 2.3.3. Collaborate with the Department to incorporate approved budgets into this agreement by Amendment.
3. Payment for said services shall be made monthly as follows:
 - 3.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and in accordance with Section 2, Program Funding, above.
4. The Contractor shall submit an invoice in a form satisfactory to the Department no later than the twentieth (20th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
5. The Contractor shall ensure the invoices are completed, signed, dated and returned to the Department in order to initiate payments.
6. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and only if sufficient funds are available.
7. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, Block 1.7 Completion Date.
8. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

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

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**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B, Amendment #9

9. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Amendment #8, Scope of Services; Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response; and/or in this Exhibit B, Amendment #9, Method and Conditions Precedent to Payment.
10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
11. The Contractor shall keep detailed records of their activities related to Department-funded programs and services and have records available for Department review, as requested.

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Vendor Name: Mid-State Health Center
 Contract Name: Regional Public Health Network Services
 Region: Central NH

Region: Central NH

Program Name and Funding Amounts																
State Fiscal Year	COVID-19 Vaccination	FEMA Vaccination	ARPA DHHS Fiscal Recovery Funds	Public Health COVID-19 Health Disparities	I-Care	Flu Vaccination	Public Health Advisory Council	Public Health Emergency Preparedness	Public Health Crisis Response	Medical Reserve Corps	Substance Misuse Prevention	Continuum of Care	Young Adult Substance Misuse Prevention Strategies*	School-Based Vaccination Clinics	Childhood Lead Poisoning Prevention Community Assessment	Hepatitis A Vaccination Clinics
2019							\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,200	\$ 10,000
2020							\$ 30,000	\$ 83,800	\$ 50,000	\$ 909	\$ 78,453	\$ 40,098	\$ 90,000	\$ 15,000	\$ 11,953	\$ 10,000
2021	\$ 25,000	\$ 200,000				\$ 10,000	\$ 30,000	\$ 83,800		\$ 909	\$ 78,453	\$ 40,098	\$ 90,000	\$ 13,067	\$ 8,018	\$ -
2022			\$ 39,007	\$ 105,000	\$ 8,000		\$ 30,000	\$ 83,800		\$ 10,000	\$ 78,453	\$ 40,098	\$ 80,000	\$ 15,000		\$ -
															Total	\$ 1,489,538

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11/3/2021

Contractor Initials: _____

Date: _____

State of New Hampshire

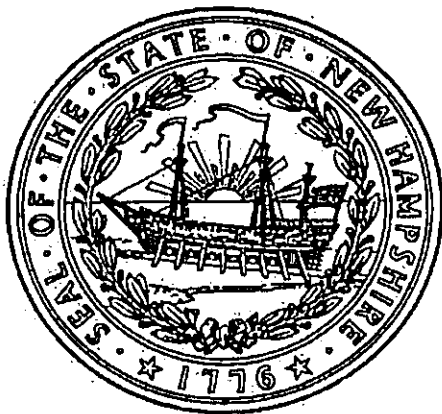
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MID-STATE HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 09, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 285492

Certificate Number: 0005463924



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of November A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Carina Park, hereby certify that:

(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Mid-State Health Center.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on October 26 2021, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Robert MacLeod, (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Mid-State Health Center to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 10/26/21



Signature of Elected Officer
Name: Carina Park
Title: Board of Directors Secretary

CERTIFICATE OF LIABILITY INSURANCE**Date:**

09/10/20

Administrator:

New England Special Risks, Inc.
60 Prospect St.
Sherborn, Ma. 01770
Phone: (508) 561-6111

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

INSURERS AFFORDING COVERAGE**Insured:**

Mid-State Health Center
101 Boulder Point Dr.- Suite 1
Plymouth, NH. 03264

Insurer A: Medical Protective Insurance Co.
Insurer B: AIM Mutual Insurance Co.
Insurer C:
Insurer D:
Insurer E:

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, aggregate limits shown may have been reduced by paid claims.

INS. LTR.	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date	Policy Expiration Date	LIMITS	
A	General Liability	HN 030313	10/1/2020	10/1/2021	Each Occurrence	\$ 1,000,000
	<input checked="" type="checkbox"/> Commercial General Liability				Fire Damage (Any one fire)	\$ 50,000
	<input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence				Med Exp (Any one person)	\$ 5,000
	<input type="checkbox"/>				Personal & Adv Injury	\$ 1,000,000
	<input type="checkbox"/>				General Aggregate	\$ 3,000,000
	General Aggregate Limit Applies Per:				Products - Comp/Op Agg	\$ 1,000,000
	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc					
	Automobile Liability				Combined Single Limit (Each accident)	\$
	<input type="checkbox"/> Any Auto				Bodily Injury (Per person)	\$
	<input type="checkbox"/> All Owned Autos				Bodily Injury (Per accident)	\$
	<input type="checkbox"/> Scheduled Autos				Property Damage (Per accident)	\$
	<input type="checkbox"/> Hired Autos					
	<input type="checkbox"/>					
	Garage Liability				Auto Only - Ea. Accident	\$
	<input type="checkbox"/> Any Auto				Other Than Ea. Acc	\$
	<input type="checkbox"/>				Auto Only: Agg	\$
	Excess Liability				Each Occurrence	\$
	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made				Aggregate	\$
	<input type="checkbox"/>					\$
	<input type="checkbox"/> Deductible					\$
	<input type="checkbox"/> Retention \$					\$
						\$
B	Workers Compensation and Employers' Liability	ECC-4000079-2018A	10/1/2020	10/1/2021	<input checked="" type="checkbox"/> Statutory Limits <input type="checkbox"/> Other	
					E.L. Each Accident	\$ 500,000
					E.L. Disease-Ea. Employee	\$ 500,000
					E.L. Disease - Policy Limit	\$ 500,000
A	Entity Healthcare Professional and Employed Physicians Professional Liability	HN 030313	10/1/2020	10/1/2021	Per Incident	\$1,000,000
					Aggregate	\$3,000,000

Description of operations/vehicles/exclusions added by endorsement/special provision

Evidence of Current General, Healthcare Medical Professional Liability and Workers Compensation Insurance Coverage for the Insured.

Certificate Holder

State Of New Hampshire
Department of Health and Human Services
129 Pleasant St.
Concord, NH. 03301

Should any of the above policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE**Date:**

09/10/21

Administrator:

New England Special Risks, Inc.
60 Prospect St.
Sherborn, Ma. 01770
Phone: (508) 561-6111

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

INSURERS AFFORDING COVERAGE**Insured:**

Mid-State Health Center
101 Boulder Point Dr.- Suite 1
Plymouth, NH. 03264

Insurer A: Medical Protective Insurance Co.

Insurer B: AIM Mutual Insurance Co.

Insurer C:

Insurer D:

Insurer E:

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, aggregate limits shown may have been reduced by paid claims.

INS. LTR.	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date	Policy Expiration Date	LIMITS	
A	General Liability	HN 030313	10/1/2021	10/1/2022	Each Occurrence	\$ 1,000,000
	<input checked="" type="checkbox"/> Commercial General Liability				Fire Damage (Any one fire)	\$ 50,000
	<input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence				Med Exp (Any one person)	\$ 5,000
	<input type="checkbox"/>				Personal & Adv Injury.	\$ 1,000,000
	<input type="checkbox"/>				General Aggregate	\$ 3,000,000
	General Aggregate Limit Applies Per:				Products - Comp/Op Agg	\$ 1,000,000
	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc					
	Automobile Liability				Combined Single Limit (Each accident)	\$
	<input type="checkbox"/> Any Auto				Bodily Injury (Per person)	\$
	<input type="checkbox"/> All Owned Autos				Bodily Injury (Per accident)	\$
	<input type="checkbox"/> Scheduled Autos				Property Damage (Per accident)	\$
	<input type="checkbox"/> Hired Autos					
	<input type="checkbox"/>					
	Garage Liability				Auto Only - Ea. Accident	\$
	<input type="checkbox"/> Any Auto				Other Than Ea. Acc	\$
	<input type="checkbox"/>				Auto Only: Agg	\$
	Excess Liability				Each Occurrence	\$
	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made				Aggregate	\$
	<input type="checkbox"/>					\$
	<input type="checkbox"/> Deductible					\$
	<input type="checkbox"/> Retention \$					\$
						\$
B	Workers Compensation and Employers' Liability	600-4000079-2021	10/1/2021	10/1/2022	<input checked="" type="checkbox"/> Statutory Limits <input type="checkbox"/> Other	
					E.L. Each Accident	\$ 500,000
					E.L. Disease-Ea. Employee	\$ 500,000
					E.L. Disease - Policy Limit	\$ 500,000
A	Healthcare Professional Liability	HN 030313	10/1/2021	10/1/2022	Per Incident-\$1,000,000 Aggregate-\$3,000,000	

Description of operations/vehicles/exclusions added by endorsement/special provision

Evidence of Current Insurance for the Insured.

Certificate Holder

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

Should any of the above policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Authorized Representative





Where your care comes together.

Family, Internal and Pediatric Medicine • Behavioral Health • Dental Care
midstatehealth.org

Mission Statement: Mid-State Health Center provides sound primary medical care to the community, accessible to all regardless of the ability to pay.

Plymouth Office: 101 Boulder Point Drive • PH (603) 536-4000 • FAX (603) 536-4001
Bristol Office: 100 Robie Road • PH (603) 744-6200 • FAX (603) 744-9024
Mailing Address: 101 Boulder Point Drive • Suite 1 • Plymouth, NH 03264

**MID-STATE HEALTH CENTER
AND SUBSIDIARY**

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2020 and 2019

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2020

and

Independent Auditors' Report



MID-STATE HEALTH CENTER AND SUBSIDAIRY**Table of Contents**As of and for the Years Ended June 30, 2020 and 2019

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TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Mid-State Health Center and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2020 and 2019, and the related consolidated statements of operations and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mid-State Health Center and Subsidiary as of June 30, 2020 and 2019, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

Change in Accounting Principle

As discussed in Note 1 to the consolidated financial statements, in 2020 the Organization adopted Accounting Standards (ASU) 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made*. Our opinion is not modified with respect to this matter.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. The consolidating information is also presented on pages 29-32 for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of the Organization's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 5, 2020, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Tyler, Lemus and St. Laurent, CPA, P.C.

Lebanon, New Hampshire
November 5, 2020

MID-STATE HEALTH CENTER AND SUBSIDIARY**Consolidated Statements of Financial Position**

As of June 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 3,823,909	\$ 1,764,253
Restricted cash	78,578	69,659
Patient accounts receivable, net	646,271	570,448
Estimated third-party settlements	23,973	88,708
Contracts and grants receivable	497,965	475,746
Prepaid expenses and other receivables	507,837	379,974
Total current assets	<u>5,578,533</u>	<u>3,348,788</u>
Long-term assets		
Property and equipment, net	5,978,859	5,832,126
Other assets	42,182	18,263
Total long-term assets	<u>6,021,041</u>	<u>5,850,389</u>
Total assets	<u>\$ 11,599,574</u>	<u>\$ 9,199,177</u>
Liabilities and net assets		
Current liabilities		
Accounts payable	\$ 329,626	\$ 204,907
Accrued expenses and other current liabilities	67,962	66,462
Accrued payroll and related expenses	532,848	374,802
Accrued earned time	429,059	308,765
Refundable advance	578,105	-
Short-term note payable	484,000	-
Current portion of long-term debt	176,509	160,374
Current portion of capital lease obligations	-	591
Total current liabilities	<u>2,598,109</u>	<u>1,115,901</u>
Long-term liabilities		
Long-term debt, less current portion	<u>5,376,892</u>	<u>4,195,066</u>
Total long-term liabilities	<u>5,376,892</u>	<u>4,195,066</u>
Total liabilities	<u>7,975,001</u>	<u>5,310,967</u>
Commitments and contingencies (See Notes)		
Net assets without donor restrictions	<u>3,624,573</u>	<u>3,888,210</u>
Total liabilities and net assets	<u>\$ 11,599,574</u>	<u>\$ 9,199,177</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Operations and Changes in Net Assets
For the Years Ended June 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Changes in net assets without donor restrictions		
Revenue, gains and other support		
Patient service revenue (net of contractual allowances and discounts)	\$ 7,320,685	\$ 6,721,349
Provision for uncollectible accounts	275,111	241,053
Net patient service revenue	<u>7,045,574</u>	<u>6,480,296</u>
Contracts and grants	2,707,753	2,464,156
Contributions	17,788	13,987
Other operating revenue	2,201,021	1,834,609
Total revenue, gains and other support	<u>11,972,136</u>	<u>10,793,048</u>
Expenses		
Salaries and wages	7,270,657	6,115,133
Employee benefits	1,568,194	1,378,376
Insurance	54,511	33,090
Professional fees	1,153,554	939,846
Supplies and expenses	1,694,199	1,472,424
Depreciation and amortization	301,808	306,383
Interest expense	192,850	203,408
Total expenses	<u>12,235,773</u>	<u>10,448,660</u>
Change in net assets without donor restrictions	(263,637)	344,388
Net assets without donor restrictions, beginning of year	<u>3,888,210</u>	<u>3,543,822</u>
Net assets without donor restrictions, end of year	<u>\$ 3,624,573</u>	<u>\$ 3,888,210</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY**Consolidated Statement of Functional Expenses**

For the Year Ended June 30, 2020

	Program Services						Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	\$ 4,190,371	\$ 694,205	\$ 815,564	\$ 94,716	\$ 185,738	\$ 5,980,594	\$ 1,268,455	\$ 21,608	\$ 7,270,657
Employee benefits	961,559	158,116	235,976	16,056	48,148	1,419,855	143,928	4,412	1,568,194
Insurance	30,240	876	3,691	-	1,297	36,104	18,407	-	54,511
Professional fees	749,364	9,594	111,113	199,114	-	1,069,185	84,369	-	1,153,554
Supplies and expenses	1,143,430	126,020	143,073	22,981	53,693	1,489,197	205,002	-	1,694,199
Depreciation and amortization	205,100	41,749	43,997	-	1,466	292,312	9,496	-	301,808
Interest expense	142,764	18,878	23,316	-	-	184,958	7,892	-	192,850
Total expenses	\$ 7,422,828	\$ 1,049,438	\$ 1,376,730	\$ 332,867	\$ 290,342	\$ 10,472,205	\$ 1,737,549	\$ 26,020	\$ 12,235,773

The accompanying notes to financial statements are an integral part of these statements

MID-STATE HEALTH CENTER AND SUBSIDIARY**Consolidated Statement of Functional Expenses**

For the Year Ended June 30, 2019

	Program Services						Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	\$ 3,573,331	\$ 396,792	\$ 756,610	\$ 60,951	\$ 169,102	\$ 4,956,786	\$ 1,138,041	\$ 20,307	\$ 6,115,134
Employee benefits	822,119	113,606	210,897	14,304	46,585	1,207,511	166,662	4,202	1,378,375
Insurance	14,794	288	1,909	4,000	977	21,968	11,123	-	33,091
Professional fees	525,174	48,356	68,799	216,416	-	858,745	81,101	-	939,846
Supplies and expenses	1,099,113	120,679	93,303	9,755	12,712	1,335,562	136,861	-	1,472,423
Depreciation and amortization	233,417	42,663	19,599	-	1,758	297,437	8,946	-	306,383
Interest expense	164,255	17,982	12,787	-	-	195,024	8,384	-	203,408
Total expenses	\$ 6,432,203	\$ 740,366	\$ 1,163,904	\$ 305,426	\$ 231,134	\$ 8,873,033	\$ 1,551,118	\$ 24,509	\$ -10,448,660

The accompanying notes to financial statements are an integral part of these statements

MID-STATE HEALTH CENTER AND SUBSIDIARY**Consolidated Statements of Cash Flows**

For the Years Ended June 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Cash flows from operating activities		
Change in net assets	\$ (263,637)	\$ 344,388
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	301,808	306,383
Amortization reflected as interest	(2,668)	2,668
Provision for uncollectible accounts	275,111	241,053
(Increase) decrease in the following assets:		
Patient accounts receivable	(350,934)	(128,302)
Estimated third-party settlements	64,735	9,640
Contracts and grants receivable	(22,219)	(183,814)
Prepaid expenses and other receivables	(127,863)	(22,441)
Other assets	(23,919)	(18,263)
Increase (decrease) in the following liabilities:		
Accounts payable	124,719	82,254
Accrued payroll and related expenses	158,046	24,166
Accrued earned time	120,294	(45,679)
Refundable advance	578,105	-
Accrued other expenses	1,500	(5,000)
Net cash provided by operating activities	<u>833,078</u>	<u>607,053</u>
Cash flows from investing activities		
Purchases of property and equipment	(353,541)	(116,041)
Net cash used in investing activities	<u>(353,541)</u>	<u>(116,041)</u>
Cash flows from financing activities		
Proceeds on short-term note payable	484,000	-
Proceeds on long-term debt	1,268,000	-
Payments on long-term debt	(162,371)	(156,402)
Payments on capital leases	(591)	(7,660)
Net cash provided by (used in) financing activities	<u>1,589,038</u>	<u>(164,062)</u>
Net increase in cash, cash equivalents and restricted cash	2,068,575	326,950
Cash, cash equivalents and restricted cash, beginning of year	<u>1,833,912</u>	<u>1,506,962</u>
Cash, cash equivalents and restricted cash, end of year	<u>\$ 3,902,487</u>	<u>\$ 1,833,912</u>

Cash, cash equivalents and restricted cash consisted of the following as of June 30:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 3,823,909	\$ 1,764,253
Restricted cash	<u>78,578</u>	<u>69,659</u>
	<u>\$ 3,902,487</u>	<u>\$ 1,833,912</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY**Consolidated Statements of Cash Flows (continued)**For the Years Ended June 30, 2020 and 2019

Supplemental Disclosures of Cash Flow Information

	<u>2020</u>	<u>2019</u>
Cash payments for:		
Interest	\$ <u>195,518</u>	\$ <u>200,740</u>

Supplemental Disclosures of Non-Cash Transactions

During 2020, the Organization acquired land through the issuance of a long-term note payable in the amount of \$95,000.

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

1. Summary of Significant Accounting Policies:

Organization

Mid-State Health Center ("MSHC") is a Federally Qualified Health Center (FQHC) which provides health care to a large number of Medicare, Medicaid and charity care patients on an outpatient basis. MSHC maintains facilities in Plymouth and Bristol, New Hampshire.

The consolidated financial statements include the accounts of Mid-State Community Development Corporation (MSCDC), collectively, "the Organization".

Effective September 23, 2010, the Organization was transferred a sole member interest in MSCDC, which owns the 19,500 square foot operating facility that was developed to house the Organization, providing medical services to the underserved community in the Plymouth, New Hampshire region.

During the year ended June 30, 2012, after having participated in a pilot program with the New Hampshire Citizens Health Initiative (NHCHI), the Organization was officially recognized as a medical home.

Basis of Statement Presentation

The consolidated financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The consolidated financial statements have been prepared consistent with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Organizations* (Audit Guide). All significant intercompany transactions between MSHC and MSCDC have been eliminated in consolidation.

Accounting Pronouncements Adopted in the Current Year

Effective July 1, 2019, the Organization adopted ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. The ASU provides guidance on whether a receipt from a third-party resource provider should be accounted for as a contribution (nonreciprocal transaction) within the scope of Topic 958, *Not-for-Profit Entities*, or as an exchange (reciprocal) transaction. The Organization's adoption of ASU 2018-08 has been applied on a modified prospective basis only to agreements that were not completed as of July 1, 2019.

Accounting Pronouncements Issued and Not Yet Adopted

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers* (ASC 606). ASU 2014-09 affects any entity that either enters into contracts with customers to transfer goods or services or enters into contracts for the transfer of nonfinancial assets unless those contracts are within the scope of other standards. The core principle of the guidance in ASU 2014-09 is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU is effective for the Organization's consolidated financial statements as of and for the year ending June 30, 2021.

The FASB issued ASU No. 2016-02, *Leases*. The ASU, which becomes effective for the Organization's consolidated financial statements as of and for the year ending June 30, 2022, requires the full obligation of long-term leases to be recorded as a liability with a corresponding right of use asset on the statement of financial position.

The Organization is evaluating the impact of these standards on its future financial statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

1. Summary of Significant Accounting Policies (continued):

Classes of Net Assets

The Organization reports information regarding its consolidated financial position and activities to two classes of net assets; net assets without donor restrictions and net assets with donor restrictions.

- (1) Net Assets without Donor Restrictions – represent those resources for which there are no restrictions by donors as to their use. They are reflected on the financial statements as without donor restrictions.
- (2) Net Assets with Donor Restrictions – represent those resources, the uses of which have been restricted by donors to specific purposes or the passage of time and/or must remain intact, in perpetuity. The release from restrictions results from the satisfaction of the restricted purposes specified by the donor.

Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include demand deposits, petty cash funds and investments with a maturity of three months or less, and exclude amounts whose use is limited by Board designation or other arrangements under trust agreements or with third-party payors.

Cash in Excess of FDIC-Insured Limits

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. Accounts are generally guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to certain limits. The Organization has not experienced any losses in such accounts.

Receivables

Patient receivables are carried at their estimated collectible amounts. Patient credit is generally extended on a short-term basis; thus, patient receivables do not bear interest.

Patient receivables are periodically evaluated for collectability based on credit history and current financial condition. The Organization uses the allowance method to account for uncollectible accounts receivable.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

1. Summary of Significant Accounting Policies (continued):

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the life of the capital lease. Such amortization is included in depreciation and amortization in the financial statements.

Estimated useful lives are as follows:

	<u>YEARS</u>
Buildings	5 - 40
Leasehold improvements	5
Equipment	3 - 7
Furniture and fixtures	5 - 15
Capital leases	3 - 15

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends and prospects, as well as the effects of obsolescence, demand, competition and other economic factors.

Contractual Arrangements with Third-Party Payors

The Medicare and Medicaid programs pay the Organization for services at predetermined rates by treatment. The Organization is reimbursed for Medicare cost reimbursable items at a tentative rate with final settlement determined after the submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Changes in Medicare and Medicaid programs or reduction of funding levels for programs could have an adverse effect on future amounts recognized as net patient service revenue.

The laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Organization also enters into preferred provider agreements with certain commercial insurance carriers. Payment arrangements to the Organization under these agreements include discounted charges and fee schedule payments.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

1. Summary of Significant Accounting Policies (continued):

Grant Revenue

The Organization recognizes support funded by grants determined to be exchange transactions as the Organization performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Contributions

Contributions are recognized at the earlier of when cash is received or at the time a pledge becomes unconditional in nature. Contributions are recorded in the net asset classes described earlier depending on the existence and/or nature of any donor restriction. When a restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets releases from restriction. Restricted contributions that are satisfied in the same reporting period are classified as net assets without donor restriction.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy with minimal charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Income Taxes

MSHC and MSCDC are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for its uncertain tax positions in accordance with the accounting methods under ASC Subtopic 740-10. The UTP rules prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken in an organization's tax return. The Organization believes that it has appropriate support for the tax positions taken and, as such, does not have any uncertain tax positions that might result in a material impact on the Organization's statements of financial position, activities and changes in net assets and cash flows. The Organization's management believes it is no longer subject to examinations for the years prior to 2016.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2020 and 2019 was \$35,871 and \$22,105, respectively.

Functional Allocation of Expenses

Expenses that can be identified with specific program or supporting services are charged directly to the related program or supporting service. Expenses that are associated with more than one program or supporting service are allocated based on an evaluation by management utilizing measurements for time and effort, square footage and/or encounter based statistics.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

1. Summary of Significant Accounting Policies (continued):

Excess (Deficit) of Revenues over Expenses

The consolidated statements of operations include excess (deficit) of revenues over expenses. Changes in net assets without restrictions which are excluded from excess (deficit) of revenues over expenses, consistent with industry practice, include contributions and grants of long-lived assets.

Fair Value of Financial Instruments

The carrying amount of cash, patient accounts receivable, accounts and notes payable and accrued expenses approximates fair value.

Reclassifications

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications have no effect on the previously reported change in net assets.

Liquidity

Assets are presented in the accompanying consolidated statements of financial position according to their nearness of conversion to cash and liabilities according to the nearness of their maturity and resulting use of cash.

2. Charity Care:

The Organization maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. The total cost estimate is based on an overall cost-to-charge ratio applied against gross charity care charges. The net cost of charity care provided was approximately \$370,000 and \$280,000 for the years ended June 30, 2020 and 2019, respectively.

In 2020 and 2019, 502 and 564 patients received charity care out of a total of 12,236 and 11,539 patients, respectively. The Organization provides health care services to residents of Plymouth, New Hampshire as well as Bristol, New Hampshire and their surrounding areas, without regard to the individual's ability to pay for their services.

Determination of eligibility for charity care is granted on a sliding fee basis:

For dental services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 125% of the Federal Poverty Guidelines, receive a 65% discount. Those with family income at least equal to 126%, but not exceeding 150% of the guidelines, receive a 55% discount. Those with family income at least equal to 151%, but not exceeding 200% of the guidelines, receive a 45% discount.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

2. Charity Care (continued):

For all other services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 138% of the Federal Poverty Guidelines, shall be responsible for a \$20 fee for each encounter. Those with family income at least equal to 139%, but not exceeding 160% of the guidelines, will be responsible for a \$30 fee for each encounter. Those with family income at least equal to 161%, but not exceeding 180% of the guidelines, will be responsible for a \$40 fee for each encounter. Those with family income at least equal to 181%, but not exceeding 200% of the guidelines, will be responsible for a \$50 fee for each encounter.

3. Patient Service Revenue and Patient Accounts Receivable:

Patient service revenue is reported net of contractual allowances and other discounts (but before the provision for bad debts), recognized was as follows for the years ended June 30:

	<u>2020</u>	<u>2019</u>
Gross patient service revenue	\$ 10,356,365	\$ 9,727,370
Less: contractual deductions and discounts	<u>3,035,680</u>	<u>3,006,021</u>
Net patient service revenue	<u>\$ 7,320,685</u>	<u>\$ 6,721,349</u>

Patient accounts receivable is reported net of estimated contractual allowances and allowance for doubtful accounts, as follows, as of June 30:

	<u>2020</u>	<u>2019</u>
Patient accounts receivable	\$ 1,234,960	\$ 1,247,726
Less: Estimated contractual allowances and discounts	342,689	360,278
Less: Estimated allowance for uncollectible accounts	<u>246,000</u>	<u>317,000</u>
Patient accounts receivable, net	<u>\$ 646,271</u>	<u>\$ 570,448</u>

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with service provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary.

For receivables associated with self-pay patients, including both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for only part of the bill, the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

4. Estimated Third-Party Settlements:

Provision has been made for estimated adjustments that may result from final settlement of reimbursable amounts as may be required upon completion and audit of related cost finding reports under terms of contracts with the Center for Medicare and Medicaid Services and the New Hampshire Division of Welfare (Medicaid). Differences between estimated adjustments and amounts determined to be recoverable or payable are accounted for as income or expense in the year that such amounts become known.

5. Grants and State Contracts:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public and private agencies. The following is a summary of the grant activity for the years ended June 30:

	Grant and State Contract		Outstanding Receivable	
	Revenue			
	2020	2019	2020	2019
HRSA 330 Grant - 2018-2022	\$ 1,901,141	\$ 1,585,879	\$ 349,500	\$ 284,968
Bi-State PCA Grant	-	154,332	-	105,528
NH Primary Care Contracts	150,794	153,293	26,675	25,550
Emergency Preparedness Grants	323,192	322,620	91,585	39,837
HRSA-IGNITE Grants	299	80,641	-	-
Other Grant and Contract Awards	332,327	167,391	30,205	19,863
	<u>\$ 2,707,753</u>	<u>\$ 2,464,156</u>	<u>\$ 497,965</u>	<u>\$ 475,746</u>

6. Refundable Advance:

The Organization received certain provider relief grant funding through the Department of Health and Human Services as a result of COVID-19 intended to cover the costs of personal protective equipment, other COVID related expenses and lost revenues attributable to COVID-19. These funds have been considered conditional, in accordance with ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, with a refunding requirement. As a result, the remaining balance of \$578,105, for which the conditions had not yet been overcome as of June 30, 2020, have been reported as a refundable advance on the Organization's consolidated statement of financial position.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

7. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	<u>2020</u>	<u>2019</u>
Land	\$ 620,773	\$ 525,773
Buildings	6,445,703	6,346,118
Leasehold improvements	194,332	170,174
Furniture, fixtures and equipment	<u>1,630,249</u>	<u>1,400,452</u>
	8,891,057	8,442,517
Less: Accumulated depreciation	<u>2,912,198</u>	<u>2,610,391</u>
	<u>\$ 5,978,859</u>	<u>\$ 5,832,126</u>

Depreciation and amortization expense, including amortization expense on capital lease obligations, for the years ended June 30, 2020 and 2019 amounted to \$301,808 and \$306,383, respectively.

8. Line of Credit:

The Organization had an available line of credit with a maximum borrowing amount of \$100,000 as of June 30, 2020 and 2019, maturing December 2021. The line carries an interest rate equal prime plus 2% (prime was 3.25% as of June 30, 2020). The line is secured by all business assets. The line was not drawn upon as of June 30, 2020 and 2019.

9. Short-Term Debt:

The Organization entered into a COVID-19 Emergency Healthcare System Relief Fund Loan through the State of New Hampshire in the amount of \$484,000. The loan is interest free with a repayment term of 180 days after the expiration of the COVID-19 state of emergency.

10. Long-Term Debt:

Long-term debt consisted of the following as of June 30:

	<u>2020</u>	<u>2019</u>
Woodsville Guarantee Savings Bank note payable, maturing August 2033, principal and interest payable in 240-monthly installments of \$18,194 through August 2033. Interest is charged at a rate of 5.25%.	\$ 2,072,199	\$ 2,178,682
United States of America Department of Agriculture note payable, maturing April 2045, principal and interest payable in 360-monthly payments of \$10,904. Interest is charged at a rate of 3.5% (see Note 9a).	2,162,952	2,216,849
Meredith Village Savings Bank note payable, maturing February 2030, principal and interest payable in 120-monthly installments of \$1,008. Interest is charged at a rate of 5%. Secured by certain parcels of land.	92,528	-

MID-STATE HEALTH CENTER AND SUBSIDIARY**Notes to Consolidated Financial Statements**

As of and for the Years Ended June 30, 2020 and 2019

10. Long-Term Debt (continued):

	<u>2020</u>	<u>2019</u>
U.S. Small Business Administration Economic Disaster Injury Loan, maturing May 2021, principal and interest payable in 360-monthly payments of \$641 commencing June 2021. Interest is charged at a rate of 2.75%.	150,000	-
U.S. Small Business Administration Paycheck Protection Program ("PPP") Loan, administered by Northway Bank. Available for loan forgiveness under the PPP program if applied for within 10-months following the end of the Organization's covered period. The portion of the PPP loan, that is not forgiven, if any, is expected to be repaid over an 18-month period commencing with the date that the SBA funds the loan forgiveness to Northway Bank, carrying an interest rate of 1.00%.	<u>1,118,000</u>	<u>-</u>
Total long-term debt	5,595,679	4,395,531
Less: unamortized deferred financing costs	<u>42,278</u>	<u>40,091</u>
Total long-term debt, net of unamortized deferred financing costs	5,553,401	4,355,440
Less: current portion	<u>176,509</u>	<u>160,374</u>
Long-term debt, less current portion	\$ <u>5,376,892</u>	\$ <u>4,195,066</u>

- 9a In September 2013, the Organization refinanced its then outstanding Woodsville Guarantee Savings Bank interim note payable with a construction loan. The new loan had an advancement amount of up to \$2,700,000 and called for interest only payments at a rate of 5% beginning October 2013, for 23 consecutive months, and 1 balloon payment of principal and accrued unpaid interest due September 2015. In April 2015, the Organization entered into a long-term debt arrangement with the United States of America Department of Agriculture ("USDA") totaling \$2,423,000. The proceeds from the loan were used to refinance the construction loan balance and unpaid accrued interest and to satisfy outstanding invoices related to the construction of the Bristol property. The loan is secured by the Organization's property located in Bristol, New Hampshire. The loan agreement requires the Organization to establish a reserve account which is to be funded in monthly installments of \$1,090 until the accumulated sum of reserve funding reaches \$130,848, after which no further funding is required except to replace withdrawals. As of June 30, 2020, the reserve account totaled \$78,578, reflected on the consolidated statement of financial position as restricted cash.

Future maturities of long-term debt are as follows as of June 30, 2020:

2021	\$ 176,509
2022	1,305,806
2023	196,739
2024	205,911
2025	215,934
Thereafter	<u>3,494,780</u>
	\$ <u>5,595,679</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

11. Liquidity:

Financial assets available for general expenditures within one year of the balance sheet date consist of the following as of June 30:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 3,823,909	\$ 1,764,253
Patient accounts receivable, net	646,271	570,448
Estimated third-party settlements	23,973	88,708
Current contracts and grant receivable	497,965	475,746
Other receivables	434,541	263,318
	<u>\$ 5,426,659</u>	<u>\$ 3,162,473</u>

As part of its liquidity management strategy, the Organization structures its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization has certain restricted cash balances totaling \$78,578 and \$69,659 as of June 30, 2020 and 2019, respectively, representing funds required to be set aside as a building maintenance reserve for the Organization's Bristol, New Hampshire location. These balances have not been included in the Organization's financial assets available for general expenditure within one year.

12. Malpractice Insurance Coverage:

The U.S. Department of Health and Human Services deemed the Organization covered under the Federal Tort Claims Act (FTCA) for damage for personal injury, including death, resulting from the performance of medical, surgical, dental and related functions. FTCA coverage is comparable to an occurrence policy without a monetary cap. Prior to being deemed for coverage under the FTCA, the Organization purchased medical malpractice insurance under a claims-made policy on a fixed premium basis. The Organization purchases primary and excess liability malpractice insurance under occurrence policies for certain services and other portions of the Organization not covered under FTCA. Claim liabilities are determined without consideration of insurance recoveries. Expected recoveries are presented separately. Management analyzes the need for an accrual of estimated losses of medical malpractice claims, including an estimate of the ultimate costs of both reported claims and claims incurred but not reported. In such cases, the expected recovery from the Organization's insurance provider is recorded within prepaid expenses and other receivables. As of June 30, 2020 and 2019, subsequent to management's assessment of potential reported and not yet reported claims, management determined that its exposure for potential unreported claims was immaterial and consequently did not provide for an accrual. It is possible that an event has occurred which will be the basis of a future material claim.

13. Commitments and Contingencies:

Real Estate Taxes – The Organization and the Town of Plymouth, NH agreed to a payment in lieu of real estate taxes for a period of 10 years. The agreement identified real estate taxes previously paid by the Organization to the Town that the Organization was not required to pay as a result of its tax-exempt status. The sum of the overpayments will be applied evenly on an installment basis over the 10-year period, totaling \$50,000. The Organization remains subject to its requirement to timely file its application for tax exemption with the Town on an annual basis.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

13. Commitments and Contingencies (continued):

340B Revenue – The Organization participates in the 340B Drug Discount Program (the 340B Program) which enables qualifying health care providers to purchase drugs from pharmaceutical suppliers at a substantial discount as a Covered Entity. The 340B Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization is required to undergo a self-audit process to determine compliance with 340B Program guidelines. The 340B statutes also explicitly authorize HRSA to audit Covered Entities to ensure they are compliant with the 340B Program. All Covered Entities are also required to recertify compliance with the 340B Program on an annual basis, including an attestation to full compliance with the 340B Program. The Organization earns revenue under the 340B Program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization contracts with certain third-party pharmacies that dispense the pharmaceuticals to its patients. 340B revenue is included in other operating revenue within the consolidated statements of operations and totaled \$1,400,403 and \$1,476,030 for the years ended June 30, 2020 and 2019, respectively. The cost of pharmaceuticals, dispensing fees to the pharmacies, consulting fees and other costs associated with the 340B Program are included in operating expenses in the consolidated statements of operations and totaled \$532,362 and \$535,365 for the years ended June 30, 2020 and 2019, respectively.

Operating Leases – The Organization is obligated as a lessee under various operating leases. The total rent expense for operating leases related to equipment was \$42,671 and \$30,958 for the years ended June 30, 2020 and 2019, respectively.

The following schedule details future minimum lease payments annually as of June 30, 2020, for operating leases with initial or remaining lease terms in excess of one year:

2021	\$	22,037
2022		22,037
2023		18,364
	\$	<u>62,438</u>

14. Concentration of Credit Risk:

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows at June 30:

	<u>2020</u>	<u>2019</u>
Medicare	13.1%	11.7%
Medicaid	20.0%	22.2%
Blue Cross	15.6%	15.7%
Patients	22.3%	22.7%
Other third-party payors	<u>29.0%</u>	<u>27.7%</u>
	<u>100.0%</u>	<u>100.0%</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

15. Other Operating Revenue:

The following summarizes components of other operating revenue for the years ended June 30:

	<u>2020</u>	<u>2019</u>
Other operating revenue:		
Pharmacy income - 340B	\$ 1,400,403	\$ 1,476,030
Anthem shared savings	-	83,807
Montessori Center	160,182	155,676
Managed Care Organization	122,436	-
Medicaid claims settlement	120,494	-
Infusion income	117,686	16,552
Other operating revenue	<u>279,820</u>	<u>102,544</u>
	<u>\$ 2,201,021</u>	<u>\$ 1,834,609</u>

16. Retirement Program:

During 2007, the Organization adopted a tax-sheltered annuity plan under 403(b) of the Code for eligible employees. Eligible employees are specified as those who normally work more than 20 hours per week and are not classified as independent contractors. The Organization provides for matching of employee contributions, 50% of the first 6% contributed. Contributions to the plan for the years ended June 30, 2020 and 2019 were \$159,439 and \$154,961, respectively.

17. Health Insurance:

Prior to the fiscal year ended June 30, 2019, the Organization offered health insurance benefits to all employees under available Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans.

During the year ended June 30, 2019, the Organization began participation in a captive health insurance plan (Captive Plan). The Organization is subject to a stop-loss limit of \$50,000 per participant in the Plan before additional coverage through the captive arrangement will commence coverage of claims. Claims submitted to the Captive Plan for reimbursement after the end of the fiscal year with service dates on or prior to June 30 are required to be recognized as a loss in the period in which they occurred. As such, the Organization has provided for a liability for unpaid claims with service dates as of or before June 30 which had not yet been reported totaling \$66,517 and \$28,500 as of June 30, 2020 and 2019, respectively, included under the caption "accrued expenses and other current liabilities". Deductible requirements under the Captive Plan ranged from \$2,000 to \$4,000 through December 2019, depending on the coverage selected, before the Organization, under its' health reimbursement arrangement, was obligated to pay up to \$500 per participant. Effective January 2020, deductible requirements under the Captive Plan were reduced, ranging from \$1,500 to \$3,500, and the Organization's requirement to cover \$500 per participant was removed. As of June 30, 2019, the health reimbursement arrangement was still in effect, the Organization provided for an accrual based on the aggregate amount of the liability for reported claims and an estimated liability for claims incurred but not yet reported. At June 30, 2019, "accrued expenses and other current liabilities" include an accrued liability related to the plan of \$20,000.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2020 and 2019

18. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2020 through November 5, 2020, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued.

In September 2020, the Organization executed a settlement agreement with Granite State Health Plan d/b/a NH Healthy Families ("NHHF") in the amount of \$120,494, representing NHHF's required settlement payment to the Organization for previously unreimbursed medical and behavioral health claims that arose during the service period of December 2013 through March 2020. As the claims pertain to service periods arising on or before the statement of financial position date, June 30, 2020, the Organization has reflected a receivable as of June 30, 2020 in the amount of the settlement, as a component of "prepaid expenses and other receivables" on the Organization's statement of financial position.

In March 2020, the World Health Organization made the assessment that the outbreak of a novel coronavirus, referred to throughout the consolidated financial statements as COVID-19, can be characterized as a pandemic. The effect of COVID-19 extended beyond June 30, 2020 and its expected duration is currently unknown. As a result, uncertainties have arisen that may have a significant negative impact on the operating activities and result of the Organization. The impact of COVID-19 is largely dependent upon the duration and spread of COVID-19 and required quarantine measures implemented by federal, state or local government authorities. In the interim, the Organization has been monitoring the impact of COVID-19 and has been seeking financial resources meant to combat the financial effects of COVID-19 including the receipt of a \$1,118,000 Paycheck Protection Loan and an \$150,000 Economic Disaster Injury Loan (Note 10), the receipt of a \$484,000 COVID-19 Emergency Healthcare System Relief Fund Loan through the State of New Hampshire (Note 9), provider relief grant funding through the Department of Health and Human Services (Note 6) and additional HRSA 330 grant funding (Note 5). The Organization's management will continue to monitor the financial effects of COVID-19 and adjust as necessary. As of the date of these financial statements, the financial effects of COVID-19 largely remain uncertain.

MID-STATE HEALTH CENTER
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2020

<u>Federal Grantor/Pass-Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-through Entity or Award Identifying Number</u>	<u>Federal Expenditures</u>	<u>Passed through to Subrecipients</u>
U.S. Department of Health and Human Services:				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless and Public Housing Primary Care)	93.224		\$ 1,901,141	\$ -
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93.912		299	-
Passed through N.H. Department of Health and Human Services:				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	FAIN T1010035	122,731	-
Immunization Cooperative Agreements	93.268	FAIN H231P000757	10,733	-
Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)	93.991	NB01OT009285	7,239	-
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074 Comprised of 93.889 & 93.069	FAIN U90TP000535	57,877	-
Maternal and Child Health Services Block Grant to the States	93.994	Unknown	39,206	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	FAIN SP020796	85,236	-
Total passed through N.H. Department of Health and Human Services			323,022	-
Total U.S. Department of Health and Human Services			2,224,462	-
U.S. Small Business Administration				
Disaster Assistance Loans	59.008		150,000	-
Total U.S. Small Business Administration			150,000	-
TOTAL EXPENDITURES OF FEDERAL AWARDS			\$ 2,374,462	\$ -

The accompanying notes to financial statements are an integral part of this schedule.

MID-STATE HEALTH CENTER
Notes to Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2020

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of MSHC under programs of the federal government for the year ended June 30, 2020. The information in the schedule is presented in accordance with the requirements of Title 2 US. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Since the schedule presents only a selected portion of the operations of MSHC, it is not intended to and does not present the statement of financial position, statement of operations and changes in net assets or cash flows of MSHC.

2. Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Schedule includes Catalog of Federal Domestic Assistance (CFDA) and pass-through award numbers when available.

3. Indirect Cost Rate:

MSHC elected to use the 10% de minimis indirect cost rate.



TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 1

**Independent Auditors' Report on Internal Control over Financial Reporting
and on Compliance and Other Matters Based on an Audit of Financial
Statements Performed in Accordance with *Government Auditing Standards***

To the Board of Trustees of
Mid-State Health Center:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Mid-State Health Center ("MSHC") (a nonprofit organization), which comprise the statement of financial position as of June 30, 2020, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 5, 2020.

Internal Control Over Financial Reporting

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

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

Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* (continued)

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

Compliance and Other Matters

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

Purpose of This Report

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

Tyler, Lemus and St. Seureur, CPAs, P.C.

Lebanon, New Hampshire
November 5, 2020



TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 2

Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Trustees of
Mid-State Health Center:

Report on Compliance for Each Major Federal Program

We have audited Mid-State Health Center's ("MSHC") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of MSHC's major federal programs for the year ended June 30, 2020. MSHC's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of MSHC's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about MSHC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance (continued)

Opinion on Each Major Federal Program

In our opinion, MSHC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2020.

Report on Internal Control Over Compliance

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

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Tyler, Dennis and St. Severeur, CPAs, P.C.

Lebanon, New Hampshire
November 5, 2020

MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs
 As of and For the Year Ended June 30, 2020

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued *Unmodified*

Internal control over financial reporting:

Material weakness identified ☐ Yes ☒ No

Significant deficiencies identified that are not considered
to be material weaknesses ☐ Yes ☒ None reported

Non-compliance material to financial statements noted ☐ Yes ☒ No

Federal Awards

Internal control over major programs:

Material weakness identified ☐ Yes ☒ No

Significant deficiencies identified that are not considered
to be material weaknesses ☐ Yes ☒ None reported

Type of auditors' report issued on compliance for major programs *Unmodified*

Any audit findings disclosed that are required to be reported in
accordance with Section 200.516(a) of the Uniform Guidance ☐ Yes ☒ No

Identification of major programs:

Federal CFDA Number

Name of Federal/Local Program

93.224

Health Center Program

Dollar threshold used to distinguish between Type A and Type B programs \$750,000

Auditee qualified as low-risk auditee? ☒ Yes ☐ No

SECTION II - FINANCIAL STATEMENT FINDINGS

There were no findings related to the financial statements which are required to be reported in accordance with generally accepted Government Auditing Standards (GAGAS).

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

There were no findings or questioned costs for Federal awards (as defined in Section 200.516(a) of the Uniform Guidance) that are required to be reported.

MID-STATE HEALTH CENTER AND SUBSIDIARY**Consolidating Statement of Financial Position – Schedule 1**

As of June 30, 2020

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATIONS</u>	<u>TOTAL</u>
Assets				
Current assets				
Cash and cash equivalents	\$ 3,335,442	\$ 488,467	\$ -	\$ 3,823,909
Restricted cash	78,578	-	-	78,578
Patient accounts receivable, net	646,271	-	-	646,271
Estimated third-party settlements	23,973	-	-	23,973
Contracts and grants receivable	497,965	-	-	497,965
Prepaid expenses and other receivables	552,448	-	(44,611)	507,837
Total current assets	<u>5,134,677</u>	<u>488,467</u>	<u>(44,611)</u>	<u>5,578,533</u>
Long-term assets				
Property and equipment, net	2,623,056	3,355,803	-	5,978,859
Other assets	163,760	-	(121,578)	42,182
Total long-term assets	<u>2,786,816</u>	<u>3,355,803</u>	<u>(121,578)</u>	<u>6,021,041</u>
Total assets	<u>\$ 7,921,493</u>	<u>\$ 3,844,270</u>	<u>\$ (166,189)</u>	<u>\$ 11,599,574</u>
Liabilities and net assets				
Current liabilities				
Accounts payable	\$ 329,626	\$ 44,611	\$ (44,611)	\$ 329,626
Accrued expenses and other current liabilities	52,501	15,461	-	67,962
Accrued payroll and related expenses	532,848	-	-	532,848
Accrued earned time	429,059	-	-	429,059
Refundable advance	578,105	-	-	578,105
Short-term note payable	484,000	-	-	484,000
Current portion of long-term debt	56,660	119,849	-	176,509
Total current liabilities	<u>2,462,799</u>	<u>179,921</u>	<u>(44,611)</u>	<u>2,598,109</u>
Long-term liabilities				
Lease deposits	-	121,578	(121,578)	-
Long-term debt, less current portion	3,368,933	2,007,959	-	5,376,892
Total long-term liabilities	<u>3,368,933</u>	<u>2,129,537</u>	<u>(121,578)</u>	<u>5,376,892</u>
Total liabilities	<u>5,831,732</u>	<u>2,309,458</u>	<u>(166,189)</u>	<u>7,975,001</u>
Net assets without donor restrictions	<u>2,089,761</u>	<u>1,534,812</u>	<u>-</u>	<u>3,624,573</u>
Total liabilities and net assets	<u>\$ 7,921,493</u>	<u>\$ 3,844,270</u>	<u>\$ (166,189)</u>	<u>\$ 11,599,574</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY**Consolidating Statement of Operations and Changes in Net Assets – Schedule 2**

For the Year Ended June 30, 2020

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATIONS</u>	<u>TOTAL</u>
Changes in net assets without donor restrictions				
Revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	\$ 7,320,685	\$ -	\$ -	\$ 7,320,685
Provision for uncollectible accounts	275,111	-	-	275,111
Net patient service revenue	<u>7,045,574</u>	<u>-</u>	<u>-</u>	<u>7,045,574</u>
Contracts and grants	2,707,753	-	-	2,707,753
Contributions	17,788	-	-	17,788
Other operating revenue	2,185,552	323,680	(308,211)	2,201,021
Net assets released from restrictions	-	-	-	-
Total revenue, gains and other support	<u>11,956,667</u>	<u>323,680</u>	<u>(308,211)</u>	<u>11,972,136</u>
Expenses				
Salaries and wages	7,270,657	-	-	7,270,657
Employee benefits	1,568,194	-	-	1,568,194
Insurance	54,511	-	-	54,511
Professional fees	1,146,554	7,000	-	1,153,554
Supplies and expenses	1,999,983	2,427	(308,211)	1,694,199
Depreciation and amortization	181,189	120,619	-	301,808
Interest expense	76,997	115,853	-	192,850
Total expenses	<u>12,298,085</u>	<u>245,899</u>	<u>(308,211)</u>	<u>12,235,773</u>
Change in net assets without donor restrictions	(341,418)	77,781	-	(263,637)
Net assets without donor restrictions, beginning of year	<u>2,431,179</u>	<u>1,457,031</u>	<u>-</u>	<u>3,888,210</u>
Net assets without donor restrictions, end of year	<u>\$ 2,089,761</u>	<u>\$ 1,534,812</u>	<u>\$ -</u>	<u>\$ 3,624,573</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY**Consolidating Statement of Financial Position – Schedule 3**

As of June 30, 2019

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Assets				
Current assets				
Cash and cash equivalents	\$ 1,273,179	\$ 491,074	\$ -	\$ 1,764,253
Restricted cash	69,659	-	-	69,659
Patient accounts receivable, net	570,448	-	-	570,448
Estimated third-party settlements	88,708	-	-	88,708
Contracts and grants receivable	475,746	-	-	475,746
Prepaid expenses and other receivables	417,584	-	(37,610)	379,974
Total current assets	<u>2,895,324</u>	<u>491,074</u>	<u>(37,610)</u>	<u>3,348,788</u>
Long-term assets				
Property and equipment, net	2,547,312	3,284,814	-	5,832,126
Deposits and other assets	139,882	-	(121,619)	18,263
Total long-term assets	<u>2,687,194</u>	<u>3,284,814</u>	<u>(121,619)</u>	<u>5,850,389</u>
Total assets	<u>\$ 5,582,518</u>	<u>\$ 3,775,888</u>	<u>\$ (159,229)</u>	<u>\$ 9,199,177</u>
Liabilities and net assets				
Current liabilities				
Accounts payable	\$ 204,907	\$ 37,610	\$ (37,610)	\$ 204,907
Accrued expenses and other current liabilities	51,001	15,461	-	66,462
Accrued payroll and related expenses	374,802	-	-	374,802
Accrued earned time	308,765	-	-	308,765
Current portion of long-term debt	53,891	106,483	-	160,374
Current portion of capital lease obligations	591	-	-	591
Total current liabilities	<u>993,957</u>	<u>159,554</u>	<u>(37,610)</u>	<u>1,115,901</u>
Long-term liabilities				
Lease deposits	-	121,619	(121,619)	-
Long-term debt, less current portion	2,157,382	2,037,684	-	4,195,066
Total long-term liabilities	<u>2,157,382</u>	<u>2,159,303</u>	<u>(121,619)</u>	<u>4,195,066</u>
Total liabilities	<u>3,151,339</u>	<u>2,318,857</u>	<u>(159,229)</u>	<u>5,310,967</u>
Net assets without donor restrictions	<u>2,431,179</u>	<u>1,457,031</u>	<u>-</u>	<u>3,888,210</u>
Total liabilities and net assets	<u>\$ 5,582,518</u>	<u>\$ 3,775,888</u>	<u>\$ (159,229)</u>	<u>\$ 9,199,177</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY**Consolidating Statement of Operations and Changes in Net Assets – Schedule 2**

For the Year Ended June 30, 2019

	<u>MSHC</u>	<u>MSCDC</u>	<u>ELIMINATIONS</u>	<u>TOTAL</u>
Changes in net assets without donor restrictions				
Revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	\$ 6,721,349	\$ -	\$ -	\$ 6,721,349
Provision for uncollectible accounts	241,053	-	-	241,053
Net patient service revenue	<u>6,480,296</u>	<u>-</u>	<u>-</u>	<u>6,480,296</u>
Contracts and grants	2,464,156	-	-	2,464,156
Contributions	13,987	-	-	13,987
Other operating revenue	1,913,520	310,149	(389,060)	1,834,609
Net assets released from restrictions	-	-	-	-
Total revenue, gains and other support	<u>10,871,959</u>	<u>310,149</u>	<u>(389,060)</u>	<u>10,793,048</u>
Expenses				
Salaries and wages	6,115,133	-	-	6,115,133
Employee benefits	1,378,376	-	-	1,378,376
Insurance	33,090	-	-	33,090
Professional fees	901,493	119,202	(80,849)	939,846
Supplies and expenses	1,779,867	768	(308,211)	1,472,424
Depreciation and amortization	187,743	118,640	-	306,383
Interest expense	83,642	119,766	-	203,408
Total expenses	<u>10,479,344</u>	<u>358,376</u>	<u>(389,060)</u>	<u>10,448,660</u>
Change in net assets without donor restrictions	392,615	(48,227)	-	344,388
Net assets without donor restrictions, beginning of year	<u>2,038,564</u>	<u>1,505,258</u>	<u>-</u>	<u>3,543,822</u>
Net assets without donor restrictions, end of year	<u>\$ 2,431,179</u>	<u>\$ 1,457,031</u>	<u>\$ -</u>	<u>\$ 3,888,210</u>



MID-STATE
HEALTH CENTER

— BOARD OF DIRECTORS CONTACT LIST —

BOARD OFFICERS (5)

Peter Laufenberg, President	Todd Bickford, Vice President	Carina Park, Secretary
Mike Long, Treasurer	Timothy Naro, Immediate Past President	

BOARD MEMBERS, ACTIVE (8)

Lee Freeman, Director	Chelsea Salomon, Director	Benoit Lamontagne, Director
Nicholas Coates, Director	Joseph Monti, Director	John Scheinman, Director
Isaac Davis, Director	Jarrett Stern, Director	

BOARD MEMBERS, HONORARY (4)

Ann Blair, Director	James Dalley, Director	Carol Bears, Director
Cynthia Standing, Director		

Angel Ekstrom, EdD

101 Boulder Point Dr. Ste. 1, Plymouth, NH 03264
(603)238-3582 • aekstrom@midstatehealth.org

EDUCATION

Doctor of Education - Curriculum and Instruction, Argosy University, Sarasota, Florida, 2008

Certificate of Advanced Graduate Studies - Educational Leadership Plymouth State University, Plymouth, New Hampshire, 2004

Master of Science - Recreation Administration, University of Nebraska at Omaha, Omaha, Nebraska, 1998

Bachelor of Science - Interdisciplinary, Physical Education and Health, Southwest State University, Marshall, Minnesota, 1996

Associate of Arts - Anoka Ramsey Community College, Anoka, Minnesota, 1993

SELECTED PROFESSIONAL EXPERIENCE

2002- June 2014 Skills Application Teacher - 90% time split position between Academic Affairs and Student Affairs
Plymouth State University, Plymouth, NH
Manage the challenge course. 2002-2008
Health and Human Performance Department - Adventure Education (2002-2009)
Outdoor Center Coordinator

1998- 1999 Lead Wilderness Counselor, Lathrop Park Experiential Program, Walsenburg, CO

1991 - 1996 Activities Coordinator / Counselor, Robert E. Miller (REM), Inc. - Minneapolis and Bloomington, MN and Marshall, MN

UNIVERSITY SERVICE

PAT Committees:

Athletic Council, 2004-2008, 2011, 2012

PAT Observer to Student Senate, 2005-2006

Health & Human Performance (HHP) Department Committees:

Adventure Education Risk Management committee member, 2006-

present Faculty search committee, 2012

Center for Active Living & Wellness Case Statement subcommittee member, 2006-2008

New Majors Orientation committee member, 2004-

2006 Open House Committee member, 2003-2006

Student Scholarship Committees,

Brennan Hart Scholarship committee member, 2003-2014

Outdoor Center Student Scholarships committee chair, 2007-2011

Leadership Effectiveness and Development Series (L.E.A.D.S.) Presenter

PE Center Planning committee member, 2006-2008

Center for Rural Partnerships; Rural Health and Wellness Working Group member, 2006

PROFESSIONAL SERVICE

Association of Outdoor Recreation and Education (AORE)

Board of Directors (BOD) member, 2004-2007

Executive Council of AORE (treasurer), 2005-2007

Environmental Stewardship Committee BOD Liaison of AORE, 2006-2007

Northeast Regional Representative, 2005-2006

COMMUNITY OUTREACH, SERVICE, and CONSULTATION

Center for Young Children and Families (Plymouth, NH) guest presenter: Bear Hang with Pulley System: How to Keep Food from Bears and Other Wildlife, December 2013

20th Anniversary for Rivers Management and Protection Programs (Plymouth, NH) August 2013

FAST Squad volunteer (Rumney, NH) 2005-2007

Fire Department volunteer (Rumney, NH) 2005-2007

Plymouth-Area Renewable Energy Initiative (PAREI) member & volunteer for local energy raisers, 2005-present • Search and Rescue Lake County volunteer (Leadville, CO) 1999-2001 • Lake County Parks & Recreation (Leadville, CO) o board member 1998-2000 o Vice President 1998-2000

Leadership Leadville participant (Leadville, CO) 2000-2001

Challenge Course Facilitator Training & Local Operating Procedure Consulting o

University of Wisconsin, Stout o Mississippi Gulf Coast Community College

SELECTED TRAININGS

Suicide, Postvention Suicide, and Suicide Postvention Train the Trainer (April 2015)

Voices Against Violence 30 hour Training (Feb./March 2015)

Leave No Trace Master Educator (Leave No Trace Center for Outdoor Ethics and National Outdoor Leadership School), 2009

Trip Leader Training (American Canoe Association), 2008

High 5 Adventure Learning Center Adventure Practitioners Symposium (Brattleboro, VT), 2007

Instructor Course (National Outdoor Leadership School 35 day training), 2000

Advanced Skills and Standards Workshop (Project Adventure 4 day training), 2002

Horse Packing Seminar (National Outdoor Leadership School), 2000

Women's Rock Seminar (National Outdoor Leadership School), 2000

Juvenile Detention Services training program (MN Department of Corrections), 1996

Time, Stress, and management training (Southwest Technical College, MN), 1996

RECOGNITIONS

Patricia A. Storer Award nominee (Plymouth State University) 2012

Distinguished Adjunct Teaching Award nominee (Plymouth State University, Office of the Provost and Vice President for Academic Affairs) 2007

Leave No Trace Master Educator Course Scholarship recipient (Association of Outdoor Education and Recreation) 2008

Instructor Course Scholarship recipient (National Outdoor Leadership School) 2000

Certificate of Appreciation 1998 (U.S. Department of the Interior National Park Service, Great Sand Dunes National Monument) 1998

Recognition for Research (NWBA/PVA National Basketball Camp) 1997

Most Valuable Player (University of NE at Omaha Wheelchair Basketball Team) 1997

DR. ROBERT J. MACLEOD, DHA

Acute General Medical Rural Health Care, Long Term Care, and Behavioral Health Care
Executive with documented success developing managed care strategies, integrating delivery systems, program and policy development, and improving quality and utilization management programs

SUMMARY OF QUALIFICATIONS

- Healthcare Executive with strengths in policy setting, project management, budget control, vendor negotiations, HR, process improvements, program development, community outreach, and facility expansion.
 - Expert in staff training, development, and performance management to meet operating and financial goals with extensive experience in workforce diversity, team building, and group leadership.
 - Process designer with extensive experience creating strategy and policy with stakeholders contributing through a collaborative approach, cutting through departmental, industry and cultural differences.
 - Health Services Strategist using LEAN Framework steering any business challenge into a process, strategy and resource capabilities decision process with measurable objectives outcome.
-

1

PROFESSIONAL EXPERIENCE

MID-STATE HEALTH CENTER, PLYMOUTH, NH JUNE 2018 –
PRESENT

CHIEF EXECUTIVE OFFICER

OCT 1 -

- Oversees the recruitment, development, performance evaluation of employees
- Oversees the business and financial affairs of the clinic and fiscal management.
- Enhances operational effectiveness, emphasizing cost containment without jeopardizing important innovation or quality of care.
- Ensures clinic compliance with all regulatory agencies governing health care delivery and the rules of accrediting bodies.
- Encourages clinic integration within the community through effective communication. Represents the clinic in its relationships with other health organizations, government agencies, and third party payers.
- Provides leadership in developing, planning, and implementing the clinic's business plans.
- Serves as a non-voting member of the governing board and responsible for developing and implementing the clinic's mission and strategic plan, assists the board in developing and implementing strategic plans to support the clinic's philosophy & goals, informs board about trends, problems and medical activities to facilitate policy making.

CHIEF PROJECTS OFFICER

JUNE - OCT 1

Oversees a wide variety of projects within the organization and identifies issues, provides solutions, delegate tasks and monitor progress to stay on schedule and on budget.

STATE OF NEW HAMPSHIRE, Concord, NH October 2002 - 2018

ADMINISTRATOR, GLENCLIFF HOME (LTCF- DEPARTMENT OF HEALTH AND SERVICES JUNE 2017 – 2018

Advisory responsibilities to the Administrator of the Glencliff Home including policy review, regulatory requirements, and CMS and USDOJ compliance.

- Established various policies and procedures necessary to meet CMS and OCR compliance
- Liaison for the State and USDOJ regarding Olmstead settlement to discharge residents to a less restrictive venue.
- Collaborate with clinical staff improve the delivery of services to residents by using LEAN methodology.
- Collaborate with senior management identifying strategies to maintain productive employee and union relations.
- Assisting the Nursing Director to establish a LPN program partnering with an existing accredited NH educational institution.
- Meet with residents to identify their needs and develop a plan for discharge to a community setting.
- Collaborate with activities staff identifying programs that are skill based.

2

CEO, NEW HAMPSHIRE HOSPITAL (DEPARTMENT OF HEALTH AND HUMAN SERVICES) JANUARY 2011- JUNE 2017

Responsible for overall operations including policy administration, regulatory compliance, and legislative interaction for behavioral health serving patients in all geographical regions of the state. New Hampshire Hospital is a Joint Commission accredited 168-bed inpatient psychiatric facility with 2500 admissions and discharges per year, a \$70M operating budget, and 630 employees and a 35 member medical staff.

- Reduced operating budget by \$8.5M in one year by consolidating support services and outsourcing the management of transitional services.
- Increased third-party reimbursement by facilitating timely authorizations and appeals, and using an IPPS coding methodology.
- Created a research infrastructure in collaboration with the Geisel School of Medicine at Dartmouth.
- Initiated study to determine the percentage of patients admitted with substance use issues
- Oversight of a project to facilitate the use of tele-psychiatry for underserved areas of the state with a focus on child psychiatry- (Implementation ongoing).
- Implemented a re-engineered post discharge program (Project Red). The first public-sector behavioral hospital to do so in the country.
- Implemented a patient-centered approach for the treatment of children and adolescents. Programming addresses mental health and behavioral issues.
- Enhanced co-occurring services for adolescent adult patients
- Implemented Peer Support services
- Collaborative agreement with Systemic-Therapeutic-Assessment-Respite-Treatment Program (START)
- Negotiated managed care contracts
- Electronic Health Record (EHR),and Computerized Physician Order Entry (CPOE)-(Implementation ongoing)

- Participating in NHDHHS Health Information Exchange Implementation Project
- Established 10-bed inpatient stabilization unit

DIRECTOR OF MEDICAL & FORENSIC SERVICES (NH DEPARTMENT OF CORRECTIONS)

OCTOBER 2002-2011

Direct the overall policy administration, regulatory compliance, and legislative lobbying for health and behavioral services for 4 state correctional facilities and 1 secured psychiatric facility (forensic hospital) with administrative oversight of 175 employees and \$20M

SPEARE MEMORIAL HOSPITAL, *Plymouth, NH* (CAH) January 1982 – October 2002

EXECUTIVE VICE PRESIDENT & CHIEF OPERATING OFFICER

February 2000 – October 2002

Senior Operating Executive with full strategic planning and P&L management responsibility of \$20M in operating expenses accountable for all clinical, philanthropy, administrative, and support functions reporting to the CEO.

- Delivered unprecedented revenue for the Physician-Hospital Organization through building relationships and leading negotiations with managed care organizations driving \$7.5M managed care operating revenues and \$600K net revenues.
- Chaired Organizational-wide Strategic Planning Committee strategically mapping and implementing tactical action plans addressing financial, operational, and community program goals.
- Authored and achieved a \$34K School Dental Program Health Care Grant enabling prophylaxis and reconstructive dental care for children in pre-school to high school.
- Spearheaded a \$147K vocational grant process partnering with Plymouth Regional High School achieving a vocational program to introduce and prepare students for careers in the health profession.
- Initiated and established Infirmary services with the local university directly increasing Emergency, Radiology, and Laboratory services revenues by 5%.
- Directed the full-scale design and development of 2 new physician office buildings on time and under budget.
- Chaired and Member of hospital committees including Pharmacy and Therapeutic, Infection Control, Board of Trustees, Safety, Quality Improvement, and Leadership.

ASSOCIATE ADMINISTRATOR

September 1995 – February 2000

Directed the daily operations and strategic planning of programs for the Nursing Department, Social Services, Pharmacy, Materials Management, Facility Services, Food and Nutritional Services, Public Relations, and Community Wellness.

DIRECTOR, SUPPORT SERVICES

January 1982 – September 1995

ADDITIONAL EXPERIENCE

PLYMOUTH STATE UNIVERSITY, PLYMOUTH, NH
ADJUNCT PROFESSOR

1999 -

GEISEL (DARTMOUTH) SCHOOL OF MEDICINE
ADJUNCT PROFESSOR

2014 -

ACADEMIC EXPERIENCE

DHA, DOCTOR OF HEALTH ADMINISTRATION & POLICY (2003)

MEDICAL UNIVERSITY OF SOUTH CAROLINA

Charleston, SC

Doctoral Project: Perspective of Hospital Chief Executive or Chief Operating Officers Regarding the Hospital Accreditation and Certification Process

Honors Society

MASTERS – BUSINESS ADMINISTRATION (1996)

PLYMOUTH STATE COLLEGE

Plymouth, NH

BS, INTERDISCIPLINARY DEGREE – POLITICAL SCIENCE & BUSINESS MANAGEMENT (1994)

PLYMOUTH STATE COLLEGE

Plymouth, NH

Summa Cum Laude

ASSOCIATES IN ARTS – ACCOUNTING (1986)

NORTH SHORE COMMUNITY COLLEGE

Beverly, MA

ASSOCIATIONS

4

- President, Board of Directors, Mid-State Health Clinic (FQHC)
- Fellow, American College of Health Care Executives
- Former Member, Governor's Task Force on Certificate of Need Reform
- Past Chair and Member, Town of Thornton School Board
- Past Vice-Chair and Member, Pemi-Baker Regional High School Board
- Member, Waterville Valley Chamber of Commerce and Plymouth Chamber of Commerce
- Member, New Hampshire Charitable Foundation.
- Member, New Hampshire Mental Health Commission and New Hampshire Suicide Council.

101 Boulder Point Drive, Suite 1
Plymouth, NH 03264
(603) 536-4000

William Sweeney

- Objective** Seeking a challenging and rewarding job in finance and accounting within a medical office context.
- Education** 5/1997 Plymouth State College Plymouth, NH
Bachelor's of Science in Accounting
- Graduated Cum Laude with a 3.33 GPA on a 4.0 scale.
 - Minor in Mathematics
- 8/2013 Plymouth State University Plymouth, NH
Master's Degree in Business Administration
- Graduate Certificate in Health Care Administration
- Professional experience** 1/1997-Present Mid-State Health Center Plymouth, NH
Chief Financial Officer
- Prepare financial statements, budgets, grant management, reconcile bank account and compile clinician productivity which is used to calculate their salary. Experience with billing office and hospital charges for PCP office, management of employees, use of MS Office and MSSQL
- Chief Information Officer**
- Supervise IT staff and work with contracted IT Company to make sure system is up-to-date, performing as needed and current hardware and software are working. Collaborate on future goals and needs as well as IT/IS projects.
- References** Available upon request.

WENDY LASCH-WILLIAMS

Executive Profile

Dynamic advancement professional with extensive project management experience from concept to implementation in the health care and non-profit environments. A highly-committed project leader with an energetic personality, collaborative nature, the proven ability to positively inspire others. Talents include identifying opportunities for growth; fund development; and implementing strategies to attain organization goals.

Skills Highlight

- Fund Development
- Change Management
- Community Engagement
- Marketing & Brand Development
- Team-oriented Leadership
- Skilled Facilitator

Professional Experience

DIRECTOR OF ADVANCEMENT & COMMUNICATIONS **Mid-State Health Center**

10/2010 to Current
Plymouth, NH

- Established goals, objectives, and plans for advancement initiatives resulting in funding awards from private foundations, the State of New Hampshire, and Health Resources Services Administration and other funders.
- Lead and implement key initiatives at the local, state and national level which result in new revenue streams.
- Initiate and implement key communication strategies to improve public image and patient relations.
- Executed successful branding and marketing strategies.
- Resolved internal and external organizational communication challenges
- Facilitated the Patient Expert Advisory Team to ensure the patient perspective is considered as part of the organization's decision-making process
- Cultivated relationships with Board of Directors, funders, legislative representatives and community partners to further the mission of the organization.
- Managed annual fund reporting for private foundations and state and federal grants totaling over a \$1 million dollars each year.
- Created a tool to analyze and assess the alignment of potential funding opportunities with the mission of the organization.
- Prepared submissions for major grant funding opportunities with a high rate of funding success.
- Established several strategies to improve organizational culture.
- Played a key role in the opening of a new facility including planning, proposal for funding, purchasing and launch.

ADVANCEMENT & OUTREACH COORDINATOR **Communities for Alcohol and Drug-free Youth, Inc.**

10/2010 to 07/2011
Plymouth, NH

- Provided contracted advancement and outreach support to CADY, Inc.
- Conducted community-based outreach efforts as well as marketing and promotion of programs and activities.
- Launched a highly-successful fundraising event which is now an annual event for the organization.
- Conducted development activities including grant research and writing resulting in new funding opportunities.

ASSISTANT COORDINATOR **Greater Plymouth Public Health Network**

10/2008 to 08/2010
Plymouth, NH

- Developed and supported implementation of a community outreach strategy for the regional public health emergency activities related to H1N1 which laid the foundation for future public health initiatives.
- Coordinated, promoted and implemented vaccination clinics in the Region.
- Engaged regional municipalities, health organizations, and other stakeholders to ensure successful implementation of the project.
- This public health outreach project required a high level of stakeholder engagement in a short amount of time. The region's efforts were identified as one of the most successful in the State.

ASSISTANT DIRECTOR**10/2007 to 03/2009****Belknap County Core Coalition****Meredith, NH**

- Successfully developed and implemented a variety of public relations and multi-media marketing initiatives
- to expand Coalition membership and increase member collaboration and participation.
- Facilitated, coordinated and led youth activities related to Coalition initiatives.

PRINCIPAL/OWNER**06/2006 to 10/2010****All That Matters, LLC****Bristol, NH**

- Provided fundraising and administrative support for area non-profit organization.
- Guided local municipality in the development of their Local Emergency Operations Plan.
- Conducted contracted family and marital mediation and court-appointed Guardian ad Litem services.

PROGRAM YOUTH SPECIALIST**10/2004 to 06/2007****Franklin High School****Franklin, NH**

- Implemented the School-to-Work curriculum, teaching employment skills, practical math and reading skills, self-awareness skills, and life skills to high school students.
- Coordinated support services, leadership events, community service projects, job shadowing, and work-based learning opportunities.

TUTOR/PROGRAM ASSISTANT**08/2003 to 09/2004****Laconia Out of School Youth Program****Laconia, NH**

- Implemented the national Jobs for America's Graduates curriculum, teaching employment skills, self-awareness skills, and life skills to out of school youth.
- Assisted in the planning and implementation of leadership activities, community service projects, and field trips.

ASSISTANT TO THE SUPERINTENDENT - Finance**03/2000 to 06/2001****Newfound Area School District****Bristol, NH**

- Acted as liaison to the Superintendent in special projects such as capital improvement projects, equipment purchasing, annual maintenance contracts and building maintenance projects.
- Monitored and managed general ledger entries for \$14 million budget to ensure fiscal responsibility across the organization.
- Managed and implemented a successful conversion to new accounting software.
- Processed bi-weekly payroll for 300+ employees and accounts payable for 150+ vendors.
- Started with the organization in 1997 as administrative support and was promoted to Assistant to the Superintendent.

Education**MBA: Healthcare Administration, 2014**

Plymouth State University, Plymouth, NH

Bachelor of Science: Human Services Administration, 2010

Granite State College, Concord, NH

Certificate Program: Mediation and Conflict Management, 2002

Woodbury College, Montpelier, VT

Associate of Science: Business Management, 1990

Champlain College, Burlington, VT

Interests

Stand-up paddle boarding, running and reading.

Professional Affiliations

Member & President (2015-16), Bristol Rotary Club (2011 - present)

Member, Medical Group Management Association of NH (2011 - present)

Member, Medical Group Management Association (2011 - present)

Additional Information

Active member of the Tapply-Thompson Community Center Board and NH Marathon committee. Instrumental in the addition of a children's race as part of the NH Marathon. Co-hosted a regionally popular public access television production to highlight interesting activities in the Newfound community for two seasons (12 +/- episodes).

KEY ADMINISTRATIVE PERSONNEL**NH Department of Health and Human Services****Contractor Name:** Mid-State Health Center**Name of Program:** Regional Public Health Network Services

BUDGET PERIOD: SFY 22				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Angel Ekstrom	PHN Coordinator	\$68,307	100.00%	\$68,307.20
Robert MacLeod	CEO	\$213,358	0.00%	\$0.00
Bill Sweeney	CFO	\$155,000	0.00%	\$0.00
Wendy Lasch-Williams	Grants & Programming Director	\$140,000	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$68,307.20

**State of New Hampshire
Department of Health and Human Services
Amendment #9**

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and North Country Health Consortium ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2019, (Item #78E), as amended on February 5, 2020, (Item #7), as amended on May 6, 2020 (Item # 47), as amended with Governor approval on July 10, 2020 and presented to the Executive Council as an Informational Item on August 26, 2020 (Informational Item #L), as amended with Governor approval on November 17, 2020 and presented to the Executive Council as an Informational Item on December 18, 2020 (Informational Item #B), as amended with Governor and Executive Council approval on December 18, 2020 (Item #10), as amended with Governor approval on December 17, 2020 and presented to the Executive Council as an Informational Item on April 7, 2021 (Informational Item #M), as amended with Governor approval on January 29, 2021 and presented to the Executive Council as an Informational Item on May 19, 2021 (Informational Item #N), and as amended with Governor and Executive Council approval on June 30, 2021 (Item #53), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,483,007
2. Modify Exhibit A-1, Additional Scope of Services – COVID-19 Response, by replacing in its entirety with Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, which is attached hereto and incorporated by reference herein.
3. Modify Exhibit B - Amendment #1, Methods and Conditions Precedent to Payment, by replacing in its entirety with Exhibit B, Amendment #9, Method and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Program Funding, Amendment #8 by replacing it in its entirety with Exhibit B-1, Amendment #9, Program Funding, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/3/2021

Date

DocuSigned by:
Patricia M. Tilley
845FB38F5BFD4C8...

Name: Patricia M. Tilley
Title:

Director

North Country Health Consortium

11/3/2021

Date

DocuSigned by:
Lauren Pearson
6128DD510AF3466...

Name: Lauren Pearson
Title:

Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

11/4/2021

DocuSigned by:
J. Christopher Marshall
D58D458E80D4403...

Date

Name: J. Christopher Marshall
Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9



Additional Scope of Services - COVID-19 Response

1. COVID-19 Response

1.1. Emergency Operations

1.1.1. The Contractor shall enact emergency operations across the Regional Public Health Network for COVID-19 efforts by:

- 1.1.1.1. Activating the regions Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.
- 1.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.
- 1.1.1.3. Assessing the region's public health and healthcare system training needs.
- 1.1.1.4. Providing training designed to improve the region's public health and healthcare system response.
- 1.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2. Responder Safety and Health

1.2.1. The Contractor shall ensure the health and safety of the public health response workforce in the Regional Public Health Network, including but not limited to:

- 1.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.
- 1.2.1.2. Determining responder safety and health gaps and implementing corrective actions.
- 1.2.1.3. Documenting and tracking the Regional Public Health Network's personal protective equipment inventory.

1.3. Identification of Vulnerable Populations

1.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.



New Hampshire Department of Health and Human Services
Regional Public Health Network Services

Exhibit A-1, Amendment #9

1.4. Information Sharing and Public Information

1.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders to harmonize response messaging.

1.5. Distribution and Use of Medical Materials

1.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.5.1.1. Maintaining ability for vaccine-specific cold chain management.

1.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.5.1.4. Planning to prioritize limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department and in accordance with all policies and procedures put forth by the Department.

1.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the Centers for Disease Control's electronic Vaccine Administration Management System (VAMS) or the Department's New Hampshire Immunization Information System (NHIS) to input vaccine data. The loaned assets are outlined in Exhibit A-2 Asset Inventory, which is

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attached hereto and incorporated by reference herein. The Contractor agrees to the following terms regarding the use of loaned assets:

- 1.5.3.1. Assets to be Used by User: Subject to the terms and conditions of this Agreement, the Department agrees to provide to User with some or all of the Assets listed on Exhibit A-2, which is attached hereto and incorporated by reference herein. This is a non-transferable right for the User to use the Assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An Asset inventory reflecting the deployed Assets selected from Exhibit A-2 will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.
- 1.5.3.2. The Contractor agrees to use and operate the assets only in conjunction with the business use stated herein for administration of the COVID-19 vaccine, unless otherwise agreed upon by mutual written consent.
- 1.5.3.3. The Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining security standards including but not limited to antivirus software, patching and software updates.
- 1.5.3.4. The Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIS User Support will be provided by the Department's Immunization Program.
- 1.5.3.5. The Contractor understands and agrees that the Department retains ownership of the loaned assets and will return them to the Department in good working condition when no longer needed for COVID-19 vaccine administration or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.



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1.5.3.6. Prior to returning laptop, iPads, and/or other mobile or storage devices listed in Exhibit A-2 to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST Special Publication 800-88 Rev.1, or later for guidelines at <https://csrc.nist.gov/publications/sp800>.

1.6. Surge Staffing

1.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.6.2. The Contractor shall recruit, enroll, activate, train and deploy volunteers, including but not limited to:

1.6.2.1. Medical Reserve Corps (MRC).

1.6.2.2. Citizens Emergency Response Teams (CERT).

1.7. Public Health Coordination with Healthcare Systems

1.7.1. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.7.2. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s).

1.8. Biosurveillance

1.8.1. The Contractor shall conduct surveillance and case identification including, but not limited to:

1.8.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.8.1.2. Assess risk of travelers and other persons with potential COVID-19 exposures.

1.8.1.3. Enhance surveillance systems to provide case-based and aggregate epidemiological data.

1.8.1.4. Ensure data management systems are in place and meet the needs of the jurisdiction.



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- 1.8.1.5. Ensure efficient and timely data collection.
- 1.8.1.6. Ensure ability to rapidly exchange data with public health partners and other relevant partners.

1.9. Adult Influenza Vaccinations

1.9.1. The Contractor shall coordinate with local community-based agencies for the administration of influenza vaccines supplied by the New Hampshire Immunization Program (NHIP) to adults (eighteen (18) years or older). The Contractor shall:

1.9.1.1. Provide a Medical/Clinical Director to provide medical oversight, standing orders, emergency interventions/protocols and clinical expertise. The Contract shall ensure the Medical/Clinical Director is:

1.9.1.1.1. Able to prescribe medication in the State of New Hampshire.

1.9.1.1.2. Either a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN).

1.9.1.2. Make copies of standing orders and emergency interventions/protocols available at all clinics.

1.9.1.3. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.9.1.4. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.9.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.9.2.1. Annually submit a signed Vaccine Management Agreement to NHIP to ensure that all listed requirements are met.

1.9.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.9.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator unit.

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- 1.9.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
- 1.9.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
- 1.9.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.
- 1.9.2.7. Track each vaccine dose provide by NHIP.
- 1.9.2.8. Notify NHIP of any adverse event within 24 hours of the event occurring by contacting the NHIP Nursing help line and faxing incident forms, if this occurs:
 - 1.9.2.8.1. Immediately quarantine the vaccine in a temperature appropriate setting, separating it from other vaccine and labeling it "DO NOT USE".
 - 1.9.2.8.2. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.
 - 1.9.2.8.3. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.
 - 1.9.2.8.4. Submit a Cold Chain Incident Report along with a Data Logger report to NHIP within 24 hours of temperature excursion occurrence.
- 1.9.3. Within 24 hours of the completion of every clinic:
 - 1.9.3.1. Update the State Vaccination system with total number of vaccines administered and wasted during each mobile clinic.
 - 1.9.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.
 - 1.9.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the contractor's established vaccine refrigerator.
 - 1.9.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:
 - 1.9.3.4.1. Total number of adults vaccinated by age ranges and other demographic indicators as determined by the Department.
 - 1.9.3.4.2. Total number of vaccines wasted.



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- 1.9.4. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:
 - 1.9.4.1. Strategies that worked well in the areas of communication, logistics, or planning.
 - 1.9.4.2. Areas for improvement both at the state and regional levels, emphasizing strategies for implementing improvements.
 - 1.9.4.3. Future strategies and plans for increasing the number of vaccinated adults.
 - 1.9.4.4. Suggestions on how state level resources may aid increasing the number of vaccinated adults.
- 1.9.5. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional influenza promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.
- 1.9.6. The Contractor shall document and submit the actions taken to recruit a Medical/Clinical Director.

2. COVID-19 Vaccinations

- 2.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:
 - 2.1.1. Racial minority populations.
 - 2.1.2. Ethnic minority populations.
 - 2.1.3. Individuals experiencing homelessness.
 - 2.1.4. Individuals experiencing housing instability.
 - 2.1.5. Rural communities.
- 2.2. The Contractor shall:
 - 2.2.1. Operationalize COVID-19 vaccine clinics for the target populations to increase equitable distribution of COVID-19 vaccination. The Contractor shall operationalize COVID-19 vaccine clinics by utilizing strategies that include, but are not limited to:
 - 2.2.1.1. Vaccine strike teams.
 - 2.2.1.2. Mobile vaccine clinics.
 - 2.2.1.3. Satellite clinics.
 - 2.2.1.4. Temporary clinics.

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- 2.2.1.5. Travel to off-site clinics to provide vaccination services in non-traditional settings, including in-home vaccination to homebound patients where other mechanisms for in-home vaccination are not available.
- 2.2.1.6. Other vaccine sites, as approved by the Department.
- 2.2.2. Ensure vaccine sites are located at a variety of settings, including, but not limited to, schools, healthcare facilities, and community-based sites.
- 2.2.3. Ensure hours of operation at vaccine sites are maintained and/or adjusted as required to meet the needs of the target population.
- 2.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach and partnerships in the target populations. The Contractor shall:
 - 2.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19 vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:
 - 2.3.1.1. Federally Qualified Health Centers
 - 2.3.1.2. Community Mental Health Centers.
 - 2.3.1.3. Community-based Organizations.
 - 2.3.1.4. City Health Departments.
 - 2.3.1.5. Faith-based Organizations.
 - 2.3.1.6. Local barbers and hairdressers.
 - 2.3.1.7. Community Colleges.
 - 2.3.1.8. Schools.
 - 2.3.2. Conduct outreach to populations, including, but not limited to, those who:
 - 2.3.2.1. Experience disproportionately high rates of COVID-19 and related deaths.
 - 2.3.2.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the Centers for Disease Control and Prevention.
 - 2.3.2.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.
 - 2.3.2.4. Are likely to have low acceptance of or confidence in COVID-19 vaccines.
 - 2.3.2.5. Have a history of mistrust in health authorities or the medical establishment.

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- 2.3.2.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.
 - 2.3.3. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.
 - 2.3.4. Conduct outreach to assess individuals' readiness to receive a vaccination.
 - 2.3.5. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.
 - 2.3.6. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.
 - 2.3.7. Participate in meetings with the Department, as requested by the Department.
 - 2.3.8. Attend New Hampshire Immunization Program (NHIP) trainings.
 - 2.3.9. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.
 - 2.3.10. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.
 - 2.4. The Contractor shall procure resources, equipment and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:
 - 2.4.1. Coordinating, operating, and managing clinics.
 - 2.4.2. Procuring sites and/or equipment necessary for establishing and hosting vaccine clinics, which may include, but are not limited to:
 - 2.4.2.1. Property leases.
 - 2.4.2.2. Mobile trailer rentals.
 - 2.4.2.3. Generator rentals.
 - 2.4.2.4. Table and chair rentals.
 - 2.4.2.5. Appropriate refrigerators and freezers, as provided by the Department.
 - 2.4.2.6. Data loggers, as provided by the Department.
 - 2.4.3. Procuring communication devices and services, which may include, but are not limited to:
 - 2.4.3.1. Two-way radios.
 - 2.4.3.2. Cell phones.
 - 2.4.3.3. Wi-Fi.
 - 2.4.3.4. Computers.
 - 2.4.4. Procuring disposable supplies, which may include, but are not limited to



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- 2.4.4.1. Generator fuel.
- 2.4.4.2. Propane.
- 2.4.4.3. Oil.
- 2.4.4.4. Batteries.
- 2.4.5. Procuring clinical supplies, which may include, but are not limited to:
 - 2.4.5.1. Syringes.
 - 2.4.5.2. Needles
 - 2.4.5.3. Alcohol wipes.
 - 2.4.5.4. Band aids.
 - 2.4.5.5. Stickers.
- 2.4.6. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.
- 2.4.7. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.
- 2.4.8. Recruiting, training and scheduling vaccine clinic staff at a rate of no more than \$65 per hour per vaccine staff member, unless otherwise approved by the Department, to provide services which include, but are not limited to:
 - 2.4.8.1. Administering vaccines.
 - 2.4.8.2. Participating in training, as requested.
 - 2.4.8.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.
- 2.4.9. Providing vaccine clinic staff and volunteers with water, snacks, and/or meals while performing vaccine administration work. All food, drinks, and meals will be provided to staff on site and may include individually packaged meals in lieu of buffet or family style options, given that operations are occurring in a pandemic environment.
- 2.4.10. Reimbursing mileage costs for vaccine clinic staff, Contractor staff and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

3. Community Health Worker

- 3.1. The Contractor shall provide a Community Health Workers (CHW) to support culturally and linguistically appropriate COVID-19 and other social determinants of health related services.
- 3.2. The Contractor shall submit CHW-related documentation to the Department within thirty (30) days of Agreement effective date, which shall include, but is not limited to:
 - 3.2.1. Staff recruitment plan.

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- 3.2.2. Training procedures.
 - 3.2.3. Onboarding plan.
 - 3.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:
 - 3.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.
 - 3.3.2. Assisting with contact tracing, when required.
 - 3.3.3. Cultural mediation among individuals, communities, and health and social service systems.
 - 3.3.4. Culturally appropriate health education and information.
 - 3.3.5. Care coordination, case management, and system navigation.
 - 3.3.6. Coaching and social support by advocating for individuals and communities.
 - 3.3.7. Direct services to clients with COVID-19 and their family members affected by COVID-19, which include, but are not limited to facilitating:
 - 3.3.7.1. Access to COVID-19 test within five (5) days of encounter between the CHW and the client.
 - 3.3.7.2. Access to the influenza vaccine within fourteen (14) days of encounter between the CHW and the client.
 - 3.3.7.3. Access to the COVID-19 vaccine within fourteen (14) days of encounter.
 - 3.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.
 - 3.3.9. Providing and distributing educational information about COVID vaccinations and general Department guidance for individual mitigation.
 - 3.4. The Contractor shall ensure the CHW provides social determinants of health related services, which include, but are not limited to:
 - 3.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:
 - 3.4.1.1. Providing appropriate care coordination, case management and connections to patient and family identified community and social services and referrals.
 - 3.4.1.2. Assisting with maintaining and/or applying for social services within their community.
 - 3.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

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- 3.4.1.4. Assisting vulnerable populations with navigating the healthcare system.
 - 3.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.
 - 3.4.1.6. Providing culturally appropriate health education on topics related to COVID, chronic disease prevention, physical activity, and nutrition.
 - 3.4.1.7. Providing informal counseling, health screenings, and referrals.
 - 3.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:
 - 3.4.1.8.1. Food insecurity supports.
 - 3.4.1.8.2. Mental health supports.
 - 3.4.1.8.3. Health care referrals.
 - 3.4.1.8.4. Substance use disorder supports.
 - 3.4.1.8.5. Educational supports and services.
 - 3.4.1.8.6. Financial literacy.
 - 3.4.1.8.7. Budgeting supports.
 - 3.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.
 - 3.4.1.8.9. Social Isolation supports.
 - 3.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:
 - 3.4.2.1. Educating healthcare providers and stakeholders about community health needs.
 - 3.4.2.2. Managing care and care transitions for vulnerable populations.
 - 3.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.
 - 3.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.
 - 3.4.2.5. Building community capacity to address health issues.
 - 3.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.
 - 3.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.



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- 3.5. The Contractor shall ensure the CHW documents encounters within the data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:
- 3.5.1. Race.
 - 3.5.2. Ethnicity.
 - 3.5.3. Language.
 - 3.5.4. Household income.
 - 3.5.5. Marital status.
 - 3.5.6. Age of parents.
 - 3.5.7. Sexual orientation and/or gender identity.
 - 3.5.8. Street address.
 - 3.5.9. Town.
 - 3.5.10. County.
 - 3.5.11. Zip Code.
 - 3.5.12. State.
 - 3.5.13. Number of incarcerated parents (if applicable).
 - 3.5.14. Phone number and/or email address.
 - 3.5.15. Status of receiving benefits, if applicable, including, but not limited to:
 - 3.5.15.1. Supplemental Nutrition Assistance Program (SNAP).
 - 3.5.15.2. Child Care.
 - 3.5.15.3. Medicaid.
 - 3.5.15.4. Social Security.
 - 3.5.15.5. Temporary Assistance for Needy Families (TANF).
 - 3.5.15.6. WIC.
- 3.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.
- 3.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.
- 3.8. Reporting
- 3.8.1. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department.

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- 3.8.1.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by the DPHS.
 - 3.8.1.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.
 - 3.8.1.3. Final After Action Report/Improvement Plan for the activity described in paragraph 1.4.1.
 - 3.8.1.4. Final After Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.
 - 3.8.1.5. Other information that may be required by federal and state funders during the contract period.
 - 3.8.2. The Contractor shall submit quarterly reports, which shall include, but are not limited:
 - 3.8.2.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.
 - 3.8.2.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.
 - 3.8.2.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.
 - 3.8.2.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.
 - 3.8.2.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.
 - 3.8.2.6. Efforts, successes, and challenges experienced in providing community engagement.
 - 3.8.2.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.
 - 3.8.2.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received results or COVID vaccination disaggregated by the following age ranges:



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- 3.8.2.8.1. 5-11 years old.
 - 3.8.2.8.2. 12-17 years old.
 - 3.8.2.8.3. 18 years and older.
 - 3.8.2.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:
 - 3.8.2.9.1. 5-11 years old.
 - 3.8.2.9.2. 12-17 years old.
 - 3.8.2.9.3. 18 years and older.
 - 3.8.2.10. Number of collaborating agencies/services identified as part of CHW-led intervention.
 - 3.8.2.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.
 - 3.8.2.12. Number and percentage of resources provided in a primary language other than English.
 - 3.8.2.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor.
 - 3.8.2.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.
 - 3.8.2.15. Percentage of clients that identify one or more unmet need.
 - 3.8.2.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.
 - 3.8.2.17. Number and percentage of clients that have completed CHW encounter form and Patient Questionnaire completed and documented.
 - 3.8.2.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:
 - 3.8.2.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.
 - 3.8.2.18.2. Number of other navigation and support services to address COVID-19 risk factors.
 - 3.8.2.18.3. Number of referrals completed through closed loop referral system.

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- 3.8.2.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.
- 3.8.2.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.
- 3.8.2.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).
- 3.8.2.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) of first CHW encounter.
- 3.8.2.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.
- 3.8.2.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

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Exhibit B, Amendment #9

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response.
 - 1.1. This Agreement is funded by:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.991, Federal Award Identification Number (FAIN) #B01OT009205.
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds.
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #T1010035, and General Funds.
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796.
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757.
 - 1.1.6. Federal Funds from the US Department of Health and Human Services, Public Health Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.889, Federal Award Identification Number (FAIN) #U90TP000535.
 - 1.1.7. Federal Funds from the US Department of Health and Human Services, Childhood Lead Poisoning Prevention and Surveillance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.197, Federal Award Identification Number (FAIN) #NUE2EH001408.
 - 1.1.8. Federal Funds from the US Department of Health and Human Services, Climate, Catalog of Federal Domestic Assistance (CFDA #) 93.070, Federal Award Identification Number (FAIN) #NUEIEH001332.
 - 1.1.9. Federal Funds from the US Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, COVID-19 Health Disparities, Catalog of Federal Domestic Assistance (CFDA #) 93.391, Federal Award Identification Number (FAIN) #NH75OT000031.
 - 1.1.10. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness, Catalog of Federal Domestic Assistance (CFDA #) 93.069, Federal Award Identification Number (FAIN) #U90TP922018.
 - 1.1.11. General Funds from the State of New Hampshire.
 - 1.2. For the purposes of this Agreement, the Department has identified:
 - 1.2.1. The Contractor as a Subrecipient, in accordance with 2 CFR §200.331.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B, Amendment #9

- 1.2.2. This Agreement as NON-R&D, in accordance with 2 CFR §200.332.
- 1.3. The Contractor shall provide the services in Exhibit A, Amendment #8, Scope of Services and Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response, in compliance with funding requirements.
- 1.4. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
2. Program Funding
 - 2.1. The Contractor shall be paid up to the amounts specified for each program/scope of work identified in Exhibit B-1, Amendment #9, Program Funding.
 - 2.2. Payment for the I-CARE program shall be on a lump sum basis for authorized expenditures incurred in the fulfillment of the Department approved I-CARE NH work plan and budget. Authorized expenditures shall include printing, mailing, and media related expenses.
 - 2.3. The Contractor shall submit one (1) ARPA budget for State Fiscal Year 2022 and one (1) COVID Health Disparities budget for State Fiscal Year 2022, in a form satisfactory to the Department, for Department approval no later than (10) days from the Amendment #9 Effective Date. The Contractor shall:
 - 2.3.1. Utilize budget forms as provided by the Department.
 - 2.3.2. Submit a budget for each program/scope of work for each state fiscal year in accordance with Exhibit B-1, Amendment #9, Program Funding.
 - 2.3.3. Collaborate with the Department to incorporate approved budgets into this agreement by Amendment.
3. Payment for said services shall be made monthly as follows:
 - 3.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and in accordance with Section 2, Program Funding, above.
4. The Contractor shall submit an invoice in a form satisfactory to the Department no later than the twentieth (20th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
5. The Contractor shall ensure the invoices are completed, signed, dated and returned to the Department in order to initiate payments.
6. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and only if sufficient funds are available.
7. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, Block 1.7 Completion Date.
8. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:

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

DS



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

Exhibit B, Amendment #9

9. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Amendment #8, Scope of Services; Exhibit A-1, Amendment #9, Additional Scope of Services – COVID-19 Response; and/or in this Exhibit B, Amendment #9, Method and Conditions Precedent to Payment.
10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
11. The Contractor shall keep detailed records of their activities related to Department-funded programs and services and have records available for Department review, as requested.

DS
A handwritten signature in black ink, appearing to be "JP", enclosed in a rectangular box.

Vendor Name: North Country Health Consortium
 Contract Name: Regional Public Health Network Services
 Region: North Country

Program Name and Funding Amounts													
State Fiscal Year	COVID-19 Vaccination	FEMA Vaccination	JRPA DHS Fiscal Recovery Funds	Public Health COVID-19 Health Disparities	I-Care	Flu Vaccination	Public Health Advisory Council	Public Health Emergency Preparedness	Public Health Crisis Response	Medical Reserve Corps	Substance Misuse Prevention	Continuum of Care	Young Adult Substance Misuse Prevention Strategies
2016							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2017							\$ 30,000.00	\$ 88,500.00	\$ 50,000.00	\$ 10,000.00	\$ 77,488.00	\$ 40,581.00	\$ 90,000.00
2018	\$25,000.00	\$155,440.00				\$10,000.00	\$ 30,000.00	\$ 88,500.00		\$ 10,000.00	\$ 77,488.00	\$ 40,581.00	\$ 90,000.00
2019			\$ 38,302.00	\$ 105,000.00	\$ 15,000.00		\$ 30,000.00	\$ 88,500.00		\$ 10,000.00	\$ 77,488.00	\$ 40,581.00	\$ 90,000.00
Total													\$ 1,483,807.00

State of New Hampshire

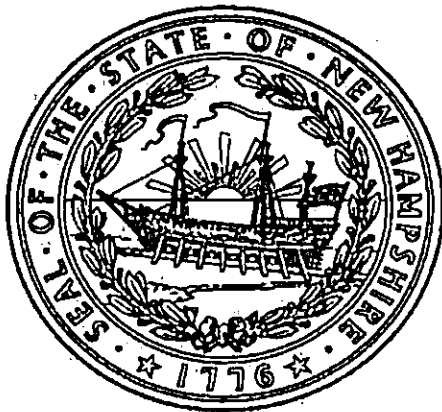
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTH COUNTRY HEALTH CONSORTIUM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 05, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 301456

Certificate Number: 0005335098



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Karen Woods, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of North Country Health Consortium.
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on October 21, 2021, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Lauren Pearson, Executive Director, and Michael Lee, Board President are duly authorized on behalf of North Country Health Consortium to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 11/3/2021

DocuSigned by:

Karen Woods

Signature of Elected Officer

Name: Karen Woods

Title: Board Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/18/2021

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

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

PRODUCER Geo M Stevens & Son Co 149 Main Street Lancaster NH 03584	CONTACT NAME: Patricia Bigelow-Emerly PHONE (A/C, No, Ext): (603) 788-2555 FAX (A/C, No): (603) 788-3901 E-MAIL ADDRESS: pemery@gms-ins.com														
INSURED North Country Health Consortium Inc 262 Cottage Street, Suite 230 Littleton NH 03561	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Insurance Companies</td> <td></td> </tr> <tr> <td>INSURER B: Eastern Alliance Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Insurance Companies		INSURER B: Eastern Alliance Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: Eastern Alliance Insurance Company															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CL2151813062 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2200175	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Professional Liability \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB744295	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		01-0000114697-03	01/01/2021	01/01/2022	PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

11/3/2021 Health Consortium
 NH Workers Compensation--excluded officers are Michael Lee, Karen Woods, Kenneth Gordon

CERTIFICATE HOLDER

CANCELLATION

State of NH Dept of Health and Human Services 129 Pleasant Street Concord NH 03301-3857	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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North Country Health Consortium Mission Statement:

"To lead innovative collaboration to improve the health status of the region."

The North Country Health Consortium (NCHC) is a non-profit 501(c)3 rural health network, created in 1997, as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern New Hampshire.

NCHC is engaged in activities for:

- Solving common problems and facilitating regional solutions
- Creating and facilitating services and programs to improve population health status
- Health professional training, continuing education and management services to encourage sustainability of the health care infrastructure
- Increasing capacity for local public health essential services
- Increasing access to health care for underserved and uninsured residents of Northern New Hampshire.

11/3/2021



PEISCH

CPAs & Advisors Since 1920

**NORTH COUNTRY HEALTH
CONSORTIUM, INC. AND SUBSIDIARY**

CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 30, 2020 AND 2019



C O N T E N T S

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of North Country Health Consortium, Inc. (a nonprofit organization) and Subsidiary, which comprise the consolidated statements of financial position as of September 30, 2020 and 2019, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

- 1 -

A.M. PEISCH & COMPANY, LLP

401 Water Tower Circle
Suite 302
Colchester, VT 05446
(802) 654-7255

P.O. Box 460
Rutland, VT 05702
(802) 773-2721

30 Congress Street
Suite 201
St. Albans, VT 05478
(802) 527-0505

1020 Memorial Drive
St. Johnsbury, VT 05819
(802) 748-5654

24 Airport Road
Suite 402
West Lebanon, NH 03784
(603) 306-0100

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of North Country Health Consortium, Inc. and Subsidiary as of September 30, 2020 and 2019, and the changes in its net assets, functional expenses, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated June 30, 2021, on our consideration of North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting and compliance.

A.M. Peioch & Company, LLP

St. Albans, Vermont
June 30, 2021
VT Reg. No. 92-0000102

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2020 AND 2019

	2020	2019
ASSETS		
Current assets		
Cash and cash equivalents	\$ 845,232	\$ 947,618
Accounts receivable, net		
Grants and contracts	629,416	1,011,598
Certificates of deposit	127,357	126,701
Prepaid expenses	30,448	33,068
Restricted cash - IDN	3,286,548	2,340,257
Total current assets	<u>4,919,001</u>	<u>4,459,242</u>
Property and equipment:		
Computers and equipment	147,392	147,392
Dental equipment	10,815	10,815
Furnitures and fixtures	30,045	30,045
Vehicles	18,677	18,677
Accumulated depreciation	(195,673)	(181,007)
Property and equipment, net	<u>11,256</u>	<u>25,922</u>
Other assets		
Restricted cash - IDN	-	400,000
Total other assets	<u>-</u>	<u>400,000</u>
Total assets	<u>\$ 4,930,257</u>	<u>\$ 4,885,164</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable	\$ 112,673	\$ 204,323
Accrued expenses	-	13,389
Accrued wages and related liabilities	249,311	354,015
Deferred revenue	3,460,523	2,849,839
Total current liabilities	<u>3,822,507</u>	<u>3,421,566</u>
Long-term liabilities		
Deferred revenue - Long term portion	-	400,000
Total liabilities	<u>3,822,507</u>	<u>3,821,566</u>
Net assets		
Without donor restrictions	1,107,750	1,063,598
Total net assets	<u>1,107,750</u>	<u>1,063,598</u>
Total liabilities and net assets	<u>\$ 4,930,257</u>	<u>\$ 4,885,164</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019

	2020	2019
Support:		
Grant and contract revenue	<u>\$ 4,583,870</u>	<u>\$ 4,956,424</u>
Revenue:		
Dental patient revenue	6,511	15,462
Fees for programs and services	1,576,685	1,733,329
Interest income	5,862	6,337
Other income	2,791	2,050
Total revenue	<u>1,591,849</u>	<u>1,757,178</u>
Total support and revenue	<u>6,175,719</u>	<u>6,713,602</u>
Program expenses:		
Workforce	1,363,456	2,201,736
Public health	158,303	108,996
Molar	33,786	103,152
Friendship house	2,238,081	2,390,474
CSAP	1,807,093	1,670,554
Total program expenses	<u>5,600,719</u>	<u>6,474,912</u>
Management and general	<u>530,848</u>	<u>495,512</u>
Total expenses	<u>6,131,567</u>	<u>6,970,424</u>
Loss on sale of property and equipment	<u>-</u>	<u>(2,952)</u>
Change in net assets	44,152	(259,774)
NET ASSETS, beginning of the year	<u>1,063,598</u>	<u>1,323,372</u>
NET ASSETS, end of the year	<u><u>\$ 1,107,750</u></u>	<u><u>\$ 1,063,598</u></u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2020

	<u>Workforce</u>	<u>Public Health</u>	<u>Molar</u>	<u>Friendship House</u>	<u>CSAP</u>	<u>Total Program</u>	<u>Management & General</u>	<u>Total</u>
Personnel:								
Salaries	\$ 561,712	\$ 115,871	\$ 20,075	\$ 1,388,157	\$ 1,065,129	\$ 3,150,944	\$ 293,198	\$ 3,444,142
Payroll taxes and employee benefits	113,597	21,067	4,101	318,201	216,231	673,197	42,983	716,180
Subtotal	<u>675,309</u>	<u>136,938</u>	<u>24,176</u>	<u>1,706,358</u>	<u>1,281,360</u>	<u>3,824,141</u>	<u>336,181</u>	<u>4,160,322</u>
Site expenses:								
Computer fees	7,893	1,049	870	17,188	22,906	49,906	8,334	58,240
Medical and pharmacy supplies, MOA	530,081	7,247	6,606	16,012	324,598	884,544	31,848	916,392
Office supplies	2,929	547	156	28,107	18,264	50,003	3,559	53,562
Food	-	-	-	44,187	-	44,187	-	44,187
Subtotal	<u>540,903</u>	<u>8,843</u>	<u>7,632</u>	<u>105,494</u>	<u>365,768</u>	<u>1,028,640</u>	<u>43,741</u>	<u>1,072,381</u>
General:								
Bad debts	-	-	-	78,532	-	78,532	-	78,532
Depreciation	-	-	-	-	-	-	14,666	14,666
Dues, memberships, education, and subscriptions	89,601	-	(6)	3,742	441	93,778	11,430	105,208
Staff development	225	-	-	-	2,335	2,560	724	3,284
Equipment and maintenance	342	1,484	12	5,450	2,908	10,196	1,210	11,406
Rent and occupancy	14,371	2,323	321	214,799	22,307	254,121	70,208	324,329
Insurance	3,200	1,040	131	5,902	6,420	16,693	8,505	25,198
Miscellaneous	1,503	-	52	7,162	4,247	12,964	(11,073)	1,891
Payroll processing fees	-	110	-	430	100	640	15,829	16,469
Postage	762	89	45	1,091	1,121	3,108	1,129	4,237
Printing	1,551	250	83	7,295	3,567	12,746	1,516	14,262
Professional fees	5,435	895	180	66,863	20,492	93,865	9,627	103,492
Training fees and supplies	13,435	3,754	-	6,994	37,351	61,534	-	61,534
Travel	8,743	1,966	1,028	6,803	29,260	47,800	3,324	51,124
Telephone	5,734	387	73	17,199	10,156	33,549	13,786	47,335
Vehicle expense	-	65	-	3,967	-	4,032	-	4,032
Event facility fees	2,342	159	59	-	19,260	21,820	10,045	31,865
Subtotal	<u>147,244</u>	<u>12,522</u>	<u>1,978</u>	<u>426,229</u>	<u>159,965</u>	<u>747,938</u>	<u>150,926</u>	<u>898,864</u>
Total expenses	<u>\$ 1,363,456</u>	<u>\$ 158,303</u>	<u>\$ 33,786</u>	<u>\$ 2,238,081</u>	<u>\$ 1,807,093</u>	<u>\$ 5,600,719</u>	<u>\$ 530,848</u>	<u>\$ 6,131,567</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2019

	Workforce	Public Health	Molar	Friendship House	CSAP	Total Program	Management & General	Total
Personnel:								
Salaries	\$ 969,231	\$ 72,859	\$ 72,634	\$ 1,454,659	\$ 831,437	\$ 3,400,820	\$ 306,627	\$ 3,707,447
Payroll taxes and employee benefits	186,721	15,348	13,385	296,250	156,563	668,267	47,097	715,364
Subtotal	<u>1,155,952</u>	<u>88,207</u>	<u>86,019</u>	<u>1,750,909</u>	<u>988,000</u>	<u>4,069,087</u>	<u>353,724</u>	<u>4,422,811</u>
Site expenses:								
Computer fees	10,804	830	990	17,033	8,027	37,684	4,468	42,152
Medical and pharmacy supplies, MOA	646,669	1,810	8,811	28,179	396,126	1,081,595	834	1,082,429
Office supplies	6,044	2,800	324	45,308	25,439	79,915	17,126	97,041
Food	-	-	-	74,719	-	74,719	-	74,719
Subtotal	<u>663,517</u>	<u>5,440</u>	<u>10,125</u>	<u>165,239</u>	<u>429,592</u>	<u>1,273,913</u>	<u>22,428</u>	<u>1,296,341</u>
General:								
Bad debt	-	-	-	12,153	-	12,153	-	12,153
Depreciation	-	-	3,134	3,735	-	6,869	20,443	27,312
Dues, memberships, education, and subscriptions	145,997	30	265	16,659	478	163,429	9,571	173,000
Education and training	1,299	626	201	293	1,449	3,868	262	4,130
Equipment and maintenance	20,044	-	-	4,597	14,128	38,769	2,517	41,286
Rent and occupancy	44,146	3,773	921	222,397	31,257	302,494	21,088	323,582
Insurance	5,520	1,188	930	7,989	4,371	19,998	5,213	25,211
Miscellaneous	24,114	-	(2,285)	2,491	13,183	37,503	5,969	43,472
Payroll processing fees	115	50	-	995	131	1,291	9,140	10,431
Postage	1,130	69	65	1,277	785	3,326	691	4,017
Printing	3,800	180	250	4,690	4,935	13,855	1,863	15,718
Professional fees	9,327	793	386	136,619	5,895	153,020	11,740	164,760
Training fees and supplies	36,593	2,983	83	11,655	73,172	124,486	13,586	138,072
Travel	50,677	4,704	2,094	22,416	50,437	130,328	7,139	137,467
Telephone	10,014	953	397	20,608	6,033	38,005	1,141	39,146
Vehicle expense	-	-	567	5,752	-	6,319	(162)	6,157
Event facility fees	29,491	-	-	-	46,708	76,199	9,159	85,358
Subtotal	<u>382,267</u>	<u>15,349</u>	<u>7,008</u>	<u>474,326</u>	<u>252,962</u>	<u>1,131,912</u>	<u>119,360</u>	<u>1,251,272</u>
Total expenses	<u>\$ 2,201,736</u>	<u>\$ 108,996</u>	<u>\$ 103,152</u>	<u>\$ 2,390,474</u>	<u>\$ 1,670,554</u>	<u>\$ 6,474,912</u>	<u>\$ 495,512</u>	<u>\$ 6,970,424</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019

	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 44,152	\$ (259,774)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	14,666	27,312
Bad debt expense	78,532	12,153
Loss on sale of property and equipment	-	2,952
(Increase) decrease in operating assets:		
Accounts receivable - Grants and contracts	303,650	(56,789)
Accounts receivable - Dental services	-	898
Prepaid expenses	2,620	(11,712)
Increase (decrease) in operating liabilities:		
Accounts payable	(91,650)	(191,716)
Accrued expenses	(13,389)	4,406
Accrued wages and related liabilities	(104,704)	88,298
Deferred revenue	210,684	595,419
Net cash provided by operating activities	<u>444,561</u>	<u>211,447</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Reinvestment of certificates of deposit interest	(656)	(636)
Proceeds from sale of property and equipment	-	2,001
Net cash provided (used) by investing activities	<u>(656)</u>	<u>1,365</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Net increase in cash, cash equivalents, and restricted cash	443,905	212,812
Beginning cash, cash equivalents, and restricted cash	<u>3,687,875</u>	<u>3,475,063</u>
Ending cash, cash equivalents, and restricted cash	<u>\$ 4,131,780</u>	<u>\$ 3,687,875</u>

The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported within the consolidated statements of financial position that sums to the total of the same sunch amounts as shown in the consolidated statements of cash flows.

Cash and cash equivalents	\$ 845,232	\$ 947,618
Restricted cash - IDN - Short term	3,286,548	2,340,257
Restricted cash - IDN - Long term	-	400,000
Total cash, cash equivalents, and restricted cash	<u>\$ 4,131,780</u>	<u>\$ 3,687,875</u>

See accompanying notes.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Nature of Activities and Summary of Significant Accounting Policies

Nature of activities

North Country Health Consortium, Inc. and Subsidiary (NCHC) (the Organization) is a not-for-profit health center chartered under the laws of the State of New Hampshire. The Organization's mission is to lead innovative collaboration to improve the health status of the region. NCHC is engaged in promoting and facilitating access to services and programs that improve the health status of the area population, provide health training and educational opportunities for healthcare purposes, and provide region-wide dental services for an underserved and uninsured residents.

The Organization's wholly owned subsidiary, North Country ACO (the ACO), is a non-profit 501(c)(3) charitable corporation formed in December 2011. This entity was formed as an accountable care organization (ACO) with its purpose to support the programs and activities of the ACO participants to improve the overall health of their respective populations and communities. A nominal cash balance remains and activities have ceased.

The Organization's primary programs are as follows:

Workforce – To provide workforce education programs.

Public Health – To coordination of public health networks, and promote community emergency response plan.

Molar – To sustain a program offering oral health services for children and low income adults in northern New Hampshire.

Friendship House – A residential facility to provide patient drug and alcohol treatment and recovery.

CSAP – To conduct community substance abuse prevention activities.

Following is a summary of the significant accounting policies used in the preparation of these consolidated financial statements.

Financial statement presentation

Financial statements presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statement of Not-for-Profit Organizations* and the provisions of Accounting Standards Update (ASU) No. 2016-14, *Not-For-Profit Entities: Presentation of Financial Statements of Not-or-Profit Entities*. Under ASU No. 2016-14, the Organization is required to report information regarding its financial position and activities according to two classes of net assets; net assets without donor restrictions and net assets with donor restrictions. The Organization had no net assets with donor restrictions at September 30, 2020 and 2019.

Basis of accounting

Basis of accounting refers to when revenues and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

The Organization uses the accrual basis of accounting. Under the accrual basis of accounting, revenues are recorded when susceptible to accrual, i.e., measurable and earned. Measurable refers to the ability to quantify in monetary terms the amount of the revenue and receivable. Expenses are recognized when they become liable for payment.

Principles of consolidation

The accompanying consolidated financial statements include the accounts of North Country Health Consortium, Inc. and its wholly owned subsidiary, North Country ACO. All inter-company transactions and balances have been eliminated in consolidation.

Use of estimates

In preparing the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of risk

The Organization's operations are affected by various risk factors, including credit risk and risk from geographic concentration and concentrations of funding sources. Management attempts to manage risk by obtaining and maintaining revenue funding from a variety of sources. A substantial portion of the Organization's activities are funded through grants and contracts with private, federal, and state agencies. As a result, the Organization may be vulnerable to the consequences of change in the availability of funding sources and economic policies at the agency level. The Organization generally does not require collateral to secure its receivables.

Revenue recognition

Below are the revenue recognition policies of the Organization:

Grant and Contract Revenue

Grants and contracts are recorded as revenue in the period they are earned by satisfaction of grant or contract requirements.

Dental Patient Revenue

Dental services are recorded as revenue within the fiscal year related to the service period.

Fees for Programs and Services

Fees for programs and services are recorded as revenue in the period the related services were performed.

Cash and cash equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)**Restricted cash - IDN**

Restricted cash – IDN consists of advanced funding received from The State of New Hampshire Department of Health and Human Services for the Integrated Delivery Network program (IDN). The original advance of funds of \$2,000,000 is to be used to fund the Organization's cost of administering the IDN over a period of five years, beginning in fiscal year 2017. The remaining balance is to be distributed to participants.

For the years ending September 30, 2020 and 2019, these amounts were restricted as follows:

	2020	2019
Administration fee to the Organization	\$ 400,000	\$ 800,000
Distributions to participants	2,886,548	1,940,257
	<u>\$ 3,286,548</u>	<u>\$ 2,740,257</u>

Accounts receivable

The Organization has receivable balances due from dental services provided to individuals and from grants and contracts received from federal, state, and private agencies. Management reviews the receivable balances for collectability and records an allowance for doubtful accounts based on historical information, estimated contractual adjustments, and current economic trends. Management considers the individual circumstances when determining the collectability of past due amounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to earnings and a credit to accounts receivable. Any collection fees or related costs are expensed in the year incurred. The Organization recorded an allowance for doubtful accounts for estimated contractual adjustments for dental service of \$0 as of September 30, 2020 and 2019, and an allowance for doubtful accounts for grants and contracts of \$0 and \$25,000 as of September 30, 2020 and 2019, respectively. The Organization does not charge interest on its past due accounts, and collateral is generally not required.

Certificates of deposit

The Organization has three certificates of deposit that may be withdrawn without penalty with one financial institution. These certificates carry original terms of 12 months to 24 months, have interest rates ranging from .49% to .75%, and mature at various dates through February 2022.

Property and equipment

Property and equipment is stated at cost less accumulated depreciation. The Organization generally capitalizes property and equipment with an estimated useful life in excess of one year and installed costs over \$2,500. Lesser amounts are generally expensed. Purchased property and equipment is capitalized at cost.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Property and equipment are depreciated using the straight-line method using the following ranges of estimated useful lives:

Computers and equipment	3-7 years
Dental equipment	5-7 years
Furniture and fixtures	5-7 years
Vehicles	5 years

Depreciation expense totaled \$14,666 and \$27,312 for the years ended September 30, 2020 and 2019, respectively.

Deferred revenue

Deferred revenue is related to advance payments on grants or advance billings relative to anticipated expenses or events in future periods. The revenue is realized when the expenses are incurred or as services are provided in the period earned.

Net assets

The Organization is required to report information regarding its financial position and activity according to two classes of net assets: without donor restrictions and with donor restrictions.

Net assets without donor restrictions – consist of unrestricted amounts that are available for use in carrying out the mission of the Organization.

Net assets with donor restrictions – consist of those amounts that are donor restricted for a specific purpose. When a donor restriction expires, either by the passage of a stipulated time restriction or by the accomplishment of a specific purpose restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization has elected, however, to show those restricted contributions whose restrictions are met in the same reporting period as they are received as unrestricted support. The Organization had no net assets with donor restrictions at September 30, 2020 and 2019.

Income taxes

The Organization and the ACO are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and are not classified as private foundations. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. The Organization had no unrelated business income activity subject to taxation for the years ended September 30, 2020 and 2019.

The Organization had adopted the provisions of FASB ASC 740-10. FASB ASC 740-10 prescribes a recognition threshold and measurement attributable for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. Based on management's evaluation, management has concluded that there were no significant uncertain tax positions requiring recognition in the financial statements at September 30, 2020 and 2019.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Although the Organization is not currently the subject of a tax examination by the Internal Revenue Service or the State of New Hampshire, the Organization's tax years ended September 30, 2017 through September 30, 2020 are open to examination by the taxing authorities under the applicable statute of limitations.

Functional expenses

The costs of providing the various programs and activities have been summarized on a functional basis in the Statement of Activities. Expenses are charged to programs based on direct expenses incurred and certain costs, including salaries and fringe benefits, are allocated to the programs and supporting services based upon related utilization and benefit.

Change in accounting principle

The Organization adopted the provisions of Accounting Standards Update (ASU) No. 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash* during the current year. The ASU is required to be applied on a retrospective basis to all periods presented. Restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling beginning-of-year and end-of-year total amounts shown on the consolidated statements of cash flows. In addition, when cash, cash equivalents, and restricted cash (or restricted cash equivalents) are presented in more than one line item in the consolidated statements of financial position but are reported as one line item on the consolidated statements of cash flows, a schedule of amounts disaggregated by the line item in which they appear in the consolidated statements of financial position must be provided and agree to the total amount of cash, cash equivalents and restricted cash or restricted cash equivalents at the end of the corresponding period in the consolidated statements of cash flows. Accordingly, the consolidated statements of cash flows have been modified to reflect the requirements of the ASU.

Implementation of new accounting pronouncements

Management is reviewing the following Accounting Standards Updates (ASU) issued by the Financial Accounting Standards Board, which are effective for future years, for possible implementation and to determine their effect on the Organization's financial reporting.

ASU No. 2015-14, *Revenue from Contracts with Customers*. This ASU includes new revenue measurement and recognition guidance, as well as required additional disclosures. The ASU is effective for annual reporting beginning after December 15, 2019, and interim reporting periods within annual reporting beginning after December 15, 2020. The effect of this ASU has not been quantified.

ASU No. 2016-02, *Leases (Topic 842)*. This ASU requires lessees to recognize the following for all leases (with the exception of short-term leases) at the commencement date; (1) a lease liability, which is the lessee's obligation to make lease payments arising from a lease, measured on a discounted basis; and (2) a right-of-use asset which is an asset that represents the lessee's right to use, or control the use of, a specified asset for the lease term. For short-term leases (term of twelve months or less), a lessee is permitted to make an accounting policy election by class of underlying asset not to recognize lease assets and lease liabilities. If a lessee makes the election, it should recognize lease expense for such leases generally on a straight-line basis over the lease term. The ASU is effective for annual periods beginning after December 15, 2021, and interim reporting periods with fiscal years beginning after December 15, 2022. The effect of this ASU has not been quantified.

Note 2. Cash Concentrations

The Organization maintains cash balances at two financial institutions. Their bank accounts at the institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per financial institution. Cash balances at the institutions did not exceed federally insured limits as of September 30, 2020, but may have exceeded the limits during the year. Management believes the Organization is not exposed to any significant credit risk on cash as of September 30, 2020.

The Organization manages credit risk relative to cash concentrations by utilizing “sweep” accounts. The Organization maintains ICS Sweep accounts that invest cash balances in other financial institutions at amounts that do not exceed FDIC insurable limits. All cash at these institutions is held in interest-bearing money market accounts. Interest rates on these balances ranged from .05% to .15% as of September 30, 2020.

Note 3. Operating Leases

The Organization leases office space in Littleton, NH under a three year operating lease that expires in October 2020. The Organization has the option to renew the lease for two additional years. Subsequent to year end, the Organization renewed the lease for three years expiring in May 2024 with two one-year renewal options.

The Organization operates the Friendship House, an outpatient drug and alcohol treatment facility and program. The Organization leases the premises under a five-year operating lease that expires March 2023, with minimum monthly rent and CAM fee payments of \$19,582. The CAM fee portion is to be adjusted annually. Effective December 31, 2020, the lease was terminated.

The Organization leases satellite offices in Lebanon, NH, Berlin, NH, Tamworth, NH, Woodsville, NH, Conway, NH, and Plymouth, NH under month-to-month operating lease agreements.

In addition, the Organization leases various copiers with lease terms ranging from thirty-six months to sixty months, expiring on various dates through March 2023.

Future minimum rental payments under lease commitments are as follows:

Year Ended September 30,	
2021	\$ 83,713
2022	75,524
2023	77,412
2024	52,461
Thereafter	-
	<u>\$ 289,110</u>

Lease expense for the aforementioned leases was \$303,477 and \$323,073 for the years ended September 30, 2020 and 2019, respectively.

Note 4. Deferred Revenue

The summary of the components of deferred revenue as of September 30, are as follows:

	2020	2019
Deferred Revenue - IDN	\$ 3,232,344	\$ 2,992,839
Deferred Revenue - Other	228,179	257,000
Total	<u>\$ 3,460,523</u>	<u>\$ 3,249,839</u>

Deferred revenue - IDN

Under the terms of an agreement between the Centers for Medicare and Medicaid Services (CMS) and the State of New Hampshire Department of Health and Human Services, various Integrated Delivery Networks (IDN) are to be established within geographic regions across the state to develop programs to transform New Hampshire's behavioral health delivery system by strengthening community-based mental health and substance use disorder services and programs to combat the opioid crisis. The Organization has been designated to be the administrative lead of one of these IDNs.

In September 2016, the Organization was awarded a five-year demonstration project from the CMS, passed through the State of New Hampshire Department of Health and Human Services. At that date, the Organization was advanced \$2,413,256 upon fulfillment of the condition of successful submission and state approval of an IDN Project Plan. Of that amount, \$2,000,000 will be retained by the Organization as administrative fees for five years and the remaining funds will be disbursed to participants. For years two through five, the IDNs will continue to earn performance-based incentive funding by achieving defined targets and any funds received will be passed through to the participants.

Note 5. Line of Credit

The Organization entered into a line of credit agreement with a local bank. The Organization has \$500,000 of available borrowing capacity under this line of credit, of which all is unused. The line of credit bears interest at the Wall Street Journal Prime Rate plus .50% and is secured by all assets of the Organization. The line of credit is due on demand and matured February 2020. The line of credit was not renewed.

Note 6. Related Party Transactions

A majority of the Organization's members and the Organization are also members of a Limited Liability Company. There were no transactions between the Limited Liability Company and the Organization's members in 2020 and 2019.

The Organization contracts various services from other organizations of which members of management of these other organizations may also be board members of North Country Health Consortium, Inc. and Subsidiary. Amounts paid to these organizations were \$220,452 and \$279,120 for the years ended September 30, 2020 and 2019, respectively. Outstanding amounts due to these organizations as of September 30, 2020 and 2019 amounted to \$2,000 and \$200, respectively. Outstanding amounts due from these organizations as of September 30, 2020 and 2019 amounted to \$5,810 and \$1,000, respectively.

Note 7. Retirement Plan

During the year, the Organization terminated its defined contribution savings and investment plan under section 403(b) and adopted a plan under section 401(k) of the Internal Revenue Code. Under the 403(b) plan, all employees who are 21 years of age or older were eligible to participate in the plan. Under the 401(k), all employees are eligible, regardless of age. Under both plans, there is no service requirement to participate in the Plan. Employer contributions did not change. Employee contributions are permitted and are subject to IRS limitations. Monthly employer contributions are \$50 for each part-time employee and \$100 for each full-time employee. Employer contributions for the years ended September 30, 2020 and 2019 were \$71,815 and \$77,366, respectively.

Note 8. Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise of the following:

Cash and cash equivalent	\$ 845,232
Accounts receivable, net	
Grants and contracts	629,416
Certificates of deposit	<u>127,357</u>
	<u>\$ 1,602,005</u>

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures.

Note 9. Commitment and Contingencies

The Organization receives a significant portion of its support from various funding sources. Expenditure of these funds requires compliance with terms and conditions specified in the related contracts and agreements. These expenditures are subject to audit by the contracting agencies. Any disallowed expenditures would become a liability of the Organization requiring repayment to the funding sources. Liabilities resulting from these audits, if any, will be recorded in the period in which the liability is ascertained. Management estimates that any potential liability related to such audits will be immaterial.

Note 10. Federal Reports

Additional reports, required by *Government Auditing Standards* and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, including the Schedule of Expenditures of Federal Awards, are included in the supplements to this report.

Note 11. Risks and Uncertainties

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID-19) a pandemic. As a result, economic uncertainties have arisen which may further negatively impact the Organization's financial operations. Other financial impact could occur though such potential impact is unknown at this time.

Note 12. Subsequent Events

Effective December 30, 2020, the Organization ceased operation of Friendship House, a drug and alcohol treatment facility and program.

In April 2020, the Organization obtained a Payroll Protection Plan loan in the amount of \$798,800 to cover expenses incurred during the year ended September 30, 2020. The Organization has elected to recognize the revenue once the qualifying expenses have been incurred. Subsequent to year end, the loan was forgiven. Revenue in the amount of \$798,800 has been included in the consolidated statement of activities and changes in net assets for the year ended September 30, 2020 as qualifying expenses were incurred during that period.

Subsequent to year end, the Organization was awarded a Coronavirus Relief Fund grant in the amount of \$550,000. The funds are to be used for operational costs of the Friendship House not otherwise covered as a result of reduced census and services due to COVID-19 for the period March 1, 2020 to December 30, 2020. Qualifying reimbursements in the amount of \$100,687 for the period of March 1, 2020 to September 30, 2020 have been included as revenue in the consolidated statement of activities and changes in net assets for the year ended September 30, 2020.

The Organization has evaluated subsequent events through June 30, 2021, the date the financial statements were available to be issued.



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**NORTH COUNTRY HEALTH
CONSORTIUM, INC. AND SUBSIDIARY**

ADDITIONAL REQUIRED REPORTS

September 30, 2020



NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2020

Federal Grantor/Pass through Grantor/Program Title	Federal CFDA Number	Grant No.	Pass-through Grantor's Subgrant No.	Federal Expenditures
U.S Department of Health and Human Services				
<i>Direct Programs:</i>				
Network Development	93.912	D06RH28031		\$ 208,316
Rural Health Care Services Outreach Program (Opioid)	93.912	D04RH31641		200,139
Rural Health Opioid Program	93.912	H1URH32387		282,485
Rural Communities Opioid Response Implementation	93.912	GA1RH33527		<u>264,722</u>
				955,662
Drug-Free Communities (SAMHSA)	93.276	IH79SP021539-01		<u>129,854</u>
<i>Total direct programs:</i>				<u>1,085,516</u>
<i>Passed through the State of New Hampshire:</i>				
Public Health Emergency Preparedness	93.074		U90TP000535	64,787
COVID-19	93.074		U90TP000535	4,110
Hep A Vaccination	93.074		U90TP000535	5,739
Lead	93.074		U90TP000536	14,528
MRC	93.074		U90TP000536	<u>8,608</u>
				97,772
SAP	93.243		SP020796	285,360
Young Adult Strategies	93.243		SP020796	<u>80,667</u>
				366,027
School-Based Immunization	93.268		H23IP00757	<u>14,167</u>
Continuum of Care	93.959		T1010035	35,122
Substance Misuse Prevention	93.959		T1010035	68,935
Public Health Advisory Council	93.959		T1010035	31,825
Substance Use Disorder (BDAS)	93.959		T1010035-14	87,881
Substance Use Disorder (BDAS)	93.959		T1010035	<u>16,647</u>
				240,410
Substance Use Disorder (SOR)	93.788		H79T10S16W	138,300
Substance Use Disorder (SOR)	93.788		H79T10S1685	<u>42,500</u>
				180,800
Community Health Workers	93.757		NU58DP004821	<u>34,193</u>
<i>Total passed through the State of New Hampshire:</i>				<u>933,369</u>
<i>Passed through the University of Dartmouth Area Health Education Center:</i>				
AHEC Supplement	93.107		U77HP03627-15-01	10,046
Area Health Education Centers	93.107		U77HP03627-09-01	<u>81,368</u>
				91,414
Total Expenditures of Federal Awards				<u>\$ 2,110,299</u>

See accompanying notes to schedule of expenditures of federal awards.

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Notes to Schedule of Expenditures of Federal Awards
For the Year Ended September 30, 2020**

Note 1. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of North Country Health Consortium, Inc. and Subsidiary (the Organization) under programs of the federal government for the year ended September 30, 2020. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

Note 2. Summary of Significant Accounting Policies

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance whereby certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Pass-through entity identifying numbers are presented where available.
- (3) The Organization did not elect to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.



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

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary (the Organization) (a New Hampshire nonprofit organization), which comprise the consolidated statements of financial position as of September 30, 2020, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated June 30, 2021.

Internal Control over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

A.M. Peisch & Company, LLP

St. Albans, Vermont
June 30, 2021
VT Reg. No. 92-0000102



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR
EACH MAJOR PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited North Country Health Consortium, Inc. and Subsidiary's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of North Country Health Consortium, Inc. and Subsidiary's major federal programs for the year ended September 30, 2020. North Country Health Consortium, Inc. and Subsidiary's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of North Country Health Consortium, Inc. and Subsidiary's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about North Country Health Consortium, Inc. and Subsidiary's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Program

In our opinion, North Country Health Consortium, Inc. and Subsidiary complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2020.

Report on Internal Control Over Compliance

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

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

A.M. Peisch & Company, LLP

St. Albans, Vermont
June 30, 2021
VT Reg. No. 92-0000102

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Schedule of Findings and Questioned Costs
For the Year Ended September 30, 2020**

A. SUMMARY OF AUDITOR'S RESULTS

1. The independent auditor's report expresses an unmodified opinion on whether the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary were prepared in accordance with GAAP.
2. No material weakness or significant deficiencies relating to the audit of the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Governmental Auditing Standards*.
3. No instances of noncompliance material to the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No material weakness or significant deficiencies relating to internal control over compliance for major federal award programs are reported in the Independent Auditor's Report on Compliance for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance.
5. The auditor's report on compliance for the major federal award programs for North Country Health Consortium, Inc. and Subsidiary expresses an unmodified opinion on the major federal program.
6. There were no audit findings that are required to be reported in this schedule in accordance with 2 CFR Section 200.516(a).
7. The program tested as a major program was U.S. Department of Health and Human Services – Rural Health Care Services: Network Development, Rural Healthcare Services Outreach Program(opioid), Rural Health Opioid Program and Rural Communities Opioid Response Implementation (CFDA Number 93.912).
8. The threshold for distinguishing Types A and B programs was \$750,000.
9. North Country Health Consortium, Inc. and Subsidiary was determined to be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENT AUDIT

There were no reported findings related to the audit of the consolidated financial statements for the year ended September 30, 2020.

C. FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAM AUDIT

There were no reported findings related to the audit of the federal program for the year ended September 30, 2020.

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Summary Schedule of Prior Audit Findings
For the Year Ended September 30, 2020**

2019 and 2018 – AUDITs OF MAJOR FEDERAL AWARD PROGRAMS

2019: There were no reported findings related to the audit of the major federal program for the year ended September 30, 2019.

2018: There were no reported findings related to the audit of the major federal program for the year ended September 30, 2018.



2020–2021 Board of Directors

President (O)

Mike Lee

President, Weeks Medical Center

Mike Peterson

President & CEO,
Androscoggin Valley Hospital

Tara MacKillop

Executive Director,
Androscoggin Valley Home Care

Vice President (O)

Ken Gordon

CEO, Coos County Family Health Services

Ed Duffy, MD

Executive Vice President,
Chief Medical Officer,
Littleton Regional Healthcare

Jeanne Robillard

CEO, Tri-County
Community Action Program

Treasurer (O)

Suzanne Gaetjens-Oleson

Regional Mental Health
Administrator, Northern
Human Services

Scott Colby

President & CEO, Upper
Connecticut Valley Hospital

Heidi Barker

Board Director

Secretary (O)

Karen Woods

Administrative Director,
Cottage Hospital

Leading innovative collaboration
to improve the health status
of Northern New Hampshire.

603-259-3700 | NCHCNH.org

262 Cottage Street | Suite 230 | Littleton, NH 03561

Anna Shum

Qualifications Profile

Communications: Clearly deliver health and medical information with command of plain language and health literacy principals, health communication theory, and research methodology.

Technical Proficiencies: Solid command of Microsoft Office Suite, Survey Monkey, Constant Contact, and social media platforms.

Relevant Experience/Projects

Communications & Marketing Coordinator

2016- Present

North Country Health Consortium, Littleton, NH

- Manage and facilitate NCHC programmatic website updates, social media sites, implementing and sustaining strategic plan for marketing and communications, and community relations.
- Coordinate with program and other staff to prepare outreach/marketing copy, materials, and documents including pamphlets, newsletters, letters, brochures, flyers, and advertisements.
- Participate in development of projects, grant applications, and reports to funding agencies and other interested parties.
- Assume Public Information Officer (PIO) role for the North Country Regional Public Health Network; provide public information and risk communication during COVID-19 pandemic to Northern NH Public Health Network partners and community members.

Health Communication Graduate Consultant:

2012-2013

Skydive New England (SNE), Lebanon, ME

- Conceptualized and spearheaded pre-participation screening procedures for the benefit of skydiving instructor staff and SNE students.
- Prepared review of literature and conducted focus groups, online surveys, and telephone interviews with SNE staff and students to serve as needs-assessments for proposed programming.
- Produced a manual to guide users through pre-participation screening procedures.

Technical Writer Intern:

2010-2011

Procor, Lown Cardiovascular Research Foundation, Brookline, MA

- Synthesized technical reports, on implementation of a global strategy to fight cardiovascular disease, into advocacy material to be used for a United Nations high-level summit on non-communicable diseases.
- Prepared cardiovascular disease prevention news updates using Procor's style guide, posting to the organization's website and listserv.

Freelance Copywriter:

2009-2010

Catalyst, Framingham, MA

- Authored marketing content covering multiple industries and applications.
- Produced website content for a startup technology-based publishing consultancy.

Education

EMERSON COLLEGE, IN COLLABORATION WITH TUFTS UNIVERSITY SCHOOL OF MEDICINE, Boston, MA

M.A. in Health Communication

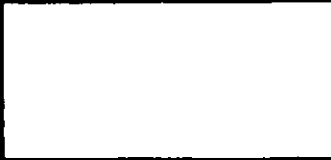
Coursework included: Health Communication Theory, Research Methodology, Writing for Health & Medicine, Marketing Communication, Health Literacy, Epidemiology & Biostatistics

COLBY COLLEGE, Waterville, ME

B.A. in English

Graduated Magna cum Laude

Contact



Top Skills

Healthcare
Personnel Management
Health Promotion

Languages

French (Native or Bilingual)
English (Native or Bilingual)

Certifications

Chronic Disease Self-Management
Program Leader
Plant-based Nutrition
Certified Application Counselor

Francine Morgan

Director of Communications and Human Resources at North Country Health Consortium

Littleton, CO

Summary

Experienced Program Director with a demonstrated history of working in public health and hospitality organizations. Strong professional skilled in Nonprofit Organizations, Human Resources Management, Community Organizing, Program Evaluation, Prevention, Volunteer Management, Communications and Health Promotion. More than 25 years of management experience with 10+ years in non-profit, public health and grants management (Federal, State and Foundation funding).

Experience

North Country Health Consortium

10 years 10 months

Director of Communications and Human Resources

December 2018 - Present (2 years 6 months)

Littleton, CO

An internally and externally facing role leading Human Resources efforts, managing relationships in the community, and leading program development. A member of the senior leadership team, participates in strategic planning and budgeting initiatives, coordinates the creation and updating of policies and procedures, and collaborative problem solving.

Leads marketing and communications for the organization including strategic integration of program branding, graphic design and video creation to increase awareness of public health initiatives. Coordination of social media platforms to ensure a consistent voice. Public facing contact for news organizations, public relations and elected officials. Works within the guidelines and mission of the North Country Health Consortium.

Experience in the planning and achievement of a three-year CARF accreditation (Commission on the Accreditation of Rehabilitation Facilities) for a 28-bed Substance Use Disorder Treatment Facility.

Coordination of public health messaging for the North Country Public Health Network's COVID-19 Response for Northern New Hampshire. Created original graphic designs for print and digital media campaigns.

Program Director: Drug Treatment Court of Grafton County
2018 - Present (3 years)

Lead the transition of the Drug Treatment Court of Grafton County from a county-run program to the North Country Health Consortium. Using a collaborative and team-based approach, ensure adherence to the NH Judicial Bureau contract and National Association of Drug Court Professionals best practices, appropriate staffing, growth of community based connections, and supports for the program and its participants.

Program Director
July 2016 - December 2019 (3 years 6 months)

Coos, Houlton, Grafton, and Jones Hill

Responsible for operational success of Molar Express (public health mobile dental program) and Communications and Marketing organization-wide. In addition, directing a variety of healthcare workforce initiatives, ensuring seamless team management and development, program delivery, quality control, budget oversight and evaluation.

Experience includes grants management such as the Community's Health Worker Program (creating infrastructure, coordinating systems to capture social determinants of health, curriculum development, training and supervision), community organizing to promote the Chronic Disease Self Management Program and management of Substance Misuse Prevention programs. Experience leading a variety of outreach and education campaigns such as Marketplace Outreach and Enrollment, The Heart Truth and Live Heart Smart.

An externally facing role managing relationships in the community and a member of the senior management team, participating in strategic planning and budgeting initiatives, problem solving and communications. Works within the guidelines, policies and mission of the North Country Health Consortium.

The Molar Express Program Manager/Director
June 2012 - September 2019 (7 years 4 months)

Coos, Houlton, Grafton, and Jones Hill

Molar Express: Public Health Portable Dental Program. Continuing management responsibilities since 2012. Expanded coordination and collaboration for projects as needed, such as project management consulting for Federally Qualified Health Center (FQHC) dental initiatives in the region.

Senior Program Manager

October 2013 - June 2016 (2 years 9 months)

Molar Express: Public Health Portable Dental Program. Continuing management responsibilities since 2012. Expanded coordination and collaboration for projects as needed, such as project management consulting for Federally Qualified Health Center (FQHC) dental initiatives in the region.

Substance Misuse Prevention and Continuum of Care program oversight for the North Country Public Health region of NH.

Marketplace Outreach and Enrollment: health access responsibilities including management and coordination of the ACA Health Insurance Marketplace Enrollment and Outreach initiatives for Northern NH with responsibilities for assessing, interpreting and incorporating new and revised regulatory and government contract requirements into operations.

Area Health Education Center (AHEC) Program Coordinator

August 2010 - June 2012 (1 year 11 months)

Northern New Hampshire Area Health Education Center (AHEC) promotes excellence in the health care system of northern New Hampshire through support of community and academic partnerships for training, continuing education and access to information resources.

Granite State College

Adjunct Faculty

2009 - 2012 (3 years)

HR Vision Consulting, LLC

Human Resources Consultant

September 2007 - May 2011 (3 years 9 months)

Masters of Business Administration with a specialty in Human Resources Management (MBA/HRM) .

Human Resources consulting services including strategic alignment of compensation, job descriptions, training, employee retention initiatives, and other services based on an organization-specific needs assessment.

Kendal at Hanover
Human Resources Representative
2001 - 2008 (7 years)

Marriott International
3 years 11 months

Senior Event Manager
June 1999 - June 2001 (2 years 1 month)
Boston, MA - Marriott International

- Managed complex conventions along with all Event Management responsibilities
- Handled conventions from 200-3000+ attendees

Event Manager
April 1998 - June 1999 (1 year 3 months)
Boston, MA - Marriott International

- Coordinated all details for a customer's conference and integrate teams to carry out events
- Handled groups and conventions from 2-200 attendees
- Ensured proper group rooms and catering cost forecasting to maximize usage and profitability

Assistant Banquet Manager
August 1997 - April 1998 (9 months)
Boston, MA - Marriott International

- Expedited banquet functions from 2 to 2,500 people and 60+ staff
- Responsible for staff attendance records, progressive discipline, staff reviews

Education

University of Phoenix
MBA, Concentration in Human Resources - (2006 - 2008)

University of New Hampshire Peter T. Paul College of Business and Economics
B.S., Hospitality Management - (1993 - 1997)

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Francine Morgan	Marketing Director	\$86,382	12%	\$10,366
Anna Shum	Marketing Coordinator	\$65,108	12%	\$7,813



Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

June 11, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **Sole Source** amendments to existing contracts with the vendors listed below in bold, and to enter into a **Sole Source** contract with The Cheshire Medical Center for the provision of Regional Public Health Network (RPHN) services statewide, by increasing the total price limitation by \$5,091,682 from \$12,774,809 to \$17,866,491 and by extending the completion dates from June 30, 2021 to June 30, 2022 effective upon Governor and Council approval. 66% Federal Funds. 15% General Funds. 19% Other Funds

The individual contracts were approved by Governor and Council as specified in the table below.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	Approval History
City of Manchester	177433	Greater Manchester	\$1,487,385	\$534,068	\$2,021,453	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-4/7/21(#M) A7: GA 1/29/2021, II-5/19/21(#TBD)
City of Nashua	177441	Greater Nashua	\$1,056,156	\$0	\$1,056,156	O: September 18, 2019, item #25 A1: February 5, 2020, item #(7) A2: May 6, 2020, item #47 A3: GA - 10/5/20 A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/17/2020, II-4/7/21(#M) A6: 1/29/2021, II-5/19/211(#TBD)
County of Cheshire	177372	Greater Monadnock	\$799,792	\$0	\$799,792	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7) A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: 12/17/2020, II-4/7/21(#M) A5: 1/29/2021, II-5/19/21(#TBD)
The Cheshire Medical Center		Greater Monadnock	\$0	\$407,260	\$407,260	

Granite United Way	160015	Concord, Carroll County, and South Central	\$2,837,071	\$1,040,552	\$3,877,623	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-4/7/21(#M) A7: 1/29/2021, II-5/19/21(#TBD)
Greater Seacoast Community Health	154703	Strafford County	\$943,300	\$515,395	\$1,458,695	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-4/7/21(#M) A7: 1/29/2021, II-5/19/21(#TBD)
Lakes Region Partnership for Public Health	165635	Winnepesaukee	\$917,716	\$443,758	\$1,361,474	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-4/7/21(#M) A7: 1/29/2021, II-5/19/21(#TBD)
Lamprey Health Care	177677	Seacoast	\$981,467	\$515,006	\$1,496,473	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-4/7/21(#M) A7: 1/29/2021, II-5/19/21(#TBD)
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	\$1,916,907	\$785,424	\$2,702,331	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-4/7/21(#M) A7: 01/22/21, item #28 A7: 1/29/2021, II-5/19/21(#TBD)
Mid-State Health Center	158055	Central NH	\$900,378	\$445,151	\$1,345,529	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-4/7/21(#M) A7: 1/29/2021, II-5/19/21(#TBD)
North Country Health Consortium	158557	North Country	\$934,637	\$405,068	\$1,339,705	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-4/7/21(#M) A7: 1/29/2021, II-5/19/21(#TBD)
		Total	\$12,774,809	\$5,091,682	\$17,866,491	

Funds are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The request is **Sole Source** because the Department is seeking 1) to extend the existing contracts beyond the completion dates and there are no renewal options available and 2) to enter into a contract with The Cheshire Medical Center and there are no known viable alternatives to the services provided by the vendor. The Department intends to competitively re-procure these services by June 30, 2022. Due to the unanticipated events of the past year, the Department determined it is in the best interest of the State to continue to utilize the existing Contractors to maintain continuity of support and efficient delivery of services. The Contractors are uniquely qualified to deliver COVID-19 emergency management services and have been an integral part in ongoing COVID-19 vaccination efforts. Additionally, the County of Cheshire was working with The Cheshire Medical Center to administer this program and to streamline services. The County of Cheshire declined to extend their contract, so it was determined that The Cheshire Medical Center was uniquely qualified to continue providing these services in the public health region.

The purpose of this request is for the Regional Public Health Networks to continue providing regional public health emergency preparedness; COVID-19 response; substance misuse prevention and substance use disorders continuum of care services; strategies targeted for young adults (18-25 years of age) who are at high risk of developing a substance use disorder; school-based seasonal influenza clinics; and climate and health prevention services. Additionally, the contractors will continue to host a Public Health Advisory Council to coordinate other public health services, statewide. Each Public Health Network site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services.

The population served includes residents statewide in each public health region.

The Contractors will continue to provide the following services:

- COVID-19 Support – the Contractors are assisting the State in the COVID-19 vaccination efforts, by hosting mobile and other vaccination clinics and coordinating with school districts to administer the COVID-19 vaccinations.
- Flu Vaccination Clinics – eight (8) of the thirteen (13) Networks are hosting school-based flu vaccination clinics.
- Public Health Advisory Council – the Contractors coordinate an Advisory Council that identifies priority health problems in their region and develops a Community Health Improvement Plan that focuses community-based partners to collectively address key health problems.
- Public Health Emergency Preparedness – the Contractors develop a public health emergency response plan that complements municipal response plans and provides training and exercises to partners.
- Substance Misuse Prevention - Continuation of population level substance misuse prevention with the purpose of increasing awareness of the need to prevent and reduce substance misuse and associated consequences for individuals and communities

- Continuum of Care - Aim is to facilitate and coordinate a robust system of prevention, treatment, and recovery services and supports by increasing awareness and access to services and supports.
- Young Adult Strategies - targeted prevention and early intervention programs and services for young adults between the ages of 18 to 25 who are at high risk to develop a substance abuse disorder.
- Climate and Health Adaptation – Two (2) Contractors collaborate with local partners to implement activities to mitigate the effects of climate on human health.

The current Regional Public Health Network contractors have successfully met performance measures and the Department is seeking to continue services implemented through these contracts. Additionally, the Regional Public Health Network contractors were integral in the State's COVID-19 response. The Department will continue monitoring contracted services by monitoring performance indicators listed in the contract scopes of services.

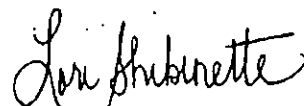
Should the Governor and Executive Council not authorize this request, the Regional Public Health Network contractors will be unable to assist the State in COVID-19 vaccination efforts. In addition, there will be a lack of a regionally-based infrastructure to coordinate and facilitate an improved systems-based approach to addressing the overall health issues statewide, which over time could increase costs, have a negative impact on health outcomes, and increase health disparities.

Area served: Statewide

Source of Funds: CFDA: #93.959, FAIN #TI08304; CFDA: #93.243, FAIN # SP020796; CFDA: #93.991, FAIN # B01OT009366; CFDA: #93.069, FAIN # NU90TP922018; CFDA: #93.268, FAIN # NH23IP922595; CFDA: #93.889, FAIN # U3REP190580; CFDA: #93.070, FAIN # NUEIEH001332;

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

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

**05-95-90-901010-9011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PREVENTIVE HEALTH
BLOCK GRANT**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$0	\$0
		Sub-Total		\$30,000	\$0	\$30,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
		Sub-Total		\$30,000	\$0	\$30,000

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$0	\$15,000	\$15,000

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health

Vendor # 155635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-BC03

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-BC03

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90001022	\$15,000	\$0	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	90001022	\$0	\$15,000	\$15,000
		Sub-Total		\$30,000	\$15,000	\$45,000
		SUB TOTAL		\$390,000	\$180,000	\$570,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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

74% Federal Funds & 26% General Funds
 CFDA #93.069

FAIN #U90TP922018

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$182,673	\$0	\$182,673
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
		Sub Total 2020		\$197,673	\$0	\$197,673
2021	102-500731	Contracts for Prog Svc	90077410	\$179,673	\$0	\$179,673
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
		Sub Total 2021		\$194,673	\$0	\$194,673
		Sub-Total		\$392,346	\$0	\$392,346

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$92,910	\$0	\$92,910
		Sub Total 2020		\$92,910	\$0	\$92,910
2021	102-500731	Contracts for Prog Svc	90077410	\$89,910	\$0	\$89,910
		Sub Total 2021		\$89,910	\$0	\$89,910
		Sub-Total		\$182,820	\$0	\$182,820

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$77,580	\$0	\$77,580
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
		Sub Total 2020		\$92,580	\$0	\$92,580
2021	102-500731	Contracts for Prog Svc	90077410	\$77,580	\$0	\$77,580
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
		Sub Total 2021		\$92,580	\$0	\$92,580
		Sub-Total		\$185,160	\$0	\$185,160

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$96,430	\$0	\$96,430
		Sub Total 2020		\$96,430	\$0	\$96,430
2021	102-500731	Contracts for Prog Svc	90077410	\$93,430	\$0	\$93,430
		Sub Total 2021		\$93,430	\$0	\$93,430
		Sub-Total		\$189,860	\$0	\$189,860

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Grante United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$86,600	\$0	\$86,600
Carroll County Region			Sub Total 2020	\$86,600	\$0	\$86,600
2021	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
Carroll County Region			Sub Total 2021	\$83,600	\$0	\$83,600
			Sub-Total	\$170,200	\$0	\$170,200

Grante United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$82,360	\$0	\$82,360
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
South Central Region			Sub Total 2020	\$97,360	\$0	\$97,360
2021	102-500731	Contracts for Prog Svc	90077410	\$79,360	\$0	\$79,360
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
South Central Region			Sub Total 2021	\$94,360	\$0	\$94,360
			Sub-Total	\$191,720	\$0	\$191,720

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$82,675	\$0	\$82,675
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
			Sub Total 2020	\$97,675	\$0	\$97,675
2021	102-500731	Contracts for Prog Svc	90077410	\$79,675	\$0	\$79,675
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
			Sub Total 2021	\$94,675	\$0	\$94,675
			Sub-Total	\$192,350	\$0	\$192,350

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$89,750	\$0	\$89,750
for Public Health			Sub Total 2020	\$89,750	\$0	\$89,750
2021	102-500731	Contracts for Prog Svc	90077410	\$85,750	\$0	\$85,750
for Public Health			Sub Total 2021	\$85,750	\$0	\$85,750
			Sub-Total	\$175,500	\$0	\$175,500

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$273,223	\$0	\$273,223
2020	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
Health Department			Sub Total 2020	\$288,223	\$0	\$288,223
2021	102-500731	Contracts for Prog Svc	90077410	\$270,223	\$0	\$270,223
2021	102-500731	Contracts for Prog Svc	90077028	\$15,000	\$0	\$15,000
Health Department			Sub Total 2021	\$285,223	\$0	\$285,223
			Sub-Total	\$573,446	\$0	\$573,446

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$86,600	\$0	\$86,600
Hospital - Sullivan County Region				Sub Total 2020	\$0	\$86,600
2021	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
Hospital - Sullivan County Region				Sub Total 2021	\$0	\$83,600
				Sub-Total	\$0	\$170,200

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$86,600	\$0	\$86,600
Hospital - Upper Valley Region				Sub Total 2020	\$0	\$86,600
2021	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
Hospital - Upper Valley Region				Sub Total 2021	\$0	\$83,600
				Sub-Total	\$0	\$170,200

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
				Sub Total 2020	\$0	\$83,600
2021	102-500731	Contracts for Prog Svc	90077410	\$83,600	\$0	\$83,600
				Sub Total 2021	\$0	\$83,600
				Sub-Total	\$0	\$167,200

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077410	\$91,550	\$0	\$91,550
sorium				Sub Total 2020	\$0	\$91,550
2021	102-500731	Contracts for Prog Svc	90077410	\$88,550	\$0	\$88,550
sorium				Sub Total 2021	\$0	\$88,550
				Sub-Total	\$0	\$180,100
				SUB TOTAL	\$0	\$2,942,102

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH
EMERGENCY PREPAREDNESS

69% Federal Funds & 31% General Funds
CFDA #93.009

FAIN #U90TP922018

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$0	\$0	\$0
				Sub Total	\$0	\$0

The Cheshire Medical Center

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$49,867	\$49,867
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$0	\$40,043	\$40,043
				Sub Total	\$0	\$89,910

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$52,537	\$52,537
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$0	\$40,043	\$40,043
				Sub Total	\$0	\$92,580

Granite United Way - Capitol Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$53,387	\$53,387
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$0	\$40,043	\$40,043
				Sub Total	\$0	\$93,430

Granite United Way - Carroll County Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$83,600	\$83,600
				Sub Total	\$0	\$83,600

Granite United Way - South Central Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$54,317	\$54,317
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$0	\$40,043	\$40,043
				Sub Total	\$0	\$94,360

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$54,632	\$54,632
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$0	\$40,043	\$40,043
				Sub Total	\$0	\$94,675

Lakes Region Partnership for Public Health

Vendor # 165635-B001

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$86,750	\$86,750
		Sub Total		\$0	\$86,750	\$86,750

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$245,180	\$245,180
2022	074-500589	Grants for Pub Asst and Relief	90077028	\$0	\$40,043	\$40,043
		Sub Total		\$0	\$285,223	\$285,223

Mary Hachcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$83,600	\$83,600
		Sub Total		\$0	\$83,600	\$83,600

Mary Hachcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$83,600	\$83,600
		Sub Total		\$0	\$83,600	\$83,600

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$83,600	\$83,600
		Sub Total		\$0	\$83,600	\$83,600

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$0	\$88,550	\$88,550
		Sub Total		\$0	\$88,550	\$88,550
		SUB TOTAL		\$0	\$1,259,878	\$1,259,878

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-02-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL, PREVENTION SVS
97% Federal Funds & 3% General Funds
CFDA #93.959 FAIN #T010035

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$91,162	\$0	\$91,162
2020	102-500731	Contracts for Prog Svc	92057504	\$41,243	\$0	\$41,243
		Sub Total 2020		\$132,405	\$0	\$132,405
2021	102-500731	Contracts for Prog Svc	92057502	\$91,162	\$0	\$91,162
2021	102-500731	Contracts for Prog Svc	92057504	\$41,243	\$0	\$41,243
		Sub Total 2021		\$132,405	\$0	\$132,405
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$0	\$0
		Sub Total 2022		\$0	\$0	\$0
		Sub-Total		\$264,810	\$0	\$264,810

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$94,324	\$0	\$94,324
2020	102-500731	Contracts for Prog Svc	92057504	\$39,662	\$0	\$39,662
		Sub Total 2020		\$133,986	\$0	\$133,986
2021	102-500731	Contracts for Prog Svc	92057502	\$94,324	\$0	\$94,324
2021	102-500731	Contracts for Prog Svc	92057504	\$39,662	\$0	\$39,662
		Sub Total 2021		\$133,986	\$0	\$133,986
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$79,324	\$79,324
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$39,662	\$39,662
		Sub Total 2022		\$0	\$133,986	\$133,986
		Sub-Total		\$267,972	\$133,986	\$401,958

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$85,917	\$0	\$85,917
2020	102-500731	Contracts for Prog Svc	92057504	\$45,634	\$0	\$45,634
		Sub Total 2020		\$131,551	\$0	\$131,551
2021	102-500731	Contracts for Prog Svc	92057502	\$82,380	\$0	\$82,380
2021	102-500731	Contracts for Prog Svc	92057504	\$45,634	\$0	\$45,634
		Sub Total 2021		\$128,014	\$0	\$128,014
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$67,380	\$67,380
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$45,634	\$45,634
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$80,000	\$80,000
		Sub Total 2022		\$0	\$208,014	\$208,014
		Sub-Total		\$259,565	\$208,014	\$467,579

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$93,014	\$0	\$93,014
2020	102-500731	Contracts for Prog Svc	92057504	\$40,250	\$0	\$40,250
		Sub Total 2020		\$133,264	\$0	\$133,264
2021	102-500731	Contracts for Prog Svc	92057502	\$93,015	\$0	\$93,015
2021	102-500731	Contracts for Prog Svc	92057504	\$40,250	\$0	\$40,250
		Sub Total 2021		\$133,265	\$0	\$133,265
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$78,015	\$78,015
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$40,250	\$40,250
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$80,000	\$80,000
		Sub Total 2022		\$0	\$213,265	\$213,265
		Sub-Total		\$266,529	\$213,265	\$479,794

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$93,121	\$0	\$93,121
2020	102-500731	Contracts for Prog Svc	92057504	\$40,264	\$0	\$40,264
		Sub Total 2020		\$133,385	\$0	\$133,385
2021	102-500731	Contracts for Prog Svc	92057502	\$93,121	\$0	\$93,121
2021	102-500731	Contracts for Prog Svc	92057504	\$40,264	\$0	\$40,264
		Sub Total 2021		\$133,385	\$0	\$133,385
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$78,121	\$78,121
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$40,264	\$40,264
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$80,000	\$80,000
		Sub Total 2022		\$0	\$213,385	\$213,385
		Sub-Total		\$266,770	\$213,385	\$480,155

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Grante United Way -South Central Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$93,375	\$0	\$93,375
2020	102-500731	Contracts for Prog Svc	92057504	\$40,137	\$0	\$40,137
South Central Region			Sub Total 2020	\$133,512	\$0	\$133,512
2021	102-500731	Contracts for Prog Svc	92057502	\$93,375	\$0	\$93,375
2021	102-500731	Contracts for Prog Svc	92057504	\$40,137	\$0	\$40,137
South Central Region			Sub Total 2021	\$133,512	\$0	\$133,512
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$78,375	\$78,375
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$40,137	\$40,137
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$80,000	\$80,000
			Sub Total 2022	\$0	\$213,512	\$213,512
			Sub-Total	\$267,024	\$213,512	\$480,536

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$88,649	\$0	\$88,649
2020	102-500731	Contracts for Prog Svc	92057504	\$42,500	\$0	\$42,500
South Central Region			Sub Total 2020	\$131,149	\$0	\$131,149
2021	102-500731	Contracts for Prog Svc	92057502	\$88,649	\$0	\$88,649
2021	102-500731	Contracts for Prog Svc	92057504	\$42,500	\$0	\$42,500
South Central Region			Sub Total 2021	\$131,149	\$0	\$131,149
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$73,649	\$73,649
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$42,500	\$42,500
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$75,000	\$75,000
			Sub Total 2022	\$0	\$206,149	\$206,149
			Sub-Total	\$262,298	\$206,149	\$468,447

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$84,367	\$0	\$84,367
2020	102-500731	Contracts for Prog Svc	92057504	\$44,641	\$0	\$44,641
for Public Health			Sub Total 2020	\$129,008	\$0	\$129,008
2021	102-500731	Contracts for Prog Svc	92057502	\$84,367	\$0	\$84,367
2021	102-500731	Contracts for Prog Svc	92057504	\$44,641	\$0	\$44,641
for Public Health			Sub Total 2021	\$129,008	\$0	\$129,008
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$69,367	\$69,367
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$44,641	\$44,641
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$80,000	\$80,000
			Sub Total 2022	\$0	\$209,008	\$209,008
			Sub-Total	\$258,016	\$209,008	\$467,024

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$98,040	\$0	\$98,040
2020	102-500731	Contracts for Prog Svc	92057504	\$37,805	\$0	\$37,805
Health Department			Sub Total 2020	\$135,845	\$0	\$135,845
2021	102-500731	Contracts for Prog Svc	92057502	\$98,040	\$0	\$98,040
2021	102-500731	Contracts for Prog Svc	92057504	\$37,805	\$0	\$37,805
Health Department			Sub Total 2021	\$135,845	\$0	\$135,845
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$83,040	\$83,040
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$37,805	\$37,805
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$80,000	\$80,000
			Sub Total 2022	\$0	\$215,845	\$215,845
			Sub-Total	\$271,690	\$215,845	\$487,535

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$99,275	\$0	\$99,275
2020	102-500731	Contracts for Prog Svc	92057504	\$37,087	\$0	\$37,087
Hospital - Sullivan County Region			Sub Total 2020	\$136,362	\$0	\$136,362
2021	102-500731	Contracts for Prog Svc	92057502	\$99,275	\$0	\$99,275
2021	102-500731	Contracts for Prog Svc	92057504	\$37,087	\$0	\$37,087
Hospital - Sullivan County Region			Sub Total 2021	\$136,362	\$0	\$136,362
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$84,275	\$84,275
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$37,087	\$37,087
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$75,000	\$75,000
			Sub Total 2022	\$0	\$211,362	\$211,362
			Sub-Total	\$272,724	\$211,362	\$484,086

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$96,125	\$0	\$96,125
2020	102-500731	Contracts for Prog Svc	92057504	\$37,037	\$0	\$37,037
Hospital - Upper Valley Region				Sub Total 2020	\$0	\$133,162
2021	102-500731	Contracts for Prog Svc	92057502	\$99,575	\$0	\$99,575
2021	102-500731	Contracts for Prog Svc	92057504	\$37,037	\$0	\$37,037
Hospital - Upper Valley Region				Sub Total 2021	\$0	\$136,612
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$84,575	\$84,575
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$37,037	\$37,037
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$75,000	\$75,000
				Sub Total 2022	\$0	\$211,612
				Sub-Total	\$269,774	\$481,385

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$78,453	\$0	\$78,453
2020	102-500731	Contracts for Prog Svc	92057504	\$40,098	\$0	\$40,098
				Sub Total 2020	\$0	\$118,551
2021	102-500731	Contracts for Prog Svc	92057502	\$93,453	\$0	\$93,453
2021	102-500731	Contracts for Prog Svc	92057504	\$40,098	\$0	\$40,098
				Sub Total 2021	\$0	\$133,551
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$78,453	\$78,453
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$40,098	\$40,098
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$80,000	\$80,000
				Sub Total 2022	\$0	\$213,551
				Sub-Total	\$252,102	\$465,653

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92057502	\$92,488	\$0	\$92,488
2020	102-500731	Contracts for Prog Svc	92057504	\$40,581	\$0	\$40,581
sonium				Sub Total 2020	\$0	\$133,069
2021	102-500731	Contracts for Prog Svc	92057502	\$92,488	\$0	\$92,488
2021	102-500731	Contracts for Prog Svc	92057504	\$40,581	\$0	\$40,581
sonium				Sub Total 2021	\$0	\$133,069
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$77,488	\$77,488
2022	074-500589	Grants for Pub Asst and Relief	92057502	\$0	\$15,000	\$15,000
2022	074-500589	Grants for Pub Asst and Relief	92057504	\$0	\$40,581	\$40,581
2022	074-500589	Grants for Pub Asst and Relief	TBD	\$0	\$80,000	\$80,000
				Sub Total 2022	\$0	\$213,069
				Sub-Total	\$265,138	\$478,207
				SUB TOTAL	\$3,445,412	\$5,908,170

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

100% Federal Funds

CFDA #93.243

FAIN #SP020796

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$105,375	\$0	\$105,375
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
				Sub-Total	\$0	\$195,375

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$104,991	\$0	\$104,991
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
				Sub-Total	\$0	\$194,991

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$139,099	\$0	\$139,099
2021	102-500731	Contracts for Prog Svc	92052410	\$50,000	\$0	\$50,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$229,099	\$0	\$229,099

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$99,678	\$0	\$99,678
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$189,678	\$0	\$189,678

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$105,876	\$0	\$105,876
2021	102-500731	Contracts for Prog Svc	92052410	\$82,432	\$0	\$82,432
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$188,308	\$0	\$188,308

Lakes Region Partnership for Public Health

Vendor # 155835-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$180,000	\$0	\$180,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$117,249	\$0	\$117,249
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$207,249	\$0	\$207,249

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$80,750	\$0	\$80,750
2021	102-500731	Contracts for Prog Svc	92052410	\$80,852	\$0	\$80,852
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$161,602	\$0	\$161,602

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$127,287	\$0	\$127,287
2021	102-500731	Contracts for Prog Svc	92052410	\$83,220	\$0	\$83,220
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$210,507	\$0	\$210,507

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$180,000	\$0	\$180,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2021	102-500731	Contracts for Prog Svc	92052410	\$90,000	\$0	\$90,000
2022	074-500589	Grants for Pub Asst and Relief	92052410	\$0	\$0	\$0
		Sub-Total		\$180,000	\$0	\$180,000
		SUB TOTAL		\$2,116,809	\$0	\$2,116,809

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
 100% Federal Funds
 CEQA #93,288 FAIN #H123IP000757

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
		Sub-Total		\$43,182	\$0	\$43,182

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$0	\$15,000	\$15,000
		Sub-Total		\$73,182	\$15,000	\$88,182

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$0	\$15,000	\$15,000
		Sub-Total		\$73,182	\$15,000	\$88,182

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$0	\$15,000	\$15,000
		Sub-Total		\$73,182	\$15,000	\$88,182

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way -South Central Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023103	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,182	\$0	\$50,182

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$43,182	\$0	\$43,182

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$0	\$15,000	\$15,000
		Sub-Total		\$73,182	\$15,000	\$88,182

Manchester Health Department

Vendor # 177433-B005

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2020	102-500731	Contracts for Prog Svc	90023103	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$42,000	\$0	\$42,000

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2020	102-500731	Contracts for Prog Svc	90023103	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$42,000	\$0	\$42,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$0	\$15,000	\$15,000
		Sub-Total		\$73,182	\$15,000	\$88,182

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$22,000	\$0	\$22,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$0	\$15,000	\$15,000
		Sub-Total		\$80,182	\$15,000	\$95,182

Mid-State Health Center

Vendor # 158955-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$6,058	\$0	\$6,058
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$0	\$15,000	\$15,000
		Sub-Total		\$71,058	\$15,000	\$86,058

North Country Health Consortium

Vendor # 158957-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90023103	\$8,182	\$0	\$8,182
2020	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023013	\$15,000	\$0	\$15,000
2021	102-500731	Contracts for Prog Svc	90023205	\$35,000	\$0	\$35,000
2022	074-500589	Grants for Pub Asst and Relief	90023013	\$0	\$15,000	\$15,000
		Sub-Total		\$73,182	\$15,000	\$88,182
		SUB TOTAL		\$810,876	\$120,000	\$930,876

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

100% Federal Funds
CEDA #93.889

FAIN #U3REP150580

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Granite United Way - Capitol Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Granite United Way - Carroll County Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Granite United Way - South Central Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Lamprey Health Care

Vendor # 177877-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Manchester Health Department

Vendor # 177433-8009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-8003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-8003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

Mid-State Health Center

Vendor # 158055-8001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000

North Country Health Consortium

Vendor # 158557-8001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
2021	102-500731	Contracts for Prog Svc	90077700	\$10,000	\$0	\$10,000
		Sub-Total		\$20,000	\$0	\$20,000
		SUB TOTAL		\$260,000	\$0	\$260,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds
CFDA #93.889

FAIN #U3REP190580

City of Nashua

Vendor # 177441-8011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

The Cheshire Medical Center

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Greater Seacoast Community Health

Vendor # 154703-8001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Granite United Way - Capitol Region

Vendor # 160015-8001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Granite United Way - Carroll County Region

Vendor # 160015-8001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Granite United Way - South Central Region

Vendor # 160015-8001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Lamprey Health Care

Vendor # 177677-8001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Lakes Region Partnership for Public Health

Vendor # 165635-8001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Manchester Health Department

Vendor # 177433-8009

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$10,000	\$10,000
		Sub-Total		\$0	\$10,000	\$10,000
		SUB TOTAL		\$0	\$120,000	\$120,000

05-95-90-901510-7964 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PREVENTION

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90035000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90035000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
2022	074-500589	Grants for Pub Asst and Relief	90035000	\$0	\$0	\$0
		Sub-Total		\$9,070	\$0	\$9,070

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

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
		Sub-Total		\$9,070	\$0	\$9,070

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$6,484	\$0	\$6,484
2021	102-500731	Contracts for Prog Svc		\$3,207	\$0	\$3,207
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$10,891	\$0	\$10,891

Granite United Way - Capitol Region

Vendor # 180015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$6,484	\$0	\$6,484
2021	102-500731	Contracts for Prog Svc		\$3,207	\$0	\$3,207
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$10,891	\$0	\$10,891

Granite United Way - Carroll County Region

Vendor # 163015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$9,070	\$0	\$9,070

Granite United Way -South Central Region

Vendor # 160015-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$9,070	\$0	\$9,070

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$5,403	\$0	\$5,403
2021	102-500731	Contracts for Prog Svc		\$2,467	\$0	\$2,467
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$9,070	\$0	\$9,070

Lakes Region Partnership for Public Health

Vendor # 165535-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$6,484	\$0	\$6,484
2021	102-500731	Contracts for Prog Svc		\$3,207	\$0	\$3,207
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$10,891	\$0	\$10,891

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$1,800	\$0	\$1,800
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$3,000	\$0	\$3,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$7,822	\$0	\$7,822
2021	102-500731	Contracts for Prog Svc		\$4,123	\$0	\$4,123
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$13,145	\$0	\$13,145

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$6,914	\$0	\$6,914
2020	102-500731	Contracts for Prog Svc	90035000	\$42,108	\$0	\$42,108
2021	102-500731	Contracts for Prog Svc		\$4,124	\$0	\$4,124
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$53,146	\$0	\$53,146

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$6,484	\$0	\$6,484
2021	102-500731	Contracts for Prog Svc		\$3,207	\$0	\$3,207
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$10,891	\$0	\$10,891

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90036000	\$1,200	\$0	\$1,200
2020	102-500731	Contracts for Prog Svc	90036000	\$7,822	\$0	\$7,822
2021	102-500731	Contracts for Prog Svc		\$4,123	\$0	\$4,123
2022	074-500589	Grants for Pub Asst and Relief	90036000	\$0	\$0	\$0
		Sub-Total		\$13,145	\$0	\$13,145
		SUB TOTAL		\$171,350	\$0	\$171,350

05-95-90-902510-5170 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, Disease Control

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,820	\$0	\$1,820
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,820	\$0	\$8,820

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

			Sub-Total	\$1,818	\$0	\$1,818
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Lemprey Health Care

Vendor #171677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Lakes Region Partnership for Public Health

Vendor # 185635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$1,818	\$0	\$1,818

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

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500731	Contracts for Prog Svc	90027026	\$1,818	\$0	\$1,818
2020	102-500731	Contracts for Prog Svc	90027026	\$7,000	\$0	\$7,000
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$8,818	\$0	\$8,818
		SUB TOTAL		\$83,000	\$0	\$83,000

05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE CHANGE ADAPTATION

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90007936	\$40,000	\$0	\$40,000
2021	102-500731	Contracts for Prog Svc	90007936	\$40,000	\$0	\$40,000
		Sub-Total		\$80,000	\$0	\$80,000

The Cheshire Medical Center

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	102-500731	Contracts for Prog Svc	90007936	\$0	\$40,000	\$40,000
		Sub-Total		\$0	\$40,000	\$40,000

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90007936	\$40,000	\$0	\$40,000
2021	102-500731	Contracts for Prog Svc	90007936	\$29,511	\$0	\$29,511
2022	102-500731	Contracts for Prog Svc	90007936	\$0	\$40,000	\$40,000
		Sub-Total		\$69,511	\$40,000	\$109,511
		SUB TOTAL		\$149,511	\$80,000	\$229,511

05-95-90-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, ENVIRONMENTAL PUBLIC HEALTH TRACKING

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230
2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$7,930	\$0	\$7,930

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230
2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
		Sub-Total		\$7,930	\$0	\$7,930

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$5,498	\$0	\$5,498
2021	102-500731	Contracts for Prog Svc	90004100	\$4,811	\$0	\$4,811
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$10,309	\$0	\$10,309

Granite United Way - Capitol Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$5,498	\$0	\$5,498
2021	102-500731	Contracts for Prog Svc	90004100	\$4,811	\$0	\$4,811
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$10,309	\$0	\$10,309

Granite United Way - Carroll County Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230
2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$7,930	\$0	\$7,930

Granite United Way - South Central Region

Vendor # 150015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$7,930	\$0	\$7,930

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$4,230	\$0	\$4,230
2021	102-500731	Contracts for Prog Svc	90004100	\$3,700	\$0	\$3,700
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$7,930	\$0	\$7,930

Lakes Region Partnership for Public Health

Vendor # 165835-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$5,498	\$0	\$5,498
2021	102-500731	Contracts for Prog Svc	90004100	\$4,811	\$0	\$4,811
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$10,309	\$0	\$10,309

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90004100	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

Mary Hrchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$7,069	\$0	\$7,069
2021	102-500731	Contracts for Prog Svc	90004100	\$6,185	\$0	\$6,185
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$13,254	\$0	\$13,254

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$5,022	\$0	\$5,022
2021	102-500731	Contracts for Prog Svc	90004100	\$7,333	\$0	\$7,333
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$13,355	\$0	\$13,355

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$5,498	\$0	\$5,498
2021	102-500731	Contracts for Prog Svc	90004100	\$4,811	\$0	\$4,811
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$10,309	\$0	\$10,309

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90004100	\$7,070	\$0	\$7,070
2021	102-500731	Contracts for Prog Svc	90004100	\$6,185	\$0	\$6,185
2022	074-500589	Grants for Pub Asst and Relief	90004100	\$0	\$0	\$0
		Sub-Total		\$13,255	\$0	\$13,255
		SUB TOTAL		\$120,750	\$0	\$120,750

05-95-90-902510-7039 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH CRISIS RESPONSE

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	90027027	\$190,000	\$0	\$190,000
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$190,000	\$0	\$190,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$240,000	\$0	\$240,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$240,000	\$0	\$240,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$55,000	\$0	\$55,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$55,000	\$0	\$55,000

Mid-State Health Center

Vendor # 156055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$50,000	\$0	\$50,000
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$50,000	\$0	\$50,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc	90027027	\$49,999	\$0	\$49,999
2021	102-500731	Contracts for Prog Svc	90027027	\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief		\$0	\$0	\$0
		Sub-Total		\$49,999	\$0	\$49,999
		SUB TOTAL		\$984,999	\$0	\$984,999

05-95-095-950010-1919 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: COMMISSIONER'S OFFICE, COVID-19 FEMA

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

			Sub-Total	\$100,000	\$0	\$100,000
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The Cheshire Medical Center

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	103-502507	Contracts for Op Svc	95010890	\$0	\$110,364	\$110,364
		Sub-Total		\$0	\$110,364	\$110,364

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$25,800	\$125,800
2022	103-502507	Contracts for Op Svc	95010890	\$0	\$141,001	\$141,001
		Sub-Total		\$100,000	\$166,801	\$266,801

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc	95010890	\$0	\$141,182	\$141,182
		Sub-Total		\$100,000	\$141,182	\$241,182

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$100,000	\$200,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$100,000	\$200,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$0	\$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$37,783	\$37,783
		Sub-Total		\$100,000	\$37,783	\$137,783

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$0	\$100,000
2022	103-502507	Contracts for Op Svc		\$0	\$61,467	\$61,467
		Sub-Total		\$100,000	\$61,467	\$161,467

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$100,000	\$200,000
2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$100,000	\$200,000

North Country Health Consortium

Vendor # 158557-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	103-502507	Contracts for Op Svc	95010890	\$0	\$0	\$0
2021	103-502507	Contracts for Op Svc	95010890	\$100,000	\$55,449	\$155,449

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

2022	103-502507	Contracts for Op Svc		\$0	\$0	\$0
		Sub-Total		\$100,000	\$55,449	\$155,449
		SUB TOTAL		\$1,300,000	\$773,046	\$2,073,046

05-95-92-922010-4117000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SVS, CMH PROGRAM SUPPORT

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
		Sub-Total		\$0	\$0	\$0

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Greater Seacoast Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Granite United Way - Capitol Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Granite United Way - South Central Region

Vendor # 160015-B001 -

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Lamprey Health Care

Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Modified Budget
2020	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc		\$0	\$0	\$0
2022	074-500589	Grants for Pub Asst and Relief	92204117	\$0	\$8,000	\$8,000
		Sub-Total		\$0	\$8,000	\$8,000
		SUB TOTAL		\$0	\$96,000	\$96,000

TOTAL ALL	\$12,774,809	\$5,091,682	\$17,866,491
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**State of New Hampshire
Department of Health and Human Services
Amendment #8**

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and City of Manchester ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2019, (Item #78E), as amended on February 5, 2020, (Item #7), as amended on May 6, 2020 (Item # 47), as amended with Governor approval on July 10, 2020 and presented to the Executive Council as an Informational Item on August 26, 2020 (Informational Item #L), and as amended with Governor approval on November 17, 2020 and presented to the Executive Council as an Informational Item on December 18, 2020 (Informational Item #8), as amended with Governor and Executive Council approval on December 18, 2020 (Item #10), as amended with Governor approval on December 17, 2020 and to be presented to the Executive Council as an Informational Item, as amended with Governor approval on January 29, 2021 and to be presented to the Executive Council as an Informational Item, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

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

1. General Provisions, Block 1.7, Completion Date, to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,021,453.
3. Modify Exhibit A Scope of Work by replacing it in its entirety with Exhibit A Scope of Work, Amendment #8, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B Amendment #1, Method and Conditions Precedent to Payment, Section 1.2, to read:
 - 1.2. The Contractor shall provide the services in Exhibit A, Scope of Services in compliance with funding requirements. The Department has identified:
 - 1.2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
 - 1.2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
5. Modify Exhibit B Amendment #1, Method and Conditions Precedent to Payment, Section 2, Program Funding, to read:
 2. Program Funding
 - 2.1. The Contractor shall be paid up to the amounts specified for each program/scope of work identified in Exhibit B-1 Amendment #8, Program Funding.
 - 2.2. The Contractor may be reimbursed for allowable costs dating back to January 20, 2020 for the provision of services specified in Exhibit A-1 Additional Scope of Services COVID-19 Response.

- 2.3. Payment for the I-CARE program shall be on a lump sum basis for authorized expenditures incurred in the fulfillment of the Department approved I-CARE NH work plan and budget. Authorized expenditures shall include printing, mailing, and media related expenses.
6. Modify Exhibit B Amendment #1, Method and Conditions Precedent to Payment, Section 3, Subsection 3.1, to read:
 - 3.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved budget line items in Section 2, Program Funding, above.
7. Modify Exhibit B Amendment #1, Method and Conditions Precedent to Payment, Section 4, to read:
 4. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A – Amendment #8, Scope of Services and this Exhibit B Amendment #1.
8. Modify Exhibit B Amendment #1, Method and Conditions Precedent to Payment, by adding Section 7, to read:
 7. The Contractor shall bill the federal determined vaccine administration rate for each vaccination administered on any individual that qualifies for the federally supplied vaccine. The Contractor shall:
 - 7.1 Bill the vaccine administration fee to private health insurance for individuals who have private health insurance at the rate allowed by the insurance companies.
 - 7.2 Not bill any patient directly for administration fees either prior to or after billing insurance companies.
9. Modify Exhibit B-1, Program Funding, Amendment #7 by deleting it in its entirety and replacing it with Exhibit B-1 Program Funding, Amendment #8, which is attached hereto and incorporated by reference herein.
10. Add Exhibit B-17, Amendment #8, which is attached hereto and incorporated by reference herein.
11. Add Exhibit B-18, Amendment #8, which is attached hereto and incorporated by reference herein.
12. Add Exhibit B-19, Amendment #8, which is attached hereto and incorporated by reference herein.
13. Add Exhibit B-20, Amendment #8, which is attached hereto and incorporated by reference herein.
14. Add Exhibit B-21, Amendment #8, which is attached hereto and incorporated by reference herein.
15. Add Exhibit B-22, Amendment #8, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment #8 remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/11/2021

Date

DocuSigned by:

Patricia M. Tilley

840F83AF58FD4C8

Name: Patricia M. Tilley

Title:

Director

City of Manchester

Date

Name: Joyde Craig

Title: Mayor

JE
6/8/21

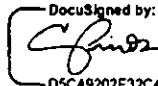
The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/11/2021

Date

DocuSigned by:



05CA9202E32C4AE

Name: Catherine Pinos

Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

gc

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit A – Amendment # 8**



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient), in accordance with 2 CFR 200.300.

2. Scope of Services

- 2.1. Lead Organization to Host a Regional Public Health Network (RPHN)
 - 2.1.1. The Contractor shall serve as a lead organization to host a Regional Public Health Networks for the Winnepesaukee region, as defined by the Department, to provide a broad range of public health services within one or more of the state's thirteen designated public health regions. The purpose of the RPHNs statewide are to coordinate a range of public health and substance misuse-related services, as described below to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
 - 2.1.2. The Contractor shall provide services that include, but are not limited to:
 - 2.1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).
 - 2.1.2.2. Planning for and responding to public health incidents and emergencies.
 - 2.1.2.3. Preventing the misuse of substances.
 - 2.1.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.1.2.5. Implementing young adult substance misuse prevention strategies.
 - 2.1.2.6. Ensuring contract administration and leadership.

JC
6/8/21

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit A – Amendment # 8**



2.2. Public Health Advisory Council

2.2.1. The Contractor shall coordinate and facilitate the regional Public Health Advisory Council (PHAC) to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

2.2.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

2.2.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team with the authority to:

2.2.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

2.2.1.2.2. Address emergent public health issues as identified by regional partners and the Department and mobilize key regional stakeholders to address the issue.

2.2.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

2.2.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

2.2.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

2.2.1.3. Ensure the PHAC leadership team meets at least quarterly in order to:

2.2.1.3.1. Ensure meeting minutes are available to the public upon request.

2.2.1.3.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

2.2.1.4. Ensure a currently licensed health care professional serves as a medical director for the RPHN who is responsible for functions that include, but are not limited to:

JC
6/8/21

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit A – Amendment # 8**



- 2.2.1.4.1. Writing and issuing standing orders, as needed, to ensure delivery of programs and services funded through this agreement.
- 2.2.1.4.2. Working with medical providers and the Department on behalf of the PHAC on any emergent public health issues.
- 2.2.1.4.3. Participating in the Multi-Agency Coordinating Entity (MACE) during responses to public health emergencies as appropriate and available.
- 2.2.1.5. Conduct, at minimum, biannual meetings of the PHAC.
- 2.2.1.6. Develop annual action plans for the services in this Agreement, as advised by the PHAC.
- 2.2.1.7. Collect, analyze and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
- 2.2.1.8. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan (SHIP) and informed by other health improvement plans developed by community partners.
- 2.2.1.9. Provide leadership through guidance, technical assistance and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.
- 2.2.1.10. Publish an annual report disseminated to the community capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities.
- 2.2.1.11. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, Substance Misuse Program (SMP), Continuum of Care (CoC), YA and PHEP programs.
- 2.2.1.12. Advance the work of RPHNs by conducting a minimum of two educational and training programs annually to RPHN partners and others.
- 2.2.1.13. Educate partners and stakeholder groups, including elected officials, on the PHAC.

[Signature]
6/8/21

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit A – Amendment # 8**



- 2.2.1.14. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

2.3. Public Health Emergency Preparedness

- 2.3.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity of partnering organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

- 2.3.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.
- 2.3.1.2. Convene and coordinate a regional Public Health Emergency Preparedness (PHEP) and/or coordinating and/or planning committee and/or workgroup to:
 - 2.3.1.2.1. Improve regional emergency response plans; and
 - 2.3.1.2.2. Improve the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.
- 2.3.1.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.
- 2.3.1.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.
- 2.3.1.5. Maintain a three-year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by CDC.
- 2.3.1.6. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.
- 2.3.1.7. Submit an annual work plan based on a template provided by the Department.
- 2.3.1.8. Sponsor, and organize the logistics for, a minimum of two trainings annually for regional partners.

[Signature]
6/8/21

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit A – Amendment # 8**



- 2.3.1.9. Collaborate with the Department's, Division of Public Health Services (DPHS); the Community Health Institute (CHI); NH Fire Academy; Granite State Health Care Coalition (GSHCC); and other training providers to implement training programs.
- 2.3.1.10. Revise the Regional Public Health Emergency Annex (RPHEA) based on guidance from the Department. The Contractor shall:
 - 2.3.1.10.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.
 - 2.3.1.10.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.
 - 2.3.1.10.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.
 - 2.3.1.10.4. Participate in workgroups to develop or revise components of the RPHEA that are convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.
- 2.3.1.11. Understand the hazards and social conditions that increase vulnerability within the public health region including but not limited to cultural, socioeconomic, and demographic factors. The Contractor shall:
 - 2.3.1.11.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.
 - 2.3.1.11.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems; municipalities; entities serving individuals with functional needs; and other public health, health care, behavioral health and environmental health entities.
- 2.3.1.12. Strengthen community partnerships to support public health preparedness and implement strategies to

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit A – Amendment # 8**



- strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.
- 2.3.1.13. Regularly communicate with the Department's Area Agency contractor that provides developmental and acquired brain disorder services in the region.
 - 2.3.1.14. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.
 - 2.3.1.15. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.
 - 2.3.1.16. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.
 - 2.3.1.17. Maintain the capacity to utilize WebEOC, the State's emergency management platform, during incidents or emergencies.
 - 2.3.1.18. Provide training as needed to individuals to participate in emergency management using WebEOC.
 - 2.3.1.19. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.
 - 2.3.1.20. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.
 - 2.3.1.21. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities, that include, but are not limited to:
 - 2.3.1.21.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.
 - 2.3.1.21.2. Annual submission of either ORR or self-assessment documentation.

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- 2.3.1.21.3. ORR site visit as scheduled by the CDC and the Department.
- 2.3.1.21.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.
- 2.3.1.22. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:
 - 2.3.1.22.1. Executing MOUs with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.
 - 2.3.1.22.2. Uploading, at least annually, a complete inventory to a Health Information Management System (HIMS) identified by the Department.
- 2.3.1.23. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:
 - 2.3.1.23.1. Maintain proficiency in the volunteer management system supported by the Department.
 - 2.3.1.23.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.
 - 2.3.1.23.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.
 - 2.3.1.23.4. Conduct quarterly notification drills of volunteers.
- 2.3.1.24. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.
- 2.3.1.25. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health

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and Human Services Assistant Secretary for Preparedness and Response.

- 2.3.1.26. Plan and implement targeted Hepatitis A vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for Hepatitis A can be accessed, according to guidance issued by the Department.

2.4. Substance Misuse Prevention

- 2.4.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

- 2.4.1.1. Prevent and reduce substance use disorder (SUD) risk factors and strengthen protective factors known to influence behaviors.
- 2.4.1.2. Maintain a substance misuse prevention SMP leadership team consisting of regional representatives with a special expertise in substance misuse prevention that can help guide and assist with awareness and advance substance misuse prevention efforts in the region.
- 2.4.1.3. Implement the strategic prevention model in accordance with the SAMHSA Strategic Prevention Framework that includes: assessment, capacity development, planning, implementation and evaluation.
- 2.4.1.4. Support and advance the implementation of evidenced-informed approaches, programs, policies and services within the RPHN region that adhere to evidence-based guidelines, in accordance with the Department's guidance on what is evidenced informed.
- 2.4.1.5. Maintain, revise, and publicly promote a data driven regional substance misuse prevention Three Year - Strategic Plan that aligns with the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan, and the State Health Improvement Plan.
- 2.4.1.6. Develop an annual work plan for Department approval that guides actions and includes outcome-based logic

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models that demonstrates short-, intermediate- and long-term measures in alignment the Three-Year Strategic Plan.

- 2.4.1.7. Advance, promote and implement substance misuse primary prevention of strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 2.4.1.8. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.
- 2.4.1.9. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies and collection and reporting of data as outlined in the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.
- 2.4.1.10. Ensure substance misuse prevention is represented at PHAC meetings and with a bi-directional exchange of information to advance efforts of substance misuse prevention initiatives.
- 2.4.1.11. Assist, as directed by the Department's Bureau of drug and Alcohol Services (BDAS), SMP staff with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

2.5. Continuum of Care

- 2.5.1. The Contractor shall provide leadership and/or support for activities that assist in the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:
 - 2.5.1.1. Engage regional partners in ongoing update of regional assets and gaps, and regional CoC plan development

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and implementation. The Contractor shall ensure regional partners include, but are not limited to:

- 2.5.1.1.1. Prevention, Intervention, Treatment, Recovery Support Services providers.
- 2.5.1.1.2. Primary health care providers.
- 2.5.1.1.3. Behavioral health care providers.
- 2.5.1.1.4. Other interested and/or affected parties.
- 2.5.1.2. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 2.5.1.3. Facilitate and/or provide support for initiatives that result in:
 - 2.5.1.3.1. Increased awareness of and access to services;
 - 2.5.1.3.2. Increased communication and collaboration among providers; and
 - 2.5.1.3.3. Increases in capacity and delivery of services.
- 2.5.1.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 2.5.1.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, the Integrated Delivery Networks.
- 2.5.1.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including but not limited to health service providers; public and charter schools and institutes of higher education; police and fire stations; municipal government buildings; and businesses in every community of the region.
- 2.5.1.7. Engage regional stakeholders to assist with information dissemination.

2.6. Young Adult Substance Misuse Prevention Strategies

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- 2.6.1. The Contractor shall provide evidence-informed services and/or programs for young adults, ages 18 to 25 years old in high-risk and/or high-need communities within the regions.
- 2.6.2. The Contractor shall ensure services and programs are both appropriate and culturally relevant to the targeted population. The Contractor shall:
 - 2.6.2.1. Ensure evidenced-informed substance misuse prevention strategies are designed for targeted populations with the goals of:
 - 2.6.2.1.1. Reducing risk factors.
 - 2.6.2.1.2. Enhancing protective factors to positively impact healthy decisions around the use of substances; and
 - 2.6.2.1.3. Increasing knowledge of the consequences of substance misuse.
 - 2.6.2.2. Develop an annual work plan, for Department approval, that guides actions and includes outcomes to be achieved.
- 2.7. School Based Vaccination Clinics
 - 2.7.1. The Contractor shall provide organizational structure to administer school-based flu clinics (SBC). The Contractor shall:
 - 2.7.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.
 - 2.7.1.2. Coordinate information campaigns with school officials targeted to parents and/or guardians to maximize student participation rates.
 - 2.7.1.3. Distribute state-supplied promotional vaccination materials.
 - 2.7.1.4. Distribute, obtain, verify and store written consent forms from legal guardians prior to administration of vaccines in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.
 - 2.7.1.5. Request the NH Immunization Program (NHIP) to store consent forms once the Contractor has completed data collection and reporting only if the Contractor lacks the ability to store vaccination consent forms within HIPAA guidelines.

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- 2.7.1.6. Document, verify and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.
- 2.7.1.7. Request the NHIP to store written or electronic records of vaccine administration once the Contractor completes data collection and reporting only if the Contractor lacks the ability to store vaccination records within HIPAA guidelines.
- 2.7.1.8. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.
- 2.7.1.9. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information not be shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The Contractor shall ensure information includes:
 - 2.7.1.9.1. Patient full name and one other unique patient identifier;
 - 2.7.1.9.2. Vaccine name;
 - 2.7.1.9.3. Vaccine manufacturer;
 - 2.7.1.9.4. Lot number;
 - 2.7.1.9.5. Date of vaccine expiration
 - 2.7.1.9.6. Date of vaccine administration;
 - 2.7.1.9.7. Date Vaccine Information Sheet (VIS) was given;
 - 2.7.1.9.8. Edition date of the VIS given;
 - 2.7.1.9.9. Name and address of entity that administered the vaccine (Contractor's name); and
 - 2.7.1.9.10. Full name and title of the individual who administered the vaccine.
- 2.7.1.10. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a Vaccine Information Statement, in order that the legal authority, legal guardian, and/or

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- parent is provided access to the information on the day of vaccination.
- 2.7.1.11. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers and patients.
 - 2.7.1.12. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and total number of students absent with influenza-like illness for in session school days.
 - 2.7.1.13. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.
- 2.7.2. The Contractor shall safely administer vaccine supplied by NHIP. The Contractor shall:
- 2.7.2.1. Obtain medical oversight, standing orders, emergency interventions and/or protocols and clinical expertise through providing a medical and/or clinical director.
 - 2.7.2.2. Ensure the medical and/or clinical director is able to prescribe medication in the State of New Hampshire.
 - 2.7.2.3. Ensure the medical and/or clinical director is a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), or Advanced Practice Registered Nurse (APRN).
 - 2.7.2.4. Ensure copies of standing orders, emergency interventions and/or protocols are available at all clinics.
 - 2.7.2.5. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.
 - 2.7.2.6. Procure necessary supplies to conduct school vaccine clinics, including but not limited to:
 - 2.7.2.6.1. Emergency management medications and equipment.
 - 2.7.2.6.2. Needles.
 - 2.7.2.6.3. Personal protective equipment.
 - 2.7.2.6.4. Antiseptic wipes.
 - 2.7.2.6.5. Non-latex bandages.
- 2.7.3. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:
- 2.7.3.1. Submit a signed Vaccine Management Agreement to NHIP, annually, ensuring all listed requirements are met.

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- 2.7.3.2. Ensure the SBC coordinator completes the NHIP vaccination training, annually.
- 2.7.3.3. Ensure the SBC coordinator completes vaccine ordering and vaccine storage and handling training, annually.
- 2.7.3.4. Retain a copy of SBC coordinator training certificates on file.
- 2.7.3.5. Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.
- 2.7.3.6. Retain a copy of all training materials on site for reference during SBCs.
- 2.7.3.7. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.
- 2.7.3.8. Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.
- 2.7.3.9. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
- 2.7.3.10. Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
- 2.7.3.11. Account for every dose of vaccine.
- 2.7.3.12. Submit a monthly temperature log for the vaccine storage refrigerator.
- 2.7.3.13. Notify NHIP by contacting the NHIP Nursing helpline and faxing incident forms of any adverse event within 24 hours of event occurring.
- 2.7.3.14. In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturers recommended temperatures, the Contractor shall:
 - 2.7.3.14.1. Immediately quarantine the vaccine in an appropriate temperature setting.

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- separating it from other vaccine, and label it "DO NOT USE".
- 2.7.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.
 - 2.7.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.
 - 2.7.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.
- 2.7.4. The Contractor shall tasks within 24 hours of the completion of every clinic that include, but are not limited to:
- 2.7.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.
 - 2.7.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.
 - 2.7.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.
 - 2.7.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:
 - 2.7.4.4.1. Students vaccinated.
 - 2.7.4.4.2. Vaccines wasted.
 - 2.7.4.5. Completing an annual year-end self-evaluation and improvement plan for areas that include, but are not limited to:
 - 2.7.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.
 - 2.7.4.5.2. Areas for improvement both at the state and regional levels, emphasizing strategies for implementing improvements.
 - 2.7.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.

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- 2.7.4.5.4. Discussions relative to future strategies and plans for increasing students vaccinated, including suggestions on how state-level resources may aid in the effort.
- 2.7.5. The Contractor shall be funded through a combination of base funding and incentivized funding, in order to encourage the Contractor to offer vaccination at schools that have a greater economic disparity, as identified through reports generated by the NHIP in collaboration with the Department of Education (DOE).
- 2.7.6. To receive full funding, contractors will need to serve at least 50% of schools listed, however:
 - 2.7.6.1. If the Contractor is unable to provide vaccine to at least 50% of the schools listed, the Contractor may show evidence of providing vaccine to additional schools listed but not previously served the year before in order to receive full funding.
 - 2.7.6.2. If NHIP and the Contractor agree that all options for trying to offer vaccination services at a school have been exhausted, NHIP will replace that school with the next school listed.
 - 2.7.6.3. If a Contractor is unable to demonstrate the growth listed in 2.7, funding will be awarded on a sliding scale based on the percentage of schools listed, calculated as follows:
 - 2.7.6.3.1. The percentage of listed school covered divided by 50%.
 - 2.7.6.3.2. The percentage determined by the equation above will be multiplied by the total amount of dollars available for funding, beyond the base portion of funding, for a total of dollars awarded for that year.
- 2.8. Contract Administration and Leadership
 - 2.8.1. The Contractor shall introduce and orient all funded staff to the work of activities conducted through the contract agreement. The Contractor shall:
 - 2.8.1.1. Ensure detailed work plans are submitted annually for each of the funded services based on templates provided by the Department.

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- 2.8.1.2. Ensure all staff have the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.
 - 2.8.1.3. Ensure communication and coordination when appropriate among all staff funded under this contract.
 - 2.8.1.4. Ensure ongoing progress is made to successfully complete annual work plans and achieve outcomes.
 - 2.8.1.5. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work completed by subcontractors.
- 2.9. I-CARE Program:
- 2.9.1. The Contractor shall support the suicide prevention goals of the Department and NH's Suicide Prevention Council.
 - 2.9.2. The Contractor shall develop a work plan, subject to Department approval, to publicize and distribute information and resource in the region.
 - 2.9.3. The Contractor shall ensure activities in the work plan support:
 - 2.9.3.1. The I-CARE NH mental health and wellness initiative;
 - 2.9.3.2. 9-8-8 National Suicide Prevention lifeline expansion project; and/or
 - 2.9.3.3. NH's Suicide Prevention Council's strategic plan.
 - 2.9.4. The Contractor shall participate in a planning call with the Department within fifteen (15) days of the contract effective date.
 - 2.9.5. The Contractor shall submit an I-CARE NH work plan and budget for Department approval within thirty (30) days of the contract effective date.

3. Training and Technical Assistance Requirements

- 3.1. The Contractor shall participate in training and technical assistance as follows:
 - 3.1.1. Public Health Advisory Council
 - 3.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.
 - 3.1.1.2. Complete a technical assistance needs assessment.
 - 3.1.2. Public Health Emergency Preparedness

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- 3.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Emergency Services Unit (ESU).
- 3.1.2.2. Complete a technical assistance needs assessment.
- 3.1.2.3. Attend a maximum of two trainings per year offered by Department's DPHS and/or ESU or the agency contracted by the Department's DPHS to provide training programs.
- 3.1.3. Substance Misuse Prevention
 - 3.1.3.1. SMP coordinator shall attend community of practice meetings and/or activities.
 - 3.1.3.2. At the Department's request, engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and able to provide all scopes of work, including, but not limited to:
 - 3.1.3.2.1. Using data to inform plans and evaluate outcomes.
 - 3.1.3.2.2. Using appropriate measures and tools.
 - 3.1.3.3. Attend all bi-monthly meetings of SMP coordinators.
 - 3.1.3.4. Attend additional meetings, conference calls and webinars as required by the Department.
 - 3.1.3.5. SMP lead staff shall be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.
 - 3.1.3.6. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.
- 3.1.4. Continuum of Care
 - 3.1.4.1. Be familiar with the evidence-based Strategic Planning Model, which includes five steps:
 - 3.1.4.1.1. Assessment;
 - 3.1.4.1.2. Capacity;
 - 3.1.4.1.3. Planning;
 - 3.1.4.1.4. Implementation; and
 - 3.1.4.1.5. Development.

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- 3.1.4.2. Be familiar with RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 3.1.4.3. Attend CoC Facilitator meetings as directed by the Department.
- 3.1.4.4. Participate in the CoC learning opportunities as they become available to:
 - 3.1.4.4.1. Receive information on emerging initiatives and opportunities;
 - 3.1.4.4.2. Discuss best ways to integrate new information and initiatives;
 - 3.1.4.4.3. Exchange information on CoC development work and techniques;
 - 3.1.4.4.4. Assist in the refinement of measures for regional CoC development; and
 - 3.1.4.4.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 3.1.4.5. Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures that demonstrate the value of regional CoC development work.
- 3.1.5. Young Adult Strategies
 - 3.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
 - 3.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the Department to provide training and technical assistance.
 - 3.1.5.3. Attend monthly meetings for Young Adult Strategy Coordinators and other meetings as directed by the Department
 - 3.1.5.4. Attend Prevention Community of Practice quarterly meetings.
- 3.1.6. School-Based Clinics

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- 3.1.6.1. Staffing of clinics requires a currently licensed clinical staff person with a current Basic Life Support (BLS) Certification at each clinic to provide oversight and direction of clinical operations.
- 3.1.6.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this agreement. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the RPHN's efforts.
- 4.2. The Contractor shall hire or subcontract and provide support for a designated project lead for each of the following four (4) scopes of work: PHEP, SMP, CoC Facilitator, and Young Adult Strategies. The Department recognizes that this agreement provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having responsibilities across several program areas, including, but not limited to, supervising other staff. A portion of the funds assigned to each program area may be used for technical and/or administrative support personnel. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required Staff Positions
Public Health Advisory Council	No minimum FTE requirement
Substance Misuse Prevention Coordinator	Designated Lead
Continuum of Care Facilitator	Designated Lead
Public Health Emergency Preparedness Coordinator	Designated Lead
Young Adult Strategies (optional)	Designated Lead

5. Reporting

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Contractor Initials

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- 5.1. The Contractor shall participate in Site Visits, which includes but is not limited to:
 - 5.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.
 - 5.1.2. Participating in site visits and technical assistance specific to a single scope of work.
 - 5.1.3. Submitting other information that may be required by federal and state funders during the contract period.
- 5.2. The Contractor shall provide Reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.
- 5.3. The Contractor shall provide Reports for Substance Misuse Prevention that include, but are not limited to:
 - 5.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.
 - 5.3.2. Ensuring Three-Year Plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.
 - 5.3.3. Submitting annual work plans and annual logic models with short-, intermediate- and long-term measures.
 - 5.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database PWITS per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:
 - 5.3.4.1. Number of individuals served or reached.
 - 5.3.4.2. Demographics.
 - 5.3.4.3. Strategies and activities per IOM by the six (6) activity types.
 - 5.3.4.4. Dollar Amount and type of funds used in the implementation of strategies and/or interventions.
 - 5.3.4.5. Percentage evidence based strategies.
 - 5.3.5. Submitting annual reports.
 - 5.3.6. Providing additional reports or data as required by the Department.

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- 5.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.
- 5.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:
 - 5.4.1. Submitting update on regional assets and gaps assessments, as required.
 - 5.4.2. Submitting updates on regional CoC development plans, as indicated.
 - 5.4.3. Submitting quarterly reports, as indicated.
 - 5.4.4. Submitting year-end reports, as indicated.
- 5.5. The Contractor shall provide reports for Young Adult Strategies that include but are not limited to:
 - 5.5.1. Inputting data on a monthly basis to an online database as required by the Department.
 - 5.5.2. Ensuring the data includes but is not limited to:
 - 5.5.2.1. Number of individuals served.
 - 5.5.2.2. Demographics of individuals served.
 - 5.5.2.3. Types of strategies or interventions implemented.
 - 5.5.2.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.
 - 5.5.3. Meeting with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.
- 5.6. The Contractor shall provide reports for School-Based Vaccination Clinics that include but are not limited to:
 - 5.6.1. Attending annual debriefing and planning meetings with NHIP staff.
 - 5.6.2. Completing a year-end summary of:
 - 5.6.2.1. The total numbers of children vaccinated; and
 - 5.6.2.2. Accomplishments and improvements to future school-based clinics.
 - 5.6.3. Providing aggregated data, by school for each school, to the NHIP no later than 3 months after SBCs are concluded, that include:
 - 5.6.3.1. Number of students at that school;
 - 5.6.3.2. Number of students vaccinated out of the total number at that school; and
 - 5.6.3.3. Number of vaccinated students on Medicaid out of the total number at that school.
 - 5.6.4. Provide other reports and updates as requested by NHIP.

6. Performance Measures

City of Manchester

Exhibit A – Amendment # 8

Contractor Initials

SS-2019-DPHS-28-REGION-01-A08

Page 22 of 25

Date

[Signature]
6/8/21

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit A – Amendment # 8**



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

6.1.1. Public Health Advisory Council

6.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

6.1.1.1.1. Vision or mission statements/

6.1.1.1.2. Organizational charts.

6.1.1.1.3. MOUs.

6.1.1.1.4. Meeting minutes.

6.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

6.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year.

6.1.1.4. Publication of an annual report to the community.

6.1.2. Public Health Emergency Preparedness

6.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from the Department.

6.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.

6.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

6.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

6.1.3. Substance Misuse Prevention

6.1.3.1. As measured by the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health (NSDUH), reductions in prevalence rates for:

6.1.3.1.1. 30-day alcohol use;

6.1.3.1.2. 30-day marijuana use;

6.1.3.1.3. 30-day illegal drug use;

6.1.3.1.4. Illicit drug use other than marijuana;

JK
6/8/21

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit A – Amendment # 8**



- 6.1.3.1.5. 30-day nonmedical use of pain relievers;
- 6.1.3.1.6. Life time heroin use;
- 6.1.3.1.7. Binge Drinking; and
- 6.1.3.1.8. Youth smoking prevalence rate, currently smoke cigarettes.
- 6.1.3.2. As measured by the YRBS and NSDUH increases in the perception of risk for:
 - 6.1.3.2.1. Perception of risk from alcohol use;
 - 6.1.3.2.2. Perception of risk from marijuana use;
 - 6.1.3.2.3. Perception of risk from illegal drug use;
 - 6.1.3.2.4. Perception of risk from nonmedical use of prescription drugs without a prescription;
 - 6.1.3.2.5. Perception of risk from binge drinking;
 - 6.1.3.2.6. Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day; and
 - 6.1.3.2.7. Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.
- 6.1.4. Continuum of Care
 - 6.1.4.1. Evidence of ongoing update of regional substance use services assets and gaps assessment.
 - 6.1.4.2. Evidence of ongoing update of regional CoC development plan.
 - 6.1.4.3. Each State Fiscal Year increase the number of partners assisting in regional information dissemination efforts.
 - 6.1.4.4. Each State Fiscal Year increase the number of community sector representatives engaged through CoC development work, including:
 - 6.1.4.4.1. Health;
 - 6.1.4.4.2. Safety;
 - 6.1.4.4.3. Education;
 - 6.1.4.4.4. Government; and
 - 6.1.4.4.5. Business.

JK
6/8/21

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services
Exhibit A – Amendment # 8**



- 6.1.4.5. Each State Fiscal Year increase the number of community, regional, or state initiatives participated in that relate to, or are affected by, substance misuse that the CoC Facilitator leads, participates in, or materially contributes to
- 6.1.4.6. Other measures to be developed through work with the designated BDAS technical assistance and data/evaluation vendors.
- 6.1.5. Young Adult Strategies
 - 6.1.5.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 6.1.5.1.1. Participants report a decrease in past 30-day alcohol use.
 - 6.1.5.1.2. Participants report a decrease in past 30-day non-medical prescription drug use.
 - 6.1.5.1.3. Participants report a decrease in past 30-day illicit drug use including illicit opioids.
 - 6.1.5.2. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 6.1.5.2.1. Participants report a decrease in past 30-day alcohol use.
 - 6.1.5.2.2. Participants report a decrease in negative consequences from substance misuse.
- 6.1.6. School-Based Vaccination Clinics
 - 6.1.6.1. Annual increase in the percentage of students receiving seasonal influenza vaccination in school-based clinics.
 - 6.1.6.2. Annual increase in the percentage of schools identified by NHIP that participate in the Free/Reduced School Lunch Program; or completion of at least 50% of schools listed.
 - 6.1.6.3. Maintain vaccine wastage below 5%.

QC
6/8/21

Vendor Name: City of Manchester
 Contract Name: Regional Public Health Network Services
 Region: Greater Manchester

Program Name and Funding Amounts												
State Fiscal Year	COVID Vaccination	Immunization	I-Care	Public Health Advisory Council	Public Health Emergency Preparedness	Public Health Crisis Response	Public Health Emergency Preparedness- Medical Reserve Corp	Substance Misuse Prevention	Continuum of Care	Young Adult Substance Misuse Prevention Strategies*	Childhood Lead Poisoning Prevention Community Assessment	Hepatitis A Vaccination Clinics
2019				\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 1,200	
2020				\$ 30,000	\$ 285,223	\$ 240,000	\$ 10,000	\$ 80,404	\$ 40,441	\$ 117,249	\$ 1,800	\$ 10,000
2021	\$ 100,000	\$ 35,000		\$ 30,000	\$ 285,223		\$ 10,000	\$ 80,404	\$ 40,441	\$ 80,000	\$ -	\$ -
2022			\$ 8,000	\$ 30,000	\$ 285,223		\$ 10,000	\$ 83,040	\$ 37,805	\$ 80,000		
												\$ 2,021,453

9/8/21

Exhibit B-17, Amendment #8

New Hampshire Department of Health and Human Services

Contractor Name: City of Manchester Health Department

Budget Request for: YAS

Project Title

Budget Period: FY2022

Line Item	Contractor Name	Direct	Indirect	Total	Contractor Name	Direct	Indirect	Total	Contractor Name	Direct	Indirect	Total	Contractor Name	Direct	Indirect	Total
1. Total Salary/Wages		\$ 80,840.00	\$ -	\$ 80,840.00		\$ -	\$ -	\$ -		\$ 80,840.00	\$ -	\$ 80,840.00		\$ 80,840.00	\$ -	\$ 80,840.00
2. Employee Benefits		\$ 12,087.36	\$ -	\$ 12,087.36		\$ -	\$ -	\$ -		\$ 12,087.36	\$ -	\$ 12,087.36		\$ 12,087.36	\$ -	\$ 12,087.36
3. Consultants		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
4. Equipment		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Rental		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Repairs and Maintenance		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Purchase/Depreciation		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
5. Supplies		\$ 892.84	\$ -	\$ 892.84		\$ -	\$ -	\$ -		\$ 892.84	\$ -	\$ 892.84		\$ 892.84	\$ -	\$ 892.84
Educational		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Lab		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Pharmacy		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Medical		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Office		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
6. Travel		\$ 1,200.00	\$ -	\$ 1,200.00		\$ -	\$ -	\$ -		\$ 1,200.00	\$ -	\$ 1,200.00		\$ 1,200.00	\$ -	\$ 1,200.00
7. Occupancy		\$ 2,400.00	\$ -	\$ 2,400.00		\$ -	\$ -	\$ -		\$ 2,400.00	\$ -	\$ 2,400.00		\$ 2,400.00	\$ -	\$ 2,400.00
8. Current Expenses		\$ 850.00	\$ -	\$ 850.00		\$ -	\$ -	\$ -		\$ 850.00	\$ -	\$ 850.00		\$ 850.00	\$ -	\$ 850.00
Telephone		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Postage		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Subscriptions		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Audit and Legal		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Insurance		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Board Expenses		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
9. Software		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
10. Marketing/Communications		\$ 750.00	\$ -	\$ 750.00		\$ -	\$ -	\$ -		\$ 750.00	\$ -	\$ 750.00		\$ 750.00	\$ -	\$ 750.00
11. Staff Education and Training		\$ 800.00	\$ -	\$ 800.00		\$ -	\$ -	\$ -		\$ 800.00	\$ -	\$ 800.00		\$ 800.00	\$ -	\$ 800.00
12. Subcontracts/Agreements		\$ 800.00	\$ -	\$ 800.00		\$ -	\$ -	\$ -		\$ 800.00	\$ -	\$ 800.00		\$ 800.00	\$ -	\$ 800.00
13. Other (specify details, mandatory)		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
TOTAL		\$ 88,868.80	\$ -	\$ 88,868.80		\$ -	\$ -	\$ -		\$ 88,868.80	\$ -	\$ 88,868.80		\$ 88,868.80	\$ -	\$ 88,868.80
Indirect As A Percent of Direct			0.0%													

Exhibit B-18, Amendment 08

New Hampshire Department of Health and Human Services

Contractor Name: City of Manchester Health Department

Budget Request for: Public Health Emergency Preparedness-Medical Reserve Corps

Project ID#

Budget Period: July 1, 2021 - June 30, 2022

Line Item	Fiscal Year 2021				Fiscal Year 2022				Fiscal Year 2023				Fiscal Year 2024				Fiscal Year 2025			
	Direct	Indirect	Total	Percent	Direct	Indirect	Total	Percent	Direct	Indirect	Total	Percent	Direct	Indirect	Total	Percent	Direct	Indirect	Total	Percent
1. Total Salary/Wages	\$ 8,000.00	\$ -	\$ 8,000.00	-	\$ 8,000.00	\$ -	\$ 8,000.00	-	\$ 8,000.00	\$ -	\$ 8,000.00	-	\$ 8,000.00	\$ -	\$ 8,000.00	-	\$ 8,000.00	\$ -	\$ 8,000.00	-
2. Employee Benefits	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-
3. Consultants	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
4. Equipment	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Rental	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Repair and Maintenance	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Purchase/Depreciation	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
5. Supplies	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Educational	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-
Lab	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Pharmacy	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Medical	\$ 700.00	\$ -	\$ 700.00	-	\$ 700.00	\$ -	\$ 700.00	-	\$ 700.00	\$ -	\$ 700.00	-	\$ 700.00	\$ -	\$ 700.00	-	\$ 700.00	\$ -	\$ 700.00	-
Office	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
6. Travel	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
7. Occupancy	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
8. Current Expenses	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Telephone	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Postage	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Subscriptions	\$ 750.00	\$ -	\$ 750.00	-	\$ 750.00	\$ -	\$ 750.00	-	\$ 750.00	\$ -	\$ 750.00	-	\$ 750.00	\$ -	\$ 750.00	-	\$ 750.00	\$ -	\$ 750.00	-
Audit and Legal	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Insurance	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
Board Expenses	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
9. Software	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
10. Marketing/Communications	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-	\$ 500.00	\$ -	\$ 500.00	-
11. Staff Education and Training	\$ 750.00	\$ -	\$ 750.00	-	\$ 750.00	\$ -	\$ 750.00	-	\$ 750.00	\$ -	\$ 750.00	-	\$ 750.00	\$ -	\$ 750.00	-	\$ 750.00	\$ -	\$ 750.00	-
12. Subcontract/Agreements	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
13. Other (Travel, Airfare, etc.)	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	-
TOTAL	\$ 9,700.00	\$ 300.00	\$ 10,000.00	3.1%	\$ 9,700.00	\$ 300.00	\$ 10,000.00	3.1%	\$ 9,700.00	\$ 300.00	\$ 10,000.00	3.1%	\$ 9,700.00	\$ 300.00	\$ 10,000.00	3.1%	\$ 9,700.00	\$ 300.00	\$ 10,000.00	3.1%
Indirect As A Percent of Direct				3.1%				3.1%				3.1%				3.1%				3.1%

6/18/21

Exhibit B-19, Amendment #8

New Hampshire Department of Health and Human Services												
Contractor Name: City of Manchester Health Department			1000000%									
Budget Request for: Public Health Advisory PHAC			Project No:									
Budget Period: July 1, 2021- June 30, 2022												
Line Item	Category	Subcategory	Amount	Indirect	Total	Amount	Indirect	Total	Amount	Indirect	Total	Amount
1. Total Salary/Wages			23,000.00		23,000.00			23,000.00			23,000.00	
2. Employee Benefits			6,100.00		6,100.00			6,100.00			6,100.00	
3. Consultants												
4. Equipment												
Rental												
Repair and Maintenance												
Purchase/Depreciation												
5. Supplies												
Educational												
Lab												
Pharmacy												
Medical												
Office												
6. Travel												
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. Subcontract/Agreements												
13. Other (specific needs/mandatory)												
TOTAL			29,100.00		29,100.00			29,100.00			29,100.00	
Indirect As A Percent of Direct			3.1%									

Exhibit B-25, Amendment 06

New Hampshire Department of Health and Human Services

Contractor Name: City of Manchester Health Department

Budget Request for: Public Health Emergency Preparedness

Page: 10

Budget Period: July 1, 2021 - June 30, 2022

	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 172,000.00	\$ -	\$ 172,000.00	\$ -	\$ -	\$ -	\$ 172,000.00	\$ -	\$ -	\$ 172,000.00	\$ -	\$ -
2. Employee Benefits	\$ 82,562.00	\$ -	\$ 82,562.00	\$ -	\$ -	\$ -	\$ 82,562.00	\$ -	\$ -	\$ 82,562.00	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 4,000.00	\$ -	\$ 4,000.00	\$ -	\$ -	\$ -	\$ 4,000.00	\$ -	\$ -	\$ 4,000.00	\$ -	\$ -
Office	\$ 574.31	\$ -	\$ 574.31	\$ -	\$ -	\$ -	\$ 574.31	\$ -	\$ -	\$ 574.31	\$ -	\$ -
6. Travel	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ -	\$ 1,500.00	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ 4,000.00	\$ -	\$ 4,000.00	\$ -	\$ -	\$ -	\$ 4,000.00	\$ -	\$ -	\$ 4,000.00	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 2,000.00	\$ -	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ -	\$ -	\$ 2,000.00	\$ -	\$ -
12. Subcontract/Statements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specify details on addendum)	\$ -	\$ 8,556.89	\$ 8,556.89	\$ -	\$ -	\$ -	\$ -	\$ 8,556.89	\$ 8,556.89	\$ -	\$ -	\$ -
TOTAL	\$ 276,646.31	\$ 8,556.89	\$ 285,203.20	\$ -	\$ -	\$ -	\$ 276,646.31	\$ 8,556.89	\$ 285,203.20	\$ -	\$ -	\$ -
Indirect As A Percent of Direct		3.1%						3.1%				

City of Manchester
SS-2018-00445-78-REGION-01-ADD
Exhibit B-21, Amendment 06
Page 1 of 1

Contractor Initials _____
Date 6/8/2

Exhibit B-22, Amendment 00

New Hampshire Department of Health and Human Services									
Contractor Name: City of Manchester Health Department									
Budget Request for: Substance Abuse Prevention									
Project Title									
Budget Period: FY2022									
Line Item	Amount	Percent of Total	Amount	Percent of Total	Amount	Percent of Total	Amount	Percent of Total	Amount
1. Total Salary/Wages	\$ 62,400.00	0.0%	\$ 62,400.00	0.0%	\$ 62,400.00	0.0%	\$ 62,400.00	0.0%	\$ 62,400.00
2. Employee Benefits	\$ 12,418.00	0.0%	\$ 12,418.00	0.0%	\$ 12,418.00	0.0%	\$ 12,418.00	0.0%	\$ 12,418.00
3. Consultants	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
4. Equipment	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Rental	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Repair and Maintenance	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Purchase/Depreciation	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
5. Supplies	\$ 1,325.00	0.0%	\$ 1,325.00	0.0%	\$ 1,325.00	0.0%	\$ 1,325.00	0.0%	\$ 1,325.00
Educational	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Lab	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Pharmacy	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Medical	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Office	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
6. Travel	\$ 1,200.00	0.0%	\$ 1,200.00	0.0%	\$ 1,200.00	0.0%	\$ 1,200.00	0.0%	\$ 1,200.00
7. Occupancy	\$ 2,400.00	0.0%	\$ 2,400.00	0.0%	\$ 2,400.00	0.0%	\$ 2,400.00	0.0%	\$ 2,400.00
8. Current Expenses	\$ 1,347.00	0.0%	\$ 1,347.00	0.0%	\$ 1,347.00	0.0%	\$ 1,347.00	0.0%	\$ 1,347.00
Telephone	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Postage	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Subscriptions	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Audit and Legal	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Insurance	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
Board Expenses	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
9. Software	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
10. Marketing/Communications	\$ 750.00	0.0%	\$ 750.00	0.0%	\$ 750.00	0.0%	\$ 750.00	0.0%	\$ 750.00
11. Staff Education and Training	\$ 800.00	0.0%	\$ 800.00	0.0%	\$ 800.00	0.0%	\$ 800.00	0.0%	\$ 800.00
12. Subcontracts/Agreements	\$ 800.00	0.0%	\$ 800.00	0.0%	\$ 800.00	0.0%	\$ 800.00	0.0%	\$ 800.00
13. Other (uphold, drink, nutrition):	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -
TOTAL	\$ 83,848.00	0.0%	\$ 83,848.00	0.0%	\$ 83,848.00	0.0%	\$ 83,848.00	0.0%	\$ 83,848.00
Indirect As A Percent of Direct									
0.0%									

JS
 6/8/21



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibillette
Commissioner

Lisa M. Morris
Director

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February 1, 2021

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

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, and 2020-25, Governor Sununu has authorized the Department of Health and Human Services, Division of Public Health Services, to enter into **Retroactive, Sole Source** amendments to existing contracts with the vendors listed below to recruit and train COVID-19 vaccine staff as part of the State's COVID-19 vaccination response, by increasing the total price limitation by \$1,300,000 from \$11,474,809 to \$12,774,809, with no change to the contract completion dates of June 30, 2021, effective retroactive to December 26, 2020, upon 100% Federal Funds.

The individual contracts were approved by Governor and Council as specified in the table below.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	Approval History
City of Manchester	177433	Greater Manchester	\$1,387,385	\$100,000	\$1,487,385	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-TBD
City of Nashua	177441	Greater Nashua	\$956,156	\$100,000	\$1,056,156	O: September 18, 2019, item #25 A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 10/5/20 A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/17/2020, II-TBD
County of Cheshire	177372	Greater Monadnock	\$699,792	\$100,000	\$799,792	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: 12/17/2020, II-TBD
Granite United Way	160015	Concord, Carroll County, and South Central	\$2,537,071	\$300,000	\$2,837,071	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-TBD

Greater Seacoast Community Health	154703	Strafford County	\$843,300	\$100,000	\$943,300	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-TBD
Lakes Region Partnership for Public Health	165635	Winnepesaukee	\$817,716	\$100,000	\$917,716	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 8, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-TBD
Lamprey Health Care	177677	Seacoast	\$881,467	\$100,000	\$981,467	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-TBD
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	\$1,716,907	\$200,000	\$1,916,907	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-TBD
Mid-State Health Center	158055	Central NH	\$800,378	\$100,000	\$900,378	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-TBD
North Country Health Consortium	158557	North Country	\$834,637	\$100,000	\$934,637	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-12/18/20 (#B) A5: 12/18/2020, item #10 A6: 12/17/2020, II-TBD
		Total	\$11,474,809	\$1,300,000	\$12,774,809	

Funds are available in the following accounts for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

These amendments are **Retroactive** because the Department, in the interest of the public's health and safety, needed to quickly mobilize vaccine staff due to the forthcoming arrival of the COVID-19 vaccine. These amendments are **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labeled as sole source. Additionally, the Regional Public Health Networks have been coordinating public health emergency planning and responses for the past fifteen (15) years and have the

existing infrastructure to support this vaccine initiative. The Contractors are therefore uniquely qualified to provide these services in the interest of the public's health and safety.

The purpose of these amendments is to support the Contractors in recruiting and training COVID-19 vaccine staff. The Contractors will ensure the COVID-19 vaccine staff are equipped to administer vaccines, participate in vaccine-related training, and support the planning and operations of conducting mobile and other COVID-19 vaccine clinics. The Contractors oversee clinics as part of the Department's comprehensive vaccination campaign. In addition, food and supplies are being provided to COVID-19 vaccine staff, as supported by FEMA.

The Contractors will administer COVID-19 vaccines as supplied by the New Hampshire Immunization Program. The Immunization Program will provide trainings and each Contractor will enter into a vaccine provider agreement with the Department. Contractors will coordinate with the Department to administer and track vaccinations with the provided technology. The Contractors will follow all vaccination protocols as directed by the Department.

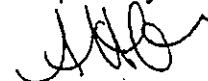
The population served includes residents in each of the respective public health regions statewide. The exact number of residents of the State of New Hampshire that will be served will depend on the trajectory of the COVID-19 pandemic.

Area served: Statewide

Source of Funds: CFDA # 97.036; FAIN #4516DRNH00000001

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

Respectfully submitted,



Lori A. Shibinette

for Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shilbinette
Commissioner

Lisa M. Morris
Director

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December 22, 2020

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

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, and 2020-23, Governor Sununu has authorized the Department of Health and Human Services, Division of Public Health Services, to enter into **Retroactive, Sole Source** amendments to existing contracts with the Contractors listed below for the provision of supplies and funding as part of the State's COVID-19 vaccination response, by increasing the total price limitation by \$335,000 from \$11,139,809 to \$11,474,809 with no change to the contract completion dates of June 30, 2021, effective retroactive to December 1, 2020, upon Governor approval. 100% Federal Funds.

The original contracts were approved by Governor and Council or the Governor under his Emergency Order authority as indicated in the table below.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
City of Manchester	177433	Greater Manchester	\$1,382,385	\$25,000	\$1,387,385	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-TBD A5: TBD
City of Nashua	177441	Greater Nashua	\$931,156	\$25,000	\$956,156	O: September 18, 2019, item #25 A1: February 5, 2020, item #(7) A2: May 6, 2020, item #47 A3: GA - 10/5/20 A4: GA - 11/17/20 II-TBD
County of Cheshire	177372	Greater Monadnock	\$664,792	\$35,000	\$699,792	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7) A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L)
Granite United Way	160015	Concord, Carroll County, and South Central	\$2,462,071	\$75,000	\$2,537,071	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-TBD A5: TBD

Greater Seacoast Community Health	154703	Strafford County	\$818,300	\$25,000	\$843,300	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-TBD A5: TBD
Lakes Region Partnership for Public Health	165635	Winnepesaukee	\$792,716	\$25,000	\$817,716	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-TBD A5: TBD
Lamprey Health Care	177677	Seacoast	\$856,467	\$25,000	\$881,467	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-TBD A5: TBD
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	\$1,666,907	\$50,000	\$1,716,907	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-TBD A5: TBD
Mid-State Health Center	158055	Central NH	\$775,378	\$25,000	\$800,378	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-TBD A5: TBD
North Country Health Consortium	158557	North Country	\$809,637	\$25,000	\$834,637	O: June 19, 2019, item #78E A1: February 5, 2020, item #7 A2: May 6, 2020, item #47 A3: GA - 7/10/20 II-8/26/20 (#L) A4: GA - 11/17/20 II-TBD A5: TBD
		Total	\$11,139,809	\$335,000	\$11,474,809	

Funds are available in the following accounts for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This item is **Retroactive** because the Department, in the interest of the public's health and safety, needed to quickly mobilize due to the forthcoming arrival of the COVID-19 vaccine. This item is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labeled as sole source. Additionally, the Regional Public Health Networks have been coordinating public health emergency planning and responses for the past fifteen (15) years and have the existing infrastructure to support this vaccine initiative. The Contractors are therefore uniquely qualified to provide these services in the interest of the public's health and safety.

The purpose of these amendments is to support the Contractors' mobile and other clinics in providing COVID-19 vaccinations. The Department will provide the Contractors with computers and tablets to track the vaccinations, which will be returned to the Department after the completion of the agreement. The Contractors will implement vaccination clinics as one component of the

Department's comprehensive vaccination campaign once the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration approve a COVID-19 vaccine. The COVID-19 vaccination campaign will be implemented in phases to populations identified by the Department.

The population served includes residents in each of the respective public health regions statewide. The exact number of residents of the State of New Hampshire that will be served will depend on the trajectory of the COVID-19 pandemic.

The Contractors will administer COVID-19 vaccines as supplied by the New Hampshire Immunization Program. The Immunization Program will provide trainings and each Contractor will enter into a vaccine provider agreement with the Department. Contractors will coordinate with the Department to administer and track vaccinations with the provided technology. The Contractors will follow all vaccination protocols as directed by the Department.

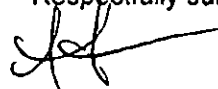
The Department will monitor contracted services by ensuring all vaccinations are tracked, as directed by the Department and by ensuring the vaccinations are distributed to the approved individuals.

Area served: Statewide

Source of Funds: CFDA #93.268, FAIN # NH23IP922595

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

Respectfully submitted,



Lori A. Shibinette
Commissioner





Lori A. Shibanette
Commissioner

Lisa M. Morris
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

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www.dhhs.nh.gov

November 9, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **Retroactive, Sole Source** contracts with the vendors listed in **bold** below for additional funding for the Young Adult Strategies program, by increasing the total price limitation by \$601,824 from \$10,414,931 to \$11,016,755 with no change to the contract completion dates of June 30, 2021 effective retroactive to October 1, 2020 upon Governor and Council approval. 100% Federal Funds.

The original contracts were approved by Governor and Council as indicated in the table below.

Vendor Name	Vendor Code	Contract Number	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
City of Manchester	177433	1068192	Greater Manchester	\$1,294,885	\$67,500	\$1,362,385	O: June 19, 2019, item (#78E) A1: February 5, 2020, item (#7) A2: May 6, 2020, item (#47) A3: GA - 7/10/20 II-8/26/20 (#L) A4: TBD
City of Nashua	177441	1070165	Greater Nashua	\$931,156	\$0	\$931,156	O: September 18, 2019, item (#25) A1: February 5, 2020, item (#7) A2: May 6, 2020, item (#47) A3: GA - 10/5/20

County of Cheshire	177372	1068196	Greater Monadnock	\$664,792	\$0	\$664,792	O: June 19, 2019, item (#78E) A1: February 5, 2020, item #(7) A2: May 6, 2020, item (#47) A3: GA - 7/10/20 II- 8/26/20 (#L)
Granite United Way	160015	1088198	Concord, Carroll County, and South Central	\$2,259,571	\$202,500	\$2,462,071	O: June 19, 2019, item (#78E) A1: February 5, 2020, item #(7) A2: May 6, 2020, item (#47) A3: GA - 7/10/20 II- 8/26/20 (#L) A4: TBD
Greater Seacoast Community Health	154703	1088193	Strafford County	\$750,800	\$67,500	\$818,300	O: June 19, 2019, item (#78E) A1: February 5, 2020, item #(7) A2: May 6, 2020, item (#47) A3: GA - 7/10/20 II- 8/26/20 (#L) A4: TBD
Lakes Region Partnership for Public Health	165635	1068197	Winnipesa aukee	\$725,216	\$67,800	\$792,716	O: June 19, 2019, item (#78E) A1: February 5, 2020, item #(7) A2: May 6, 2020, item (#47) A3: GA - 7/10/20 II- 8/26/20 (#L) A4: TBD
Lamprey Health Care	177677	1068952	Seacoast	\$794,643	\$61,824	\$856,467	O: June 19, 2019, item (#78E) A1: February 5,

							2020, item #(7) A2: May 6, 2020, item #(47) A3: GA - 7/10/20 II- 8/26/20 (#L) A4: TBD
Mary Hitchcock Memorial Hospital	177160	177160	Greater Sullivan and Upper Valley	\$1,543,853	\$0	\$1,543,853	O: June 19, 2019, item (#78E) A1: February 5, 2020, item #(7) A2: May 6, 2020, item #47 A3: GA - 7/10/20 II- 8/26/20 (#L) A4: TBD
Mid-State Health Center	158055	1068180	Central NH	\$707,878	\$67,500	\$775,378	O: June 19, 2019, item (#78E) A1: February 5, 2020, item #(7) A2: May 6, 2020, item #47 A3: GA - 7/10/20 II- 8/26/20 (#L) A4: TBD
North Country Health Consortium	158557	1068199	North Country	\$742,137	\$87,500	\$809,637	O: June 19, 2019, item (#78E) A1: February 5, 2020, item #(7) A2: May 6, 2020, item #(47) A3: GA - 7/10/20 II- 8/26/20 (#L) A4: TBD
			Total	\$10,414,931	\$801,824	\$11,016,755	

Funds are available in the following accounts for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because the Department did not receive the notice of award for funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) until September 22, 2020 granting the Department authority to extend funding and services. This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source.

The purpose of this request is to add additional funding to seven (7) of the Contractors, to enhance services and expand outreach to young adults between the ages of 18 and 25 to prevent and reduce the use of alcohol, marijuana, and non-medical prescription drugs including opioids and illicit opioids.

The Contractors will provide evidence-informed services and programs that are appropriate and culturally relevant for young adults between the ages of 18 to 25 years in high-risk high-need communities. Approximately 8,000 individuals will be served from April 1, 2019 to June 30, 2021.

The Contractors will continue ensuring evidenced-Informed substance misuse prevention strategies are available in a variety of settings including workplaces, college campuses, community centers, and within homes via home visiting services. The strategies are designed for the targeted populations with the goals of reducing risky behaviors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

The Department will monitor contracted services by having participants complete a survey where the following outcomes will be measured:

- Participants report a decrease in past 30-day alcohol use.
- Participants report a decrease in past 30-day non-medical prescription drug use.
- Participants report a decrease in past 30-day illicit drug use including illicit opioids.
- Participants report a decrease in negative consequences from substance misuse.



Should the Governor and Executive Council not authorize this request, young adults who are most vulnerable and at risk for misusing substances and for developing a substance use disorder will not benefit from prevention and early intervention strategies.

Area served: Statewide

Source of Funds: CFDA #93.243, FAIN # SP020796

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

Respectfully submitted,


 Lori A. Shibinette
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibliette
Commissioner

Lisa M. Morris
Director

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November 19, 2020

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

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, and 2020-21, Governor Sununu has authorized the Department of Health and Human Services, Division of Public Health Services to enter into **Sole Source** amendments to existing contracts with the Contractors listed below for the Regional Public Health Networks to reduce the burden on the health care system responding to COVID-19 by administering adult influenza vaccinations by increasing the total price limitation by \$120,000 from \$10,294,931 to \$10,414,931, with no change to the contract completion date of June 30, 2021. 100% Federal Funds.

The original contracts were approved by Governor and Council on June 19, 2019 (Item #78E). They were subsequently amended with Governor and Council approval on February 5, 2020, (Item #7) and on May 6, 2020, (Item #47). The contracts were subsequently amended with Governor approval on July 10, 2020, and presented to the Executive Council on August 26, 2020 (Informational Item #L).

Vendor Name	Vendor Code	Contract Number	Area Served	Current Amount	Increase (Decrease)	Revised Amount
City of Manchester	177433	1068192	Greater Manchester	\$1,284,885	\$10,000	\$1,294,885
City of Nashua	177441	1070165	Greater Nashua	\$921,156	\$10,000	\$931,156
County of Cheshire	177372	1068196	Greater Monadnock	\$664,792	\$0	\$664,792
Granite United Way	160015	1068198	Concord, Carroll County, and South Central	\$2,229,571	\$30,000	\$2,259,571
Greater Seacoast Community Health	154703	1068193	Strafford County	\$740,800	\$10,000	\$750,800

Lakes Region Partnership for Public Health	165635	1068197	Winnepesaukee	\$715,216	\$10,000	\$725,216
Lamprey Health Care	177677	1068952	Seacoast	\$784,643	\$10,000	\$794,643
Mary Hitchcock Memorial Hospital	177160	177160	Greater Sullivan and Upper Valley	\$1,523,853	\$20,000	\$1,543,853
Mid-State Health Center	158055	1068190	Central NH	\$697,878	\$10,000	\$707,878
North Country Health Consortium	158557	1068199	North Country	\$732,137	\$10,000	\$742,137
			Total	\$10,294,931	\$120,000	\$10,414,931

Funds are available in the following accounts for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This item is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labeled as sole source. Additionally, the Regional Public Health Networks have been coordinating public health emergency planning and responses for the past fifteen (15) years and have the existing infrastructure to support this vaccine initiative; the Contractors are therefore uniquely qualified to provide these services in the interest of the public's health and safety.

The purpose of this item is to increase the number of adults vaccinated for the seasonal influenza in order to decrease the burden on the health care system during the ongoing COVID-19 pandemic. During the 2019-2020 influenza season in New Hampshire, 61% of visits to hospital emergency department visits for acute respiratory illness were among adults age 25 or greater. Increasing the number of adults vaccinated will reduce the number of hospitalizations resulting from influenza, thereby improving the ability of the healthcare system to respond to the COVID-19 pandemic.

The population served includes adult residents in each of the respective public health regions statewide. Approximately 7,500 residents will be vaccinated through this initiative.

The Contractors will administer influenza vaccines as supplied by the New Hampshire Immunization Program to individuals eighteen (18) years or older. Eight (8) of the Contractors currently administer vaccinations through a school-based vaccination program for youth. The Contractors will coordinate with the Department to create agreements with health care entities, as identified by the Department, to distribute and track vaccinations. The Contractors will follow all vaccination protocol as directed by the Department.

The Department will monitor contracted services by requiring the Contractors to submit:

- Annual year-end self-evaluation and improvement plans.
- Total number of adults vaccinated by age ranges and other demographic indicators.

Area served: Statewide

Source of Funds: CFDA #93.268, FAIN # IP922595

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lori A. Shibinette".

Lori A. Shibinette
Commissioner

OCT 26 '20 AM 8:36 DAS

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shilbette
 Commissioner

Lisa M. Morris
 Director

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October 8, 2020

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

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, and 2020-18, Governor Sununu has authorized the Department of Health and Human Services, Division of Public Health Services, to enter into a **Retroactive, Sole Source** amendment to an existing contract with the vendor listed in **bold** below to support emergency operations conducted by the Regional Public Health Networks statewide in response to the COVID-19 pandemic, by increasing the price limitation by \$190,000 from \$10,104,931 to \$10,294,931, effective retroactive to March 16, 2020, with no change to the contract completion date of June 30, 2021. 100% Federal Funds.

The contracts and subsequent amendments were approved by Governor and Council, as indicated below.

Vendor Name	Vendor Code	Contract Number	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
City of Manchester	177433	1068192	Greater Manchester	\$1,284,885	\$0	\$1,284,885	O:6/19/19 (Item #78E) A1:02/05/20 (Item #7) A2:05/06/20 (Item #47) A3: 8/26/2020 (Item #L)
City of Nashua	177441	1070165	Greater Nashua	\$731,158	\$190,000	\$921,156	O:09/18/19 (Item #26) A1:02/05/20 (Item #7) A2:05/06/20 (Item #47)
County of Cheshire	177372	1068196	Greater Monadnock	\$664,792	\$0	\$664,792	O:6/19/19 (Item #78E) A1:02/05/20

							(Item #7) A2:05/06/20 (Item #47) A3: 8/26/2020 (Item #L)
Granite United Way	160015	1068198	Concord, Carroll County, and South Central	\$2,229,571	\$0	\$2,229,571	O:6/19/19 (Item #78E) A1:02/05/20 (Item #7) A2:05/06/20 (Item #47) A3: 8/26/2020 (Item #L)
Greater Seacoast Community Health	154703	1068193	Strafford County	\$740,800	\$0	\$740,800	O:6/19/19 (Item #78E) A1:02/05/20 (Item #7) A2:05/06/20 (Item #47) A3: 8/26/2020 (Item #L)
Lakes Region Partnership for Public Health	165635	1068197	Winnepesaukee	\$715,216	\$0	\$715,216	O:6/19/19 (Item #78E) A1:02/05/20 (Item #7) A2:05/06/20 (Item #47) A3: 8/26/2020 (Item #L)
Lamprey Health Care	177677	1068952	Seacoast	\$784,643	\$0	\$784,643	O:6/19/19 (Item #78E) A1:02/05/20 (Item #7) A2:05/06/20 (Item #47) A3: 8/26/2020 (Item #L)
Mary Hitchcock	177160	177160	Greater Sullivan and Upper Valley	\$1,523,853	\$0	\$1,523,853	O:6/19/19 (Item #78E)

Memorial Hospital							A1:02/05/20 (Item #7) A2:05/06/20 (Item #47) A3: 8/26/2020 (Item #L)
Mid-State Health Center	158055	1068190	Central NH	\$697,878	\$0	\$697,878	O:6/19/19 (Item #78E) A1:02/05/20 (Item #7) A2:05/06/20 (Item #47) A3: 8/26/2020 (Item #L)
North Country Health Consortium	158557	1068199	North Country	\$732,137	\$0	\$732,137	O:6/19/19 (Item #78E) A1:02/05/20 (Item #7) A2:05/06/20 (Item #47) A3: 8/26/2020 (Item #L)
			Total	\$10,104,931	\$190,000	\$10,294,931	

Funds are available in the following accounts for State Fiscal Years 2020 and 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

Fiscal Details Attached

EXPLANATION

This amendment is **retroactive** because the Regional Public Health Networks began mobilizing emergency operations across their respective regions in response to COVID-19 in March 2020. The City of Nashua took longer to execute the amendment due to municipal approval procedures. Governor Sununu approved the other amendments on July 10, 2020, which were included as Informational Item #L on the August 26, 2020, Governor and Council Agenda. This amendment is **Sole Source** because MOP 150 requires any amendment to a contract be labeled as sole source when the contract was originally approved as sole source.

The Contractor is activating its region's Multi-Agency Coordination Entity at a level appropriate to meet the needs of the COVID-19 response. The Contractor will continue to improve the regional public health response and support the healthcare system response, while making sure the regional response actions incorporate the latest guidelines and direction issued by the Department. To ensure the health and safety of the response workforce in its region, the

Contractor is also implementing staff resiliency programs, information, and referrals to responder mental health support. Information is being disseminated to the public by the Contractor in coordination with the Department's messaging. In addition to these activities, the Contractor is making preparations to conduct additional operations once a COVID-19 vaccine becomes available.

The population served by the Contractor encompasses the Greater Nashua area. The Regional Public Health Networks coordinate public health response activities across municipalities and community sectors to ensure shared situational awareness and coordinated actions. The network has been coordinating the planning and response of public health emergencies for the past fifteen (15) years. The experience and knowledge the network brings to assist the Department to the COVID-19 Pandemic will immensely assist in the current efforts.

The Department will monitor contracted services by requiring the Contractor to submit:


- Quarterly public health emergency preparedness progress reports using an online system administered by the DPHS.
- After Action Reports and Improvement Plans.
- Documentation of each COVID-19 response activity completed.

Area served: Greater Nashua

Source of Funds: CFDA #93.354, FAIN # NU90TP922106

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

Respectfully submitted,


Lori A. Shibanette
Commissioner



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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Lisa M. Morris
Director

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July 13, 2020

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

INFORMATIONAL ITEM

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04, as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, and 2020-14, Governor Sununu has authorized the Department of Health and Human Services, Division of Public Health Services, to enter into **retroactive, sole source** amendments to existing contracts with vendors listed in **bold** below to support emergency operations conducted by the Regional Public Health Networks statewide in response to the COVID-19 pandemic, by increasing the price limitation by \$794,999 from \$9,309,932 to \$10,104,931, effective retroactive to March 16, 2020, with no change to the contract completion date of June 30, 2021. 100% Federal Funds.

The original contracts were approved by Governor and Council on June 19, 2019, item #78E. They were then subsequently amended with Governor and Council approval on February 5, 2020, item #7; and on May 6, 2020, item #47.

Vendor Name	Vendor Code	Contract Number	Area Served	Current Amount	Increase (Decrease)	Revised Amount
City of Manchester	177433	1068192	Greater Manchester	\$1,044,885	\$240,000	\$1,284,885
City of Nashua*	177441	1070165	Greater Nashua	\$731,156	\$0	\$731,156
County of Cheshire	177372	1068196	Greater Monadnock	\$614,792	\$50,000	\$664,792
Granite United Way	160015	1068198	Concord, Carroll County, and South Central	\$2,079,571	\$150,000	\$2,229,571
Greater Seacoast Community Health	154703	1068193	Strafford County	\$690,800	\$50,000	\$740,800
Lakes Region Partnership for Public Health	165635	1068197	Winnepesaukee	\$665,216	\$50,000	\$715,216
Lamprey Health Care	177677	1068952	Seacoast	\$734,643	\$50,000	\$784,643

Mary Hitchcock Memorial Hospital	177160	177160	Greater Sullivan and Upper Valley	\$1,418,853	\$105,000	\$1,523,853
Mid-State Health Center	158055	1068190	Central NH	\$647,878	\$50,000	\$697,878
North Country Health Consortium	158557	1068199	North Country	\$682,138	\$49,999	\$732,137
			Total	\$9,309,932	\$794,999	\$10,104,931
*The amendment with the City of Nashua is currently pending and will be submitted to a future G&C meeting.						

Funds are available in the following accounts for State Fiscal Years 2020 and 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

Fiscal Details Attached

EXPLANATION

The Department requested that the Governor **retroactively** approve these amendments because the Regional Public Health Networks began mobilizing emergency operations across their respective regions in response to COVID-19 in March 2020. This item is **Sole Source** because MOP 150 requires any amendment to a contract be labeled as sole source when: (1) the contracts were originally approved as sole source; and (2) the funding increase exceeds the original price limitation by 10 percent. The Contractors are activating their regions' Multi-Agency Coordination Entity at a level appropriate to meet the needs of the COVID-19 response. The Contractors will continue to improve the regional public health response and support the healthcare system response, while making sure the regional response actions incorporate the latest guidelines and direction issued by the Department. To ensure the health and safety of the response workforce in each region, the Contractors are also implementing staff resiliency programs, information, and referrals to responder mental health support. Information is being disseminated to the public by the Contractors in coordination with the Department's messaging. In addition to these activities, the Contractors are making preparations to conduct additional operations once a COVID-19 vaccine becomes available.

The population served are all residents in each of the respective public health regions statewide. Every community is assigned to a public health region. The Regional Public Health Networks coordinate public health response activities across municipalities and community sectors to ensure share situational awareness and coordinated actions. The Contractors have been coordinating the planning and response of public health emergencies for the past fifteen (15) years. The experience and knowledge each of these networks brings to assist the Department to the COVID-19 Pandemic will immensely assist in the current efforts.

The Department will monitor contracted services by requiring the Contractors to submit:

- Quarterly public health emergency preparedness progress reports using an online system administered by the DPHS.
- After Action Reports and Improvement Plans.
- Documentation of each COVID-19 response activity completed.

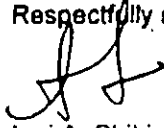
His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

Area served: Statewide

Source of Funds: CFDA #93.354, FAIN # NU90TP922106

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

Respectfully submitted,


Lori A. Shibinette
Commissioner



Lori A. Shlbinette
Commissioner

Lisa M. Morris
Director

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

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April 9, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **Retroactive, Sole Source** amendment to an existing contract with the vendors listed below for the provision of Regional Public Health Network (RPHN) services statewide, by increasing the total price limitation by \$165,636 from \$9,144,296 to \$9,309,932 with no change to the contract completion dates of June 30, 2021 retroactive to April 1, 2020 upon Governor and Council approval. The original contracts were approved by Governor and Council on June 19, 2019, item (#78E) and City of Nashua on September 18, 2019 (Item #25) and most recently amended with Governor and Council approval on February 5, 2020, item #(7). 100% Federal Funds.

Vendor Name	Vendor Code	Contract Number	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
City of Manchester	177433	1068192	Greater Manchester	\$1,044,885	\$0	\$1,044,885	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7)
City of Nashua	177441	1070165	Greater Nashua	\$717,156	\$14,000	\$731,156	O: September 18, 2019, item #25 A1: February 5, 2020, item #(7)
County of Cheshire	177372	1068196	Greater Monadnock	\$600,792	\$14,000	\$614,792	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7)
Granite United Way	160015	1068198	Concord, Carroll County, and South Central	\$2,033,370	\$46,201	\$2,079,571	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7)
Greater Seacoast Community Health	154703	1068193	Strafford County	\$669,063	\$21,737	\$690,800	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7)

Lakes Region Partnership for Public Health	165635	1068197	Winnepesaukee	\$647,016	\$18,200	\$665,216	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7)
Lamprey Health Care	177677	1068952	Seacoast	\$732,539	\$2,104	\$734,643	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7)
Mary Hitchcock Memorial Hospital	177160	177160	Greater Sullivan and Upper Valley	\$1,390,935	\$27,918	\$1,418,853	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7)
Mid-State Health Center	158055	1068190	Central NH	\$649,802	\$(1,924)	\$647,878	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7)
North Country Health Consortium	158557	1068199	North Country	\$658,738	\$23,400	\$682,138	O: June 19, 2019, item #78E A1: February 5, 2020, item #(7)
			Total	\$9,144,296	\$165,636	\$9,309,932	

Funds are available in the following accounts for State Fiscal Years 2020 and 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-090-901510-79640000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CHILDHOOD LEAD

05-95-090-900510-5173000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFORMATICS, ENVIRONMENTAL PUBLIC HEALTH TRACKING

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because the contract review and approval process took longer than anticipated and the current vendors need to continue to move forward in their work. This request is **Sole Source** because the current vendors have successfully met performance measures under the current agreement. The Regional Public Health Networks received funding to pilot a lead initiative in their original contract. This additional funding will expand the services that the regions identified as priorities under this initiative. As the Regional Public Health Network model is currently in place, continuing with these regions is the most effective and efficient method to get these services to clients. As previously stated, the original contract was approved by Governor and Council on June 19, 2019, Item #78E. It was then subsequently amended with Governor and Council approval on February 5, 2020, Item #7.

The purpose of this request is to expand lead prevention strategies that will reduce lead poisoning in young children under the age of six (6). All thirteen (13) Public Health Networks received \$3,000 each between June and September of 2019, to support the lead initiative pilot. This funding has allowed the regions to partner with the Department's Environmental Public Health Tracking Program (EPHT) and the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) to utilize the Department's data on childhood lead testing rates and blood lead elevations to understand each region's lead exposures. The Department developed Regional Lead Exposure Data Briefs that summarized the above referenced data, allowing each region to identify their high risk communities. Previous funding associated with the pilot also supported the regions to work with stakeholders to identify potential short, medium and long-term primary prevention strategies. In October 2019, each region submitted a summary report to the Department that provided information on primary lead prevention strategies and the stage of "readiness" with respect to implementation of those strategies. This summary report will set the stage for understanding what additional funding/resources each region needs to accomplish their primary prevention goals.

An estimated 84,000 children under the age of six across New Hampshire have the potential to be impacted by lead poisoning. In 2018, 2,566 children under the age of six that were tested for lead poisoning had elevated blood lead levels of three micrograms per deciliter or higher. Those children most at risk for lead poisoning are low income, and living in rental housing or homes in disrepair. Though New Hampshire has communities across the state that are at risk, those communities at highest risk are Berlin, Franklin, Farmington, Hinsdale, Laconia, Manchester, Nashua, Rochester, Newport, Claremont, and Concord.

This funding will help Public Health Regions focus on building a prevention framework within each region that will identify and implement primary lead prevention strategies to eliminate lead poisoning among young children. These strategies will be implemented from April 1, 2020 to June 31, 2021 and will include the following:

- Modifying the building permit process.
- Implementing the Environmental Protection Agency's Renovate, Repair and Painting lead safe work practice training into the curriculum of the local school district's Career and Technical Center.
- Implement pro-active inspections of rental housing and licensed childcare facilities.
- Inventory pre-1978 Housing and develop an outreach plan.
- Conduct outreach and education to property owners, families, schools, and the medical community.
- Train local contractors in the Environmental Protection Agency's Renovate, Repair and Painting lead safe work practice training.

The Department will monitor contracted services using the following performance measures:

- At least one (1) representative from the RPHN attends a one-day meeting hosted by the HHLPPP to review data pertaining to the burden of lead in the region.
- At least six (6) diverse partners from the region participate in an educational session on the burden of lead poisoning.
- Implementing strategies identified to reduce the burden of lead poisoning

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4 of 4

Should the Governor and Executive Council not authorize this request, valuable funding for primary prevention - the removal of lead hazards from the environment before a child is exposed - will not be provided to the Public Health Regions. Primary prevention is the most effective way to ensure that children do not experience the harmful effects of lead exposure.

Area served: Statewide

Source of Funds: CFDA# 93.197/FAIN# NUE2EH001408 and CFDA #93.070/FAIN# NUE1EH001357

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

Respectfully submitted,


Lori A. Shibinette
Commissioner



Kerrin A. Rounds
Acting Commissioner

Lisa M. Morris
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

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December 26, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend existing agreements with the vendors listed below for the provision of Regional Public Health Network (RPHN) services, statewide, by increasing the total price limitation by \$197,543 from \$8,946,753 to \$9,144,296, with no change to the completion date of June 31, 2021, effective upon Governor and Executive Council approval. 100% Federal Funds

This agreement was originally approved by the Governor and Executive Council on June 19, 2019 (Item #78E) for nine (9) of the ten (10) items below and on September 18, 2019 (Item #25), City of Nashua.

Vendor Name	Vendor Number	Region	Current (Modified) Budget	Increased (Decreased) Amount	Revised Modified Budget
City of Manchester	177433	Greater Manchester	\$1,017,636	\$27,249	\$1,044,885
City of Nashua	177441	Greater Nashua	\$717,156	\$0	\$717,156
County of Cheshire	177372	Greater Monadnock	\$600,792	\$0	\$600,792
Granite United Way	160015	Concord, Carroll County and South Central	\$1,959,602	\$73,768	\$2,033,370
Greater Seacoast Community Health	154703	Strafford County	\$656,688	\$12,375	\$669,063
Lakes Region Partnership for Public Health	165635	Winnepesaukee	\$647,016	\$0	\$647,016
Lamprey Health Care	177677	Seacoast	\$707,687	\$24,852	\$732,539
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	\$1,331,636	\$59,299	\$1,390,935
Mid-State Health Center	158055	Central NH	\$649,802	\$0	\$649,802
North Country Health Consortium	158557	North Country	\$658,738	\$0	\$658,738
Total:			\$8,946,753	\$197,543	\$9,144,296

Funds are available in the following accounts for State Fiscal Years 2020 and 2021, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

Please See Attached Fiscal Details

EXPLANATION

The purpose of the agreement is to add in separate budgets for each program that is administered by the Regional Public Health Networks. Per the original contract, Exhibit B, section 2.2.3, stated that budgets needed to be incorporated into the contract by Amendment. Additionally, funding was added to five (5) of the RPHN, as each of these RPHN had funding remaining from 2019, to enhance services and expand outreach to young adults between the ages of 18 and 25 to prevent and reduce the use of alcohol, marijuana, and non-medical prescription drugs including opioids and illicit opioids.

The Regional Public Health Networks provide regional public health emergency preparedness, promoting awareness and access to substance misuse prevention, treatment and recovery, school-based seasonal influenza clinics, childhood lead poisoning prevention services, climate and health prevention services, Hepatitis A response services, and host a Public Health Advisory Council to advise the region in the provision of public health services. Each Public Health Network site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services.

The Regional Public Health Advisory Council engages senior-level leaders from throughout each region to serve in an advisory capacity for the services funded through these agreements. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Councils will expand this function to other public health and substance use related services funded by the Department. The goal is for the Regional Public Health Advisory Council to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use related activities occurring in their region.

The vendors will lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies and are being utilized for the Hepatitis A outbreak response, by implementing targeted vaccination clinics to at-risk populations.

All Regional Public Health Networks are implementing planning processes to improve blood lead screening rates among children in accordance with state statute and other prevention strategies to reduce the number of children at risk for exposure to lead based paint.

Regional Public Health Networks will also conduct seasonal influenza clinics in local primary and secondary schools to increase access to vaccination. In State Fiscal Year 2019, almost 7,000 children were vaccinated through this effort.

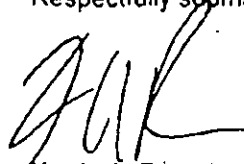
Should Governor and Executive Council not authorize this request, young adults who are most vulnerable and at risk for misusing substances and for developing a substance use disorder will not benefit from prevention and early intervention strategies. Also, essential public health services as stated above will not be implemented, putting safety of the population at risk. Further, these agreements will not include detailed budgets approved by the Department.

Area served: Statewide.

Source of Funds: 100% Federal Funds from the US Department of Health and Human Services,
Substance Abuse and Mental Health Services Administration

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'KAR', is written over the typed name.

Kerrin A. Rounds
Acting Commissioner

JUN07'19 PM 4:03 DAS

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

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June 7, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **retroactive, sole source** agreements with the vendors listed below for the provision of Regional Public Health Network (RPHN) services, statewide, in an amount not to exceed \$8,229,597, effective **retroactive** to April 1, 2019 upon Governor and Executive Council approval through June 30, 2021. 85.76% Federal Funds, 14.24% General Funds.

Vendor Name	Vendor Number	Region	Contract Amount
City of Manchester	177433	Greater Manchester	\$1,017,636
County of Cheshire	177372	Greater Monadnock	\$600,792
Granite United Way	160015	Concord, Carroll County and South Central	\$1,959,602
Greater Seacoast Community Health	154703	Strafford County	\$656,688
Lakes Region Partnership for Public Health	165635	Winnepesaukee	\$647,016
Lamprey Health Care	177677	Seacoast	\$707,687
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	\$1,331,636
Mid-State Health Center	158055	Central NH	\$649,802
North Country Health Consortium	158557	North Country	\$658,738
Total:			\$8,229,597

Funding for this request is available in State Fiscal Year 2019 and is anticipated to be available in State Fiscal Years 2020 and 2021 upon the availability and continued appropriation of funds in the future operating budgets with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

Please See Attached Fiscal Details

EXPLANATION

This request is **retroactive** because the Department of Health and Human Services has declared a public health incident in order to respond to the current statewide outbreak of Hepatitis A. The Regional Public Health Networks were immediately activated to assist in this response and have begun conducting vaccination clinics to at-risk populations. An amount of \$110,000 is being requested to support these activities during State Fiscal Year 2019.

This request is sole source because the current vendors have successfully met performance measures under the current agreement. The Department is seeking new agreements to continue services. The scope of work has been modified since the original Request for Proposals for State Fiscal Year 2018. These modifications are to meet the requirements to the federal grantors and to meet the public health needs. The Department is submitting nine (9) of ten (10) agreements. The remaining agreement with the City of Nashua will be submitted at a future Governor and Executive Council meeting.

The purpose of the agreements is to provide regional public health emergency preparedness, substance misuse prevention and substance use disorders continuum of care services, school-based seasonal influenza clinics, childhood lead poisoning prevention services, climate and health prevention services, Hepatitis A response services, and to host a Public Health Advisory Council to coordinate other public health services, statewide. Each Public Health Network site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services.

The Regional Public Health Advisory Council engages senior-level leaders from throughout each region to serve in an advisory capacity over the services funded through these agreements. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Council will expand this function to other public health and substance use related services funded by the Department. These functions are being implemented to identify strategies that can be implemented within each region to address childhood lead poisoning and to mitigate the potential health risks from climate, such as increases in ticks that spread disease. The goal is for the Regional Public Health Advisory Council to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use related activities occurring in their region.

The vendors will lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies and are being utilized for the Hepatitis A response.

According to the 2012-2013 National Survey on Drug Use and Health, the most recent data available demonstrates that 49% of NH's 18-25 year olds reported binge drinking in the past 30 days. This rate is the third highest in the country and much higher than the national average of 38.7%. For pain reliever abuse, 10.5% of NH young adults reported this behavior in the past year, and 10% of young adults reported illicit drug use other than marijuana. This last prevalence indicator is important for several reasons: First, it is the most accessible data point relative to young adult opioid use because the illicit drug use indicator includes opioids. Secondly, NH's rate of 10% for 18-25 year olds reporting regular illicit drug use is the highest in the country and is 1.5 percentage points higher than the next closest state (Rhode Island, 8.6%) and higher than the national average of 6.9%. Furthermore, there were five times greater the number of heroin-related deaths in NH in 2014 than there were in 2008. Heroin-related Emergency Department visits and administrations of naloxone to prevent death from an overdose have also multiplied exponentially in the last two years. Consequently, alcohol and drug misuse cost NH more than \$1.84 billion in 2012 in lost productivity and earnings, increased expenditures for healthcare, and public safety costs. In addition to economic costs, substance misuse impacts and is influenced by poor mental health. From 2007 to 2011, suicide among those aged 10-24 was the second leading cause of death for NH compared to the third leading cause nationally.

In NH, youth have rates of substance use significantly higher than the national average and the other northeast (NE) states as demonstrated in Table 2.

Table 2: NH Substance Use Disorder Higher than National Average				
18-25 year olds	NH	NE	US	Significant differences
Binge Drinking	49.0%	43.0%	38.7%	NH Higher than NE and US
Marijuana Use	27.8%	21.0%	18.9%	NH Higher than NE and US
Nonmedical use of pain relievers	10.5%	8.6%	9.5%	No significant difference
Dependent/abusing alcohol or illicit drugs	23.7%	19.1%	18.1%	NH Higher than NE and US

Youth and families across NH describe having little access to services and supports for Substance Use Disorder in NH. In fact, according to the National Survey on Drug Use and Health, NH ranks worst among the states in percentage of 18-25 year olds "needing but not receiving treatment" for alcohol or illicit drug use and is also among the bottom states for 12-17 year olds. Additionally, among 12-20 year olds, NH ranks highest and above the overall national average in both underage alcohol use in past month (NH: 35.72%, US: 23.52%) and underage binge alcohol use in past month (NH: 23.21%, US: 14.75%).

Coordination of community based services in the realms of public health and substance use disorders has become a necessity as an increase in the need for services is faced with a reduction in services that are available.

Eight Regional Public Health Networks will also conduct seasonal influenza clinics in local primary and secondary schools to increase access to vaccination. In State Fiscal Year 2019, almost 7,000 children were vaccinated through this effort.

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

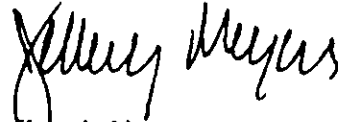
The attached performance measures will be used to measure the effectiveness of the agreement.

Area served: Statewide.

Source of Funds: 85.76%% Federal Funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention, Hospital Preparedness Program and Public Health Emergency Preparedness Aligned Cooperative Agreement, and 14.24% General Funds.

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jeffrey Meyers". The signature is fluid and cursive, with the first name "Jeffrey" and last name "Meyers" clearly distinguishable.

Jeffrey A. Meyers
Commissioner



Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

August 22, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **retroactive, sole source** agreement with the City of Nashua (Vendor # 177441-B011), 18 Mulberry St. Nashua, NH 03060, to provide Regional Public Health Network (RPHN) services, in an amount not to exceed \$717,156, effective retroactive to June 30, 2019 upon Governor and Executive Council approval through June 30, 2021. 82% Federal Funds, 18% General Funds.

Funds to support this request are anticipated to be available in the following account(s) for State Fiscal Years 2020 and 2021 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

Please See Attached Fiscal Details

EXPLANATION

This request is **retroactive** because the Department needs to allow the funds from State Fiscal Year 2019 to be carried forward into State Fiscal Year 2020 in order to utilize the federal funding and maximize the effectiveness of the contract within the Greater Nashua Public Health Region. These funds will be utilized to ensure the program can assist at-risk populations that benefit from the wide variety of programs.

This request is **sole source** because the current vendor has successfully met performance measures under the current agreement. The Department is seeking a new agreement to continue

services. The scope of work has been modified since the original Request for Proposals for State Fiscal Year 2018. These modifications are to meet the requirements to the federal grantors and to meet the public health needs.

This request represents one (1) remaining agreement, nine (9) of the other vendors contracts were approved by the Governor and Executive Council on June 19, 2019 (Item #78E).

The purpose of this request is to provide regional public health emergency preparedness, substance misuse prevention and substance use disorders continuum of care services, childhood lead poisoning prevention services, Hepatitis A response services, and to host a Public Health Advisory Council to coordinate other public health services, statewide. Each Public Health Network site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services.

The Regional Public Health Advisory Council engages senior-level leaders from throughout each region to serve in an advisory capacity over the services funded through these agreements. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Council will expand this function to other public health and substance use related services funded by the Department. These functions are being implemented to identify strategies that can be implemented within each region to address childhood lead poisoning and to mitigate the potential health risks from climate, such as increases in ticks that spread disease. The goal is for the Regional Public Health Advisory Council to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use related activities occurring in their region.

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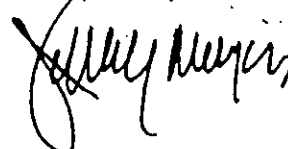
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Area served: Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Nashua, Pelham, and Wilton

Source of Funds: 82% Federal Funds and 18% General Funds.

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

Respectfully submitted,



Jeffrey A. Meyers
Commissioner