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Frank Edelblut
Commissioner

Christine M. Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, NH 03301
TEL. (603) 271-3495
FAX (603) 271-1953

September 10, 2018

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

REQUESTED ACTION

Authorize the Department of Education to enter into a **Sole Source** Grant Agreement with Northeast Deaf and Hard of Hearing Services, Inc., Concord, New Hampshire (vendor code 159021), in an amount not to exceed \$5,025.00 to provide financial support to the 18th Annual Working Together Conference, effective upon Governor & Council approval through October 31, 2018. 100% Federal Funds.

Funds to support this request are available in the account titled Special Education-Elem/Sec.:

06-56-56-562010-25040000-102-500371	<u>FY'19</u>
Contracts for Program Services	\$5,025.00

EXPLANATION

The New Hampshire Department of Education (Department), Bureau of Special Education would like to enter into a **Sole Source** Grant Agreement with Northeast Deaf and Hard of Hearing Services, Inc., to provide financial support in supporting Speakers, Interpreters and CART, setup of IT and marketing and materials for the 18th Annual Working Together Conference "Ingredients for Success: Feeding the Needs of the Whole Child," sponsored by Northeast Deaf and Hard of Hearing Services, Inc.

This Grant Agreement is **Sole Source** as Northeast Deaf and Hard of Hearing Services, Inc. is the only organization that provides workshops for the deaf and hard of hearing.

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

Respectfully submitted,

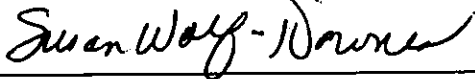

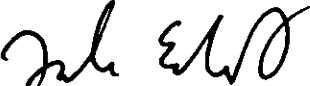

Frank Edelblut
Commissioner of Education

GRANT AGREEMENT

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

GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Education, Bureau of Special Education		1.2. State Agency Address 101 Pleasant Street Concord, New Hampshire 03301	
1.3. Grantee Name Northeast Deaf and Hard of Hearing Services		1.4. Grantee Address 56 Old Suncook Road, Suite 6 Concord, New Hampshire 03301	
1.5. Grantee Phone # 603-224-1850	1.6. Account Number 010-056-25040000-102-500731	1.7. Completion Date 10/31/18	1.8. Grant Limitation \$5,025.00
1.9. Grant Officer for State Agency Santina Thibedeau		1.10. State Agency Telephone Number 271-6693	
1.11. Grantee Signature 		1.12. Name & Title of Grantee Signor Susan Wolf-Downe EXECUTIVE DIRECTOR NDHHS	
1.13. Acknowledgment: State of New Hampshire, County of Merrimack, on 8/30/18, before the undersigned officer, personally appeared the person identified in block 1.12., known to me (or satisfactorily proven) to be the person whose name is signed in block 1.11., and acknowledged that <u>he</u> executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal) 			
1.13.2. Name & Title of Notary Public or Justice of the Peace VINCENT W. YOUMATZ JUSTICE OF THE PEACE COMM EXP 12/02/2020			
1.14. State Agency Signature(s)  9-10-18		1.15. Name & Title of State Agency Signor(s) Frank Edelblut, Commissioner	
1.16. Approval by Attorney General (Form, Substance and Execution)(if applicable) By:  Assistant Attorney General, On: 9/20/2018			
1.17. Approval by Governor and Council (if applicable) By: _____ On: / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the state of New Hampshire, acting through the agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

Grantee Initials SWD
 Date 8/30/18

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.
 4. EFFECTIVE DATE: COMPLETION OF PROJECT.
 - 4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire, if applicable, or signature by the agency whichever is later (hereinafter referred to as "the effective date").
 - 4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.6 (hereinafter referred to as "the Completion Date").
 5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.
 - 5.1. The Grant Amount is identified and more particularly described in EXHIBIT B, attached hereto.
 - 5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT B.
 - 5.3. In accordance with the provisions set forth in EXHIBIT B, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.
 - 5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.
 - 5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.
 6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits.
 7. RECORDS and ACCOUNTS.
 - 7.1. Between the Effective Date and the date seven (7) years after the Completion Date the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.
 - 7.2. Between the Effective Date and the date seven (7) years after the Completion Date, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these general provisions.
 8. PERSONNEL.
 - 8.1. The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.
 - 8.2. The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.
 - 8.3. The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.
 9. DATA: RETENTION OF DATA: ACCESS.
 - 9.1. As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations,
- 9.2. computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.
 - 9.3. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.
 - 9.4. No data shall be subject to copyright in the United States or any other country by anyone other than the State.
 - 9.5. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.
 10. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.
 11. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.
 11. EVENT OF DEFAULT: REMEDIES.
 - 11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):
 - 11.1.1 Failure to perform the Project satisfactorily or on schedule; or
 - 11.1.2 Failure to submit any report required hereunder; or
 - 11.1.3 Failure to maintain, or permit access to, the records required hereunder; or
 - 11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.
 - 11.2. Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
 - 11.2.1 Give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and
 - 11.2.2 Give the Grantee a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Grant Amount which would otherwise accrue to the grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and
 - 11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and
 - 11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.
 12. TERMINATION.
 - 12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.
 - 12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.
 - 12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.
 - 12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.
 13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

- approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.
14. **GRANTEE'S RELATION TO THE STATE.** In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.
15. **ASSIGNMENT AND SUBCONTRACTS.** The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit A without the prior written consent of the State.
16. **INDEMNIFICATION.** The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or Subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.
17. **INSURANCE AND BOND.**
- 17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:
- 17.1.1 Statutory workmen's compensation and employees liability insurance for all employees engaged in the performance of the Project, and
- 17.1.2 Comprehensive public liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury or death any one incident, and \$500,000 for property damage in any one incident; and
- 17.2. The policies described in subparagraph 18.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modification of the policy earlier than ten (10) days after written notice thereof has been received by the State.
18. **WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.
19. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses first above given.
20. **AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire.
21. **CONSTRUCTION OF AGREEMENT AND TERMS.** This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.
22. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.
23. **ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.
24. **SPECIAL PROVISIONS.** The additional provisions set forth in Exhibit C hereto are incorporated as part of this agreement.

Exhibit A

SCOPE OF SERVICES

The New Hampshire Department of Education, Bureau of Special Education is providing financial support to the "18 Annual Working Together Conference" presented by Northeast Deaf and Hard of Hearing Services, Inc.

The 18th Annual Working Together Conference is scheduled for Friday, October 12, 2018 at The Puritan Conference & Event Center, Manchester, New Hampshire.

Contractor Initials: SUD
Date: 8/30/18

Exhibit B

Budget

Budget

Description	FY'19
Speaker – Amy Szarkowski, PhD	\$2,000.00
Additional Speakers	\$350.00
Interpreters and CART	\$2,000.00
Setup of IT	\$400.00
Marketing and Materials	\$275.00
Total	\$5,025.00

Limitations on Price: This contract will not exceed \$5,025.00

Source of Funding: Funding for this contract is 100% Federal Funds from the account titled Special Education-Elem/Sec. as follows:

Account: 06-56-56-562010-25040000-102-500731 FY'19
Contracts for Program Services \$5,025.00

Method of Payment:

Payment will be made upon the submittal of an invoice from Northeast Deaf and Hard of Hearing Services, LLC.

Invoices will be submitted to:

Santina Thibedeau, Administrator, Bureau of Special Education
NH Department of Education
Bureau of Special Education
101 Pleasant Street
Concord, New Hampshire 03301

Contractor Initials: SD
Date: 8/30/18

Exhibit C

None

Contractor Initials: SND
Date: 1/30/18

State of New Hampshire

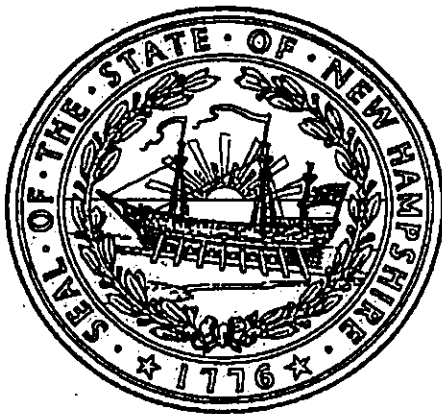
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 28, 2000. 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: 344894

Certificate Number : 0004182187



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of September A.D. 2018.

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

William M. Gardner
Secretary of State

Certificate of Authority

I, Peter Simoneau, Clerk/Secretary of Northwest Coast Health & Family Services do hereby certify that :

- (1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
- (2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificate;
- (3) The following (is a) (are) true and complete cop(y)(ies) of the resolution(s) adopted by the board of directors of the corporation at a meeting of that board on June 21, 2001, which meeting was held in accordance with the law of the state of incorporation and the by-laws of the corporation:
- (4) The following is a true and complete copy of a by-law adopted at a (shareholder) (organizational) meeting on June 21, 2001.
- (5) The foregoing resolution(s) and by-law are in full force and effect, unamended, as of the date hereof; and
- (6) The following person(s) lawfully occupy the office(s) indicated below:

Mike Ritter Chair


Peter Simoneau Secretary

Vincent Youmatz Treasurer

Susan Gault-Davies Executive Director

IN WITNESS WHEREOF, I have hereunto set my hand as the Clerk/Secretary of the Corporation this 11 day of September 20 18.

(Corporate Seal if any)


Clerk/Secretary

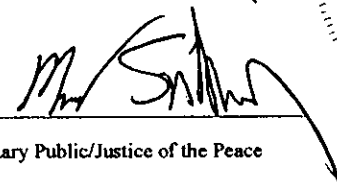
STATE OF NEW HAMPSHIRE

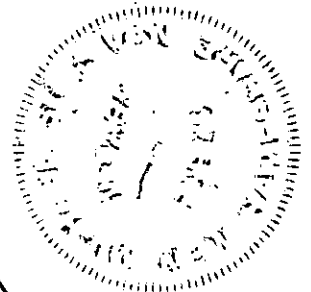
COUNTY OF Hillsborough

On September 11, 2018, before the undersigned officer personally appeared the person identified in the foregoing certificate, know to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledge that he executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal

Michael Sullivan
Notary Public, State of New Hampshire
My Commission Expires Sept. 13, 2022


Notary Public/Justice of the Peace



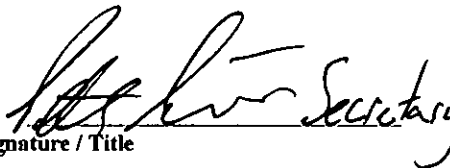
**Certificate of
Authority**

I, **Peter Simoneau, Clerk/Secretary of Northeast Deaf and Hard of Hearing Services, Inc.** do hereby certify that:

- (1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
- (2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificate;
- (3) The following is (are) true and complete copy(ies) of the resolution(s) adopted by the board of directors of the corporation at a meeting of that board on **June 21, 2001**, which meeting was held in accordance with the law of the state of incorporation and the by-laws of the corporation;
- (4) The following is a true and complete copy of a by-law adopted at a (shareholder/organizational) meeting on **June 21, 2001**;
- (5) The foregoing resolution(s) and by-law are in full force and effect, un-amended, as of the date hereof; and,
- (6) Signatory **Susan Wolf-Downes** had the power to sign the contract on behalf of **Northeast Deaf and Hard of Hearing Services, Inc.** on the date it was signed August 30, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand as the **Northeast Deaf and Hard of Hearing Services, Inc.** this 19th day of September, 2018

(Corporate Seal if any)


Signature / Title

(If the corporation has no seal, the Clerk/Secretary shall acknowledge the certificate before an authorized officer below)

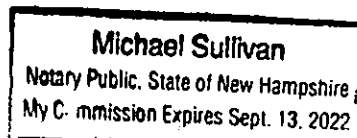
STATE OF New Hampshire

COUNTY OF Hillsborough

On September 19, 2018 before the undersigned officer personally appeared the person identified in the foregoing certificate, know to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledge that he/she executed the foregoing certificate.

In witness whereof. Hereunto set my hand and official seal.







**Certificate of
Authority**

I, Peter Simoneau, Clerk/Secretary of Northeast Deaf and Hard of Hearing Services, Inc. do hereby certify that:

- (1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
- (2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificate;
- (3) The following is (are) true and complete copy(ies) of the resolution(s) adopted by the board of directors of the corporation at a meeting of that board on **June 21, 2001**, which meeting was held in accordance with the law of the state of incorporation and the by-laws of the corporation;

“The Board of Directors approves Susan Wolf-Downes with the authority to sign this contact with New Hampshire Department of Education, Bureau of Special Education.”

- (4) The following is a true and complete copy of a by-law adopted at a (shareholder/organizational) meeting on **June 21, 2001**;
- (5) The foregoing resolution(s) and by-law are in full force and effect, an-amended, as of the date hereof; and,
- (6) Signatory Susan Wolf-Downes had the power to sign the contract on behalf of **Northeast Deaf and Hard of Hearing Service, Inc.** on the date it was signed August 30, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand as the **Northeast Deaf and Hard of Hearing Services, Inc.** this 19th day of September, 2018

(Corporate Seal if any)


Signature / Title

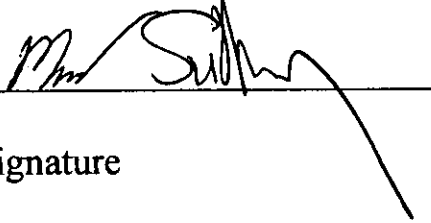
(If the corporation has no seal, the Clerk/Secretary shall acknowledge the certificate before an authorized officer below)

STATE OF New Hampshire

COUNTY OF Hillsborough

On September 19, 2018, before the undersigned officer personally appeared the person identified in the foregoing certificate, know to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledge that he/she executed the foregoing certificate.

In witness whereof. Hereunto set my hand and official seal.



Signature

SEAL



Michael Sullivan
Notary Public, State of New Hampshire
My Commission Expires Sept. 13, 2022



NDHHS

Northeast Deaf and
Hard of Hearing Services, Inc.

56 Old Suncook Road, Suite 6, Concord, NH 03301

603-224-1850 Voice, 603-224-0691 TTY

info@ndhhs.org

www.ndhhs.org

Mission Statement

Northeast Deaf and Hard of Hearing Services (NDHHS) is dedicated to serving Deaf and Hard of Hearing individuals in an environment that is communicatively unrestricted and "natural" to them. NDHHS is committed to hiring staff members who are fluent in sign language and capable of identifying and meeting consumers' preferred mode of communication. NDHHS seeks to empower, educate and advocate for equal access and opportunity for Deaf and Hard of hearing citizens of New Hampshire. We are committed to the provision of services in a culturally sensitive environment, which promotes independence and productivity.

Brief overview of Northeast Deaf and Hard of Hearing Services

Northeast Deaf and Hard of Hearing Services (NDHHS) is a private nonprofit organization dedicated to serving New Hampshire's Deaf and Hard of Hearing communities, a marginalized and traditionally underserved group.

NDHHS is New Hampshire's "one stop" resource for Deaf and Hard of Hearing individuals, their families and friends. We serve people who are Deaf, Hard of Hearing, Late Deafened, Oral Deaf, Deaf-Blind and individuals who have multiple disabilities in addition to hearing loss through a variety of services and programs. These include but are not limited to, Information Referral, Interpreter/CART Referral, Emergency Medical Interpreting Services, (EMIS), Service Coordination//Advocacy, Outreach/Community Education, Equipment and Material Loans for New Hampshire, Education Resources Center (ERC) for New Hampshire Telecommunication Equipment Assistance Program (NH-TEAP), Relay New Hampshire, The National Deaf-Blind Equipment Distribution Program (iCanConnect), the Family Sign Language Program for children ages 0-21, and providing general support for Deaf and Hard of Hearing Students. As well as providing direct services and referrals, NDHHS is also dedicated to providing educational opportunities and outreach opportunities, which are provided throughout the state by means of presentations, hands-on demonstrations, workshops, tradeshow, training sessions, and in some cases, project coordination.

Tax ID number: 02-0517861



NORTDEA-01

DREAUDDIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/30/2018

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 Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301	CONTACT NAME: PHONE (AC, No, Ext): (603) 225-6611 FAX (AC, No): (603) 225-7935 EMAIL: ADDRESS: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: MMG Insurance Company</td> <td>15997</td> </tr> <tr> <td>INSURER B: Travelers Insurance</td> <td>19046</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: MMG Insurance Company	15997	INSURER B: Travelers Insurance	19046	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
INSURED Northeast Deaf and Hard of Hearing Services, Inc. 58 Old Suncook Road Suite 6 Concord, NH 03301															

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.

USER LTR	TYPE OF INSURANCE	ADDL INSR	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 OTHER:			[REDACTED]	04/23/2018	04/23/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	04/23/2018	04/23/2018	COMBINED SINGLE LIMIT (Per 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"/> RETENTIONS \$ 10,000			[REDACTED]	04/23/2018	04/23/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/EMPLOYEE EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	[REDACTED]	04/14/2018	04/14/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers Compensation 3A States: NH
 Working Together Conference, October 12, 2018

CERTIFICATE HOLDER **CANCELLATION**

State of New Hampshire - Department of Education 101 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 <i>Donna P. Beaudoin</i>
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18th Annual Working Together Conference

"Ingredients for Success: Feeding the Needs of the Whole Child"

This will be a great opportunity for all. We encourage TODs, SLPs, Special Education Teachers, Parents, Audiologists, FCESS and many more to attend!

Guest speakers: Amy Szarkowski, PhD, and John Moore - Customer Relations Manager for Sprint Accessibility



NDHHS
Northeast Deaf and
Hard of Hearing Services, Inc.

Friday, October 12th, 2018
8:00 am – 3:15pm

For More Information Contact:
Northeast Deaf and Hard of Hearing Services, Inc
56 Old Suncook Rd. Suite 6
Concord, NH 03301
(603) 224-1850
(603) 968-5889 VP
info@ndhhs.org

**Puritan Conference & Event
Center**
245 Hooksett Road
Manchester, NH – 03104

Who is Amy Szarkowski, PhD?



As a psychologist, Amy Szarkowski, PhD, specializes in working with children with reduced hearing and their families. For the past 11 years, she has worked in the Deaf and Hard

of Hearing Program at Boston Children's Hospital. There, she has conducted psychological assessments, served as a member of the cochlear implant team, and offered counseling to children with reduced hearing and their families. As of this fall, Dr. Szarkowski is taking on a new challenge as the Clinical Director at the Children's Center for Communication/Beverly School for the Deaf (CCC/BSD), in Beverly, Massachusetts. In addition to working directly with children and families, Dr. Szarkowski is also involved in training other health care providers about the unique and sometimes complex needs of children with reduced hearing. She does this through her roles as Core Faculty with LEND (Leadership and Education in Neurodevelopmental and related Disabilities) and as an Assistant Professor in the Department of Psychiatry at Harvard Medical School.

Northeast Deaf and
Hard of Hearing Services
56 Old Suncook Rd. Suite 6
Concord, NH 03301

18th Annual Working Together Conference



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Registration also available at
www.ndhhs.org



NDHHS

Northeast Deaf and
Hard of Hearing Services, Inc.

Registration Form

Name: _____
Address: _____
City/Town: _____
State: _____ Zip: _____
Email: _____
Phone/VP: _____
Organization: _____
Job Title: _____

Conference Registration Fee: \$95

(Includes lunch and light refreshments)

*Are you a parent of a Deaf or Hard of Hearing child?
Please contact info@ndhhs.org*

Registration Deadline: October 5th, 2018

TO REGISTER AND PAY ONLINE VISIT:

www.ndhhs.org/

workingtogetherconference

Or

Complete this form and mail with check payable to:

NDHHS
56 Old Suncook Rd. Suite 6
Concord, NH 03301
Attn: WTC Registration

Or

Send us your current email address to register with a credit card.

Please note there is a 4% processing fee for all credit card transactions

All registrants will receive confirmation of their registration by email.

Conference Summary

What unique challenges and successes has your family had in raising a child who is deaf or hard of hearing? How do our brains process language? How can we foster relationships between siblings and other family members? Join us for our 18th annual conference featuring guest speaker Dr. Amy Szarkowski! Speakers and panelists will share information on 'ingredients' they have found beneficial as deaf or hard of hearing adults themselves, when working with and/or raising a child who is deaf or hard of hearing. We encourage families and anyone working with deaf or hard of hearing children, students and their families to attend!

Who Should Attend?

- Parents
- Educators, Administrators and support staff
- Guidance Counselors
- Community Service Providers
- SLPs
- Audiologists
- Independent Living Service Providers
- Community Rehabilitation Providers
- Vocational Rehabilitation Personnel
- Area Agencies
- Job Developers
- Social Workers
- Transition Counselors
- Mental Health Service Providers
- Department of Health and Human Services Personnel
- Service Providers

Exhibitor Opportunities

Please contact us for exhibitor opportunities and availability.

Conference Agenda

8:00-8:30: Registration/Networking

8:30-9:00: Opening Remarks: John E. Moore, Customer Relations Manager for Sprint Accessibility

9:00-11:00: *Language: Nutrition for the Brain:* Amy Szarkowski, PhD

11:00-11:30: Break/Exhibits

11:30-12:30: Lunch/Exhibits

12:30-1:30: *Think of it as Dessert: Fostering Social and Emotional Functioning:* Amy Szarkowski, PhD

1:30-2:00: Parent presentation: Representatives from NH Provisional Chapter of Hands & Voices

2:00-3:00: Panel of Deaf/Hard of Hearing Adults and Students :Facilitated by Amy Szarkowski, PhD

3:00-3:15: Closing Remarks: Susan Wolf-Downes, M.S., Executive Director of NDHHS

**Agenda is subject to change*



Certificates of Attendance will be available after the conference