



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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April 6, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into an agreement with JSI Research & Training Institute, Inc., d/b/a Community Health Institute, (Vendor #161611 B002), 501 South Street, 2nd Floor, Bow, NH 03304, to develop, conduct, and maintain a data validation plan for Healthcare Associated Infections reported by hospitals and ambulatory surgery centers, in an amount not to exceed \$115,000 to be effective upon Governor and Executive Council approval through June 30, 2017. 100% HAI Facility Fees.

Funds are available in State Fiscal Year 2015 and are anticipated to be available in State Fiscal Year 2016 and State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets, with ability to adjust encumbrances between State Fiscal Years, through the Budget Office if needed and justified without further approval from Governor and Executive Council.

05-095-090-902510-51790000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HEALTHCARE-ASSOCIATED INFECTIONS

SFY	Class	Title	Activity Code	Budget
2015	102	Contracts for Program Services	90051790	\$25,000
2016	102	Contracts for Program Services	90051790	\$45,000
2017	102	Contracts for Program Services	90051790	\$45,000
			Total	\$115,000

EXPLANATION

The purpose of this agreement is to develop, conduct, and maintain a Data Validation Plan for Healthcare Associated Infection data reported by hospitals and ambulatory surgery centers. NH RSA 151:32-35 requires hospitals and licensed ambulatory surgical centers to identify, track, and report HAIs to the Department.

A Healthcare Associated Infection is an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting. Healthcare associated infections are among the top 10 leading causes of death in the United States. The most common Healthcare associated infections are pneumonia, gastrointestinal illness, primary bloodstream infections and surgical site infections. In 2011, approximately 75,000 deaths resulted from the 722,000 Healthcare Associate Infections reported to the Centers for Disease Control (CDC), nationwide. It is estimated that between 5% and 10% of hospital admissions are complicated by Healthcare associated infections, resulting in costs to US hospitals in excess of over \$33 billion.

Several processes are used to ensure accurate Healthcare associated infections data reporting by hospitals and ambulatory surgical centers. Healthcare associated infection reporting is complex due to lengthy case definitions and different approaches to case identification. Therefore, data from each hospital and ambulatory surgical centers must be independently validated.

A Request for Proposal was posted to the Department's website on December 16, 2014 with a closing date of January 23, 2015. Three (3) proposals were received. The proposals were evaluated based on the criteria published in the Request for Proposals by a team of individuals with extensive knowledge and expertise. See attached bid sheet.

The Contractor will develop a Data Validation Plan that will assess if infections are under or over reported, and to understand reporting inconsistencies across the state. The Contractor will develop solutions to mitigate errors with reporting in order to increase the accuracy of healthcare associated infection data.

This contract contains extension language for two (2) additional periods of two (2) years each, contingent upon satisfactory vendor performance, continued availability of funding and Governor and Executive Council approval.

Should the Governor and Executive Council not authorize this Request, the Department would not have access to validated healthcare-associated infection surveillance data to inform the public and future infection prevention initiatives which will ultimately reduce healthcare-associated infections within New Hampshire.

Area served: statewide

Source of funds: 100% HAI Facility Fees.

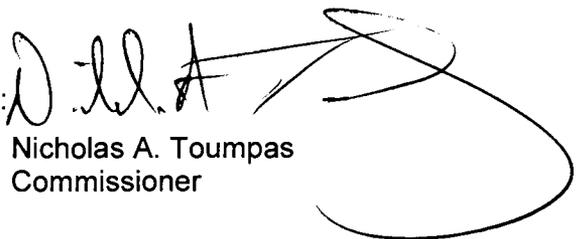
In the event that the HAI Facility Fees become no longer available, no further general funds will be requested to support this contract.

Respectfully submitted,



Jose Their Montero, MD, MHCDS
Director

Approved by:



Nicholas A. Toumpas
Commissioner



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

Healthcare – Associated Infections (HAI)
Data Validation Services

15-DHHS-DPHS-BIDC-09

RFP Name

RFP Number

Bidder Name

1. APIARI, LLC.
2. APIC Consulting Services, Inc.
3. Community Health Institute
4. 0
5. 0

Pass/Fail	Maximum Points	Actual Points
	305	119
	305	67
	305	243
	305	0
	305	0

Reviewer Names

1. Shelley Swanson (Cost) Administrator II, DPHS
2. Mary Holliday (Cost) Administrator II, DPHS
3. Katrina Hansen (Tech w/Cost no-vote) Environmentalist III, DPHS
4. Abigail Mathewson (Tech) PH Prog Mgr, DPHS
5. Beth Daly, (Tech) Supervisor VII, DPHS
6. Erin Metcalf (Tech) PS III, DPHS
7. Roza Tammer (Tech) HAI Surveillance Coordinator, DPHS

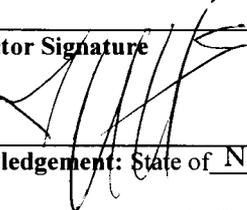
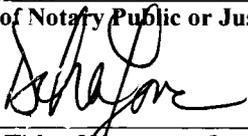
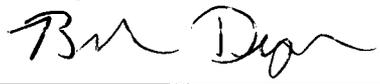
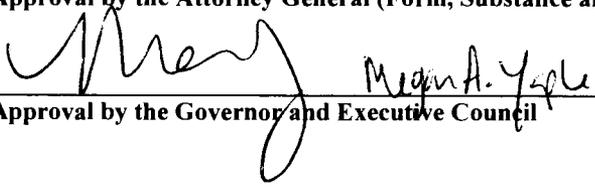
Subject: Healthcare Associated Infections (HAI) Data Validation Services

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health & Human Services Division of Public Health Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name JSI Research & Training Institute, Inc. d/b/a Community Health Institute		1.4 Contractor Address 501 South Street, 2 nd Floor Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Number 05-095-090-902510-51790000 102-500731-90051790	1.7 Completion Date June 30, 2017	1.8 Price Limitation \$115,000
1.9 Contracting Officer for State Agency Eric D. Borrin		1.10 State Agency Telephone Number (603) 271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart, Regional Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>3-30-15</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace <u>DEBRA L. LOVE, Notary Public</u> Commission Expires <u>October 16, 2018</u>			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Brock Dyer / Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  On: <u>4/20/15</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

7. PERSONNEL.

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

8. EVENT OF DEFAULT/REMEDIES.

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

- 14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
 - 14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and
 - 14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
- 14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
- 14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials: 
Date: 3/30/2015

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. 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.

2. Scope of Services

- 2.1. The Contractor shall develop and execute a plan to validate healthcare associated infections (HAI) data reported by hospitals and ambulatory surgery centers to the Department in order to:
 - 2.1.1. Improve the accuracy of data reported to the National Healthcare Safety Network (NHSN).
 - 2.1.2. Ensure hospitals and Ambulatory Surgery Centers apply NHSN definitions consistently.
 - 2.1.3. Increase understanding of the NHSN protocols and definitions.
 - 2.1.4. Improve HAI surveillance.
- 2.2. The Contractor shall create a data validation plan for healthcare associated infections reported by Ambulatory Surgery Centers (ASC). The Contractor shall:
 - 2.2.1. Meet with Department staff, in person or by phone to review HAI activities in New Hampshire and use Project Spaces (a secure web portal for sharing organizational tools) to share project logistics and information.
 - 2.2.2. Review current HAI reporting requirements; NH rules and regulations regarding validation activities; and NH's existing data validation plan to determine if modifications to the data validation plan may be necessary based on the Contractor's expertise.
 - 2.2.3. Engage Department staff to assist with data validation activities when developing the data validation plan.
 - 2.2.4. Develop an ASC data validation plan appropriate for outpatient settings.
 - 2.2.5. Work with the Department to review records of infections and non-infections. The Vendor must work with the Department to determine the:
 - 2.2.5.1. Determining data years to be validated.
 - 2.2.5.2. Determining sample size of records to be review at each facility for each year
 - 2.2.6. Finalize a data validation plan and schedule for Department review, feedback and approval.
 - 2.2.7. Review infections and subsets of non-infections. The Contractor shall ensure:



- 2.2.7.1. HAI measures validated for acute care settings include, but are not limited to:
 - 2.2.7.1.1. CLABSI adult ICU.
 - 2.2.7.1.2. CLABSI pedi ICU.
 - 2.2.7.1.3. CLABSI NICU.
 - 2.2.7.1.4. CABG/C SSI.
 - 2.2.7.1.5. COLO SSI.
 - 2.2.7.1.6. HYST SSI
 - 2.2.7.1.7. KPRO SSI.
 - 2.2.7.1.8. CAUTI adult ICU.
 - 2.2.7.1.9. CAUTI pediatric ICU.
- 2.2.7.2. HAI measures validated for ASCs include, but are not limited to:
 - 2.2.7.2.1. BRST SSI
 - 2.2.7.2.2. HER SSI
 - 2.2.7.2.3. FX SSI.
- 2.2.8. Communicate any changes in the data validation plan and schedule to Department staff on an on-going basis.
- 2.3. The Contractor shall validate HAI data reported by hospitals and ASCs. The Contractor shall:
 - 2.3.1. Conduct a minimum of one training on the use of data validation materials and tools to Department staff attending validation site visits prior to the first validation site visit. The Contractor shall:
 - 2.3.1.1. Provide training materials shall include, but not be limited to:
 - 2.3.1.1.1. Detailed up-to-date HAI data validation information, including but not limited to the necessary clinical content, surveillance definition discussion and guidance about the types and locations of information necessary to evaluate a potential case during medical record review.
 - 2.3.1.1.2. Interesting case examples in order to promote discussions for the purpose of reviewing exemplary cases and common misunderstandings encountered in previous validation projects.
 - 2.3.1.2. Provide logistics, including but not limited to, training space.
 - 2.3.1.3. Solicit input from the Department regarding participant background and previous training on HAIs.
 - 2.3.2. Conduct data validation site visits at acute care hospitals and ASCs, statewide. Data validation visits shall include activities that include, but are not limited to:



- 2.3.2.1. Working with Department staff to gather Nation Health Safety Network (NHSN) data necessary for the site visits based on the data validation plan developed in Section 2.2.
 - 2.3.2.2. Communicating with hospitals and ASCs directly to schedule the site visit at a mutually agreeable time and providing site visit dates to the Department so that the Department can elect to participate in the site visit.
 - 2.3.2.3. Reviewing 40 to 50 records at each hospital and ASC, in accordance with the data validation plan developed in Section 3.2.1. (See Appendix G for data that must be validated.)
 - 2.3.2.4. Documenting the review of records using a Department-approved data validation form.
 - 2.3.2.5. Recording validation findings in a secure electronic database.
 - 2.3.2.6. Providing a list of errors and other feedback to each hospital and ASC for correction in NHSN.
 - 2.3.2.7. Providing a copy of the list in Section 3.2.5.7 the Department.
 - 2.3.2.8. Maintaining all collected data from the hospital, ASC and the Department using strict confidentiality procedures, as well as destroying data no longer needed.
- 2.4. The Contractor shall train hospitals and ASCs to identify and correctly report HAIs consistently. The Contractor shall:
- 2.4.1. Review medical records of all reported HAI events to confirm they fully meet the case definitions.
 - 2.4.2. Verify the accuracy of HAI data reported.
 - 2.4.3. Conduct individualized training with each facility's personnel, which shall be designed to address the errors identified during the medical records review and shall include reinforcement of critical concepts. The Contractor shall:
 - 2.4.3.1. Focus on information gaps and points of confusion that resulted in reporting errors.
 - 2.4.3.2. Be available for phone consultations, as needed , throughout the project period.
 - 2.4.3.3. Assist the Department with creating targeted training materials that address common problems so that future trainings will reinforce accurate identification and correct reporting of HAIs.
 - 2.4.4. Tabulate results of chart reviews on a facility level to determine the number of discrepancies between hospital reporting and validation findings.
- 2.5. The Contractor must maintain sufficient staff necessary to perform and carry out all of the functions, requirements, roles, and duties as proposed. The Contractor shall:
- 2.5.1. Ensure all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold.



- 2.5.2. Verify and document the requirements in Section 2.5.1. by keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications.
- 2.5.3. Ensure all records in Section 2.5.2 are available for Department inspection upon request.
- 2.6. The Contractor shall improve HAI surveillance by:
 - 2.6.1. Meeting with Department staff to discern current capacity to conduct HAI data validation activities.
 - 2.6.2. Identifying training needs for the operational aspects of the validation process.
 - 2.6.3. Providing instruction on surgical and intensive care settings and processes, as necessary.
 - 2.6.4. Providing one-on-one training for Department staff during hospital and ASC visits.
 - 2.6.5. Providing training materials, including training slides, that address common errors and misunderstandings that are discovered by the validations, for Department use in their future trainings.
 - 2.6.6. Consulting with Department staff during the contract period, as needed, to assist with increasing capacity for conducting HAI data validation studies.

3. Reporting

- 3.1. The Vendor must provide monthly progress reports that include, but are not limited to:
 - 3.1.1. Updates on each task detailed in the project work plan.
 - 3.1.2. A detailed list of facilities with status of the contact, including:
 - 3.1.2.1. Validation method assigned per the validation plan.
 - 3.1.2.2. Dates data requested.
 - 3.1.2.3. Dates data was received.
 - 3.1.2.4. Dates that instruction s and medical record requests were sent.
 - 3.1.2.5. Site visits scheduled.
 - 3.1.3. Site visits that were completed.
 - 3.1.4. Site staff that was trained.
 - 3.1.5. Notes or comments on the process.
- 3.2. The Contractor shall provide a final report on each of the site visits conducted, which shall include an analysis of the data validation results. Activities for reporting results and presenting findings include, but are not limited to:
 - 3.2.1. Providing the Department with a copy of the electronic database that contains information from paper data validation forms used for record review at hospitals and ASCs.



3.2.2. Providing the Department with a written summary of data validation findings for hospitals and ASCs.

3.2.3. Meeting with Department staff to discuss the validation results and recommend corrective training plans for hospitals and ASCs.

4. Deliverables

4.1. The Contractor shall provide a finalized data validation plan in Section 2.2 to the Department no later than June 30, 2015.

4.2. The Contractor shall implement the data validation plan in Section 2.2 no later than July 1, 2015.

4.3. The Contractor shall complete all trainings and site visit audits by April 30, 2017, which shall include a minimum of:

4.3.1. 17 ASC site visits, statewide.

4.3.2. 26 hospital site visits, statewide.

4.4. The Contractor shall analyze healthcare associated infections data reported to the Department and create an electronic database for the Department no later than June 30, 2017.

4.5. The Contractor shall present the final report described in Section 3.2 to the Department no later than five (5) days prior to the Contract Completion Date.



Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, Block 1.8, in accordance with the budgets in Exhibit B-1, SFY 2015 Budget and Exhibit B-2, SFY 2016 Budget and Exhibit B-3 State Fiscal Year 2017 Budget for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded by Healthcare-Associated Infections Facility Fees System, as established by RSA 151:33 and outlined in administrative rules He-P 309.09.
3. Payment for said services shall be made as follows:
 - 3.1. The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
 - 3.2. The invoice must be submitted by e-mail to:
Department of Health and Human Services
Division of Public Health
E-mail: dphscontractbilling@dhhs.state.nh.us
4. A final payment request shall be submitted no later than sixty (60) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
5. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
6. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
7. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1, Exhibit B-2, and Exhibit B-3 within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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

Bidder/Program Name: JSI Research & Training Institute

Budget Request for: Healthcare Associated Infections (HAI) Data Validation Services

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

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			Total
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	\$ 14,044.95	\$ 352.39	\$ 14,397.34	\$ -	\$ -	\$ -	\$ 14,044.95	\$ 352.39	\$ 14,397.34	
2. Employee Benefits	\$ 5,337.08	\$ 420.93	\$ 5,758.01	\$ -	\$ -	\$ -	\$ 5,337.08	\$ 420.93	\$ 5,758.01	
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4. Equipment:	\$ 1,284.05	\$ -	\$ 1,284.05	\$ -	\$ -	\$ -	\$ 1,284.05	\$ -	\$ 1,284.05	
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ 1,123.59	\$ -	\$ 1,123.59	\$ -	\$ -	\$ -	\$ 1,123.59	\$ -	\$ 1,123.59	
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
7. Occupancy	\$ 1,404.50	\$ -	\$ 1,404.50	\$ -	\$ -	\$ -	\$ 1,404.50	\$ -	\$ 1,404.50	
8. Current Expenses	\$ 210.67	\$ -	\$ 210.67	\$ -	\$ -	\$ -	\$ 210.67	\$ -	\$ 210.67	
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Software	\$ -	\$ 467.69	\$ 467.69	\$ -	\$ -	\$ -	\$ -	\$ 467.69	\$ 467.69	
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
13. Other (specific details mandatory)	\$ -	\$ 374.15	\$ 374.15	\$ -	\$ -	\$ -	\$ -	\$ 374.15	\$ 374.15	
General Administration	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ 23,384.84	\$ 1,615.16	\$ 25,000.00	\$ -	\$ -	\$ -	\$ 23,384.84	\$ 1,615.16	\$ 25,000.00	

6.9%

Indirect As A Percent of Direct

Contractor Initials:  Date: 3/30/2015

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

Bidder/Program Name: JSI Research & Training Institute

Budget Request for: Healthcare Associated Infections (HAI) Data Validation Services

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

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			Total
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	\$ 23,642.68	\$ 728.98	\$ 24,371.66	\$ -	\$ -	\$ -	\$ 23,642.68	\$ 728.98	\$ 24,371.66	
2. Employee Benefits	\$ 8,984.22	\$ 632.44	\$ 9,616.66	\$ -	\$ -	\$ -	\$ 8,984.22	\$ 632.44	\$ 9,616.66	
3. Consultants	\$ 800.00	\$ -	\$ 800.00	\$ -	\$ -	\$ -	\$ 800.00	\$ -	\$ 800.00	
4. Equipment	\$ 2,127.84	\$ -	\$ 2,127.84	\$ -	\$ -	\$ -	\$ 2,127.84	\$ -	\$ 2,127.84	
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ 1,891.41	\$ -	\$ 1,891.41	\$ -	\$ -	\$ -	\$ 1,891.41	\$ -	\$ 1,891.41	
6. Travel	\$ 2,116.03	\$ -	\$ 2,116.03	\$ -	\$ -	\$ -	\$ 2,116.03	\$ -	\$ 2,116.03	
7. Occupancy	\$ 2,364.27	\$ -	\$ 2,364.27	\$ -	\$ -	\$ -	\$ 2,364.27	\$ -	\$ 2,364.27	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Postage	\$ 236.43	\$ -	\$ 236.43	\$ -	\$ -	\$ -	\$ 236.43	\$ -	\$ 236.43	
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ 843.26	\$ 843.26	\$ -	\$ -	\$ -	\$ -	\$ 843.26	\$ 843.26	
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
13. Other (Specify certain functionality):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
General Administration	\$ -	\$ 632.44	\$ 632.44	\$ -	\$ -	\$ -	\$ -	\$ 632.44	\$ 632.44	
TOTAL	\$ 42,162.88	\$ 2,837.12	\$ 45,000.00	\$ -	\$ -	\$ -	\$ 42,162.88	\$ 2,837.12	\$ 45,000.00	

6.7%

Indirect As A Percent of Direct

Exhibit B-3

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

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

Budget Request for: Healthcare Associated Infections Data Validation Services

Budget Period: July 1, 2016-June 30, 2017

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			Total
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	\$ 23,666.95	\$ 858.50	\$ 24,525.45	-	-	-	\$ 23,666.95	\$ 858.50	\$ 24,525.45	
2. Employee Benefits	\$ 8,993.44	\$ 632.40	\$ 9,625.84	-	-	-	\$ 8,993.44	\$ 632.40	\$ 9,625.84	
3. Consultants	\$ 800.00	\$ -	\$ 800.00	-	-	-	\$ 800.00	\$ -	\$ 800.00	
4. Equipment	\$ 2,130.03	\$ -	\$ 2,130.03	-	-	-	\$ 2,130.03	\$ -	\$ 2,130.03	
5. Rental	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
6. Repair and Maintenance	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
7. Purchase/Depreciation	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
8. Supplies:	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Office	\$ 1,893.36	\$ -	\$ 1,893.36	-	-	-	\$ 1,893.36	\$ -	\$ 1,893.36	
Travel	\$ 2,072.84	\$ -	\$ 2,072.84	-	-	-	\$ 2,072.84	\$ -	\$ 2,072.84	
Occupancy	\$ 2,366.70	\$ -	\$ 2,366.70	-	-	-	\$ 2,366.70	\$ -	\$ 2,366.70	
Current Expenses	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Telephone	\$ 236.67	\$ -	\$ 236.67	-	-	-	\$ 236.67	\$ -	\$ 236.67	
Postage	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ 632.40	\$ 632.40	-	-	-	\$ -	\$ 632.40	\$ 632.40	
10. Marketing/Communications	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ -	
General Administration	\$ -	\$ 716.72	\$ 716.72	-	-	-	\$ -	\$ 716.72	\$ 716.72	
TOTAL	\$ 42,159.98	\$ 2,840.02	\$ 45,000.00	-	-	-	\$ 42,159.98	\$ 2,840.02	\$ 45,000.00	

Indirect As A Percent of Direct 6.7%

Contractor Initials:  Date: 3/30/2015



SPECIAL PROVISIONS

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

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



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

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

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
 - 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
 - 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
 - 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



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

11. **Reports:** Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

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

13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



REVISIONS TO GENERAL PROVISIONS

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



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



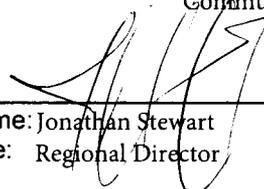
- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted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

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

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

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

March 30, 2015
Date


Name: Jonathan Stewart
Title: Regional Director



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

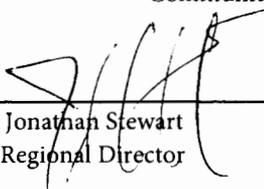
The undersigned certifies, to the best of his or her knowledge and belief, that:

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

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

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

March 30, 2015
Date


Name: Jonathan Stewart
Title: Regional Director



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

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

Name: Jonathan Stewart
Title: Regional Director

March 30, 2015
Date



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

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

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

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

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

Exhibit G

Contractor Initials

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

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

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

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

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

March 30, 2015
Date

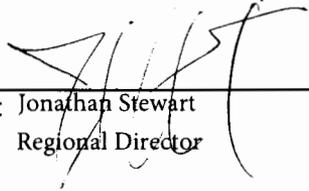

Name: Jonathan Stewart
Title: Regional Director

Exhibit G

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

Contractor Initials 



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Dept. of Health & Human Services
 The State
Bob Desjardins
 Signature of Authorized Representative
Bob Desjardins
 Name of Authorized Representative
Bureau Chief
 Title of Authorized Representative
4/5/15
 Date

JSI Research & Training Institute, Inc. d/b/a Community Health Institute
 Name of the Contractor
[Signature]
 Signature of Authorized Representative
Jonathan Stewart
 Name of Authorized Representative
Regional Director
 Title of Authorized Representative
March 30, 2015
 Date



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

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

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

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

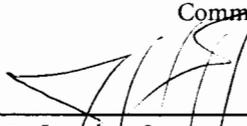
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

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

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

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

March 30, 2015
Date


Name: Jonathan Stewart
Title: Regional Director



FORM A

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

1. The DUNS number for your entity is: 14-5729117
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

 NO X YES

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

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

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

 NO X YES

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

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

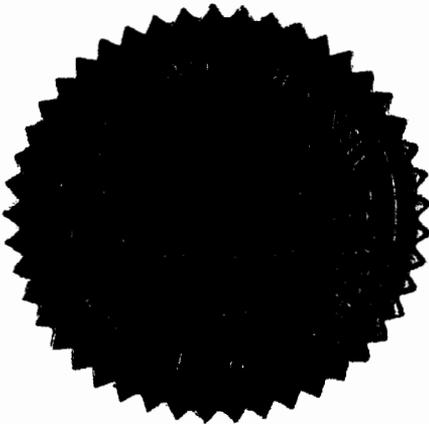
4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

State of New Hampshire Department of State

CERTIFICATE

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



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

Handwritten signature of William M. Gardner in cursive script.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

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

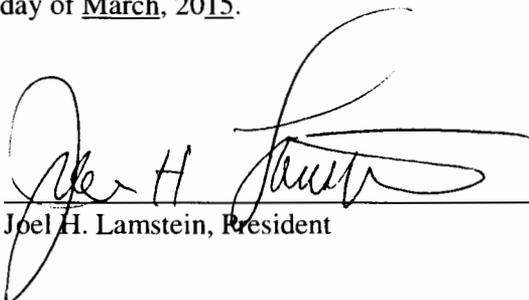
1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;

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

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

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of March 30, 2015.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 30th day of March, 2015.



Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 30th day of March, 2015 by Joel H. Lamstein.



Notary Public/Justice of the Peace
My Commission Expires: _____ **DEBRA L. LOVE, Notary Public**
My Commission Expires October 16, 2011



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/11/2015

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

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

PRODUCER Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382	CONTACT NAME: Judy Yeary PHONE (A/C, No, Ext): (781) 447-5531 FAX (A/C, No): (781) 447-7230 E-MAIL ADDRESS: info@masoninsure.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED JSI d/b/a Community Health Institute 501 South Street 2nd Floor Bow, NH 03304	INSURER A: Federal Insurance Company NAIC # 20281	
	INSURER B: Executive Risk Indemnity 35181	
	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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			35873320	09/09/2014	09/09/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73546634	09/09/2014	09/09/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			79861066	09/09/2014	09/09/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
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/A	71733182	09/09/2014	09/09/2015	<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
A	DIRECTORS & OFFICERS			81595534	11/09/2014	11/09/2015	EACH OCC/GEN AGG 3,000,000
B	ERRORS & OMISSIONS			82120859	09/09/2014	09/09/2015	GEN AGG/EACH OCC 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
It is understood and agreed that the State of NH Department of Health and Human Services is included as an additional insured as respects General Liability as required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER **CANCELLATION**

Director Div. of Public Health Services NH DHHS 29 Hazen Drive 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
--	---

JSI's mission is to improve the health of underserved people and communities and to provide a place where people of passion and commitment can pursue this cause.

**JSI RESEARCH AND TRAINING INSTITUTE, INC.
AND
AFFILIATE**

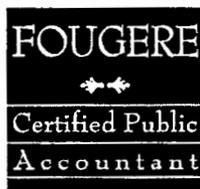
**Audited Consolidated Financial Statements and Reports
Required by Government Auditing Standards and OMB Circular A-133**

September 30, 2013

**JSI Research and Training Institute, Inc. and Affiliate
September 30, 2013**

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INDEPENDENT AUDITOR'S REPORT

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

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate (both non-profit organizations), which comprise the consolidated statement of financial position as of September 30, 2013, and the related consolidated statements of activities, functional expenses, and cash flows for the year 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 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 consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk

assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of JSI Research and Training Institute, Inc. and Affiliate as of September 30, 2013, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

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 U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, 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 taken as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated March 17, 2014, on our consideration of JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit

performed in accordance with *Government Auditing Standards* in considering JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and compliance.

A handwritten signature in black ink, appearing to read "Samuel R. Fongue, CPA". The signature is written in a cursive style with a large initial 'S' and 'F'.

Duxbury, Massachusetts
March 17, 2014

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
September 30, 2013

	2013
ASSETS	
Current Assets:	
Cash and cash equivalents	\$ 40,491,257
Receivables for program work	5,530,251
Loans receivable	330,711
Field advances - program	2,855,789
Employee advances	181,854
Prepaid expenses	3,864
Total Current Assets	49,393,726
Property and Equipment:	
Furniture and equipment	625,102
Leasehold improvements	30,355
	655,457
Less: Accumulated depreciation	(585,250)
Net Property and Equipment	70,207
Other Assets	80,198
TOTAL ASSETS	\$ 49,544,131
 LIABILITIES AND NET ASSETS	
Current Liabilities:	
Accounts payable and payroll withholdings	\$ 4,013,743
Accrued vacation	1,456,613
Advances for program work	24,753,370
Loans payable	-
Notes payable	-
Contingencies	-
Total Current Liabilities	30,223,726
Net Assets:	
Unrestricted	19,315,405
Temporarily restricted	5,000
Total Net Assets	19,320,405
TOTAL LIABILITIES AND NET ASSETS	\$ 49,544,131

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF ACTIVITIES
Year Ended September 30, 2013

	2013
UNRESTRICTED NET ASSETS:	
Public Support and Revenue	
Public Support:	
Government grants and contracts:	
U.S. Government	\$ 151,661,231
Commonwealth of Massachusetts	5,293,338
Other grants and contracts	40,181,675
Program income	125,762
Contributions	261,260
In kind project contributions	10,537,825
Interest income	47,775
Total Unrestricted Support and Revenue	208,108,866
 Expenses	
Program Services:	
International programs	171,082,230
Domestic programs	12,226,257
Total Program Services	183,308,487
Supporting Services:	
Management and General	21,788,613
Fundraising	219,210
Total Supporting Services	22,007,823
Total Expenses	205,316,310
Increase (Decrease) in Unrestricted Net Assets	2,792,556
 Net Assets at Beginning of Year	16,527,849
 Net Assets at End of Year	\$ 19,320,405

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
Year Ended September 30, 2013

	PROGRAM SERVICES			SUPPORTING SERVICES			TOTAL
	International Programs	Domestic Programs	Total	Management And General	Fundraising	Total	2013 EXPENSES
Salaries	\$ 18,109,419	\$ 6,124,528	\$ 24,233,947	\$ 4,978,668	\$ 148,767	\$ 5,127,435	\$ 29,361,382
Consultants	10,904,636	3,112,850	14,017,486	1,129,284	20,269	1,149,553	15,167,039
Cooperating National Salaries	25,215,846	-	25,215,846	394,291	-	394,291	25,610,137
Travel	10,045,652	536,038	10,581,690	625,268	(168)	625,100	11,206,790
Allowance & Training	6,019,126	2,247	6,021,373	268,858	-	268,858	6,290,231
Sub-contracts	38,240,080	1,148,501	39,388,581	-	37	37	39,388,618
Equipment, Material and Supplies	4,426,228	53,801	4,480,029	313,936	920	314,856	4,794,885
Other Costs	47,583,418	1,248,292	48,831,710	14,066,276	49,385	14,115,661	62,947,371
In-kind project expenses	10,537,825	-	10,537,825	-	-	-	10,537,825
Depreciation	-	-	-	12,032	-	12,032	12,032
TOTAL EXPENSE	\$ 171,082,230	\$ 12,226,257	\$ 183,308,487	\$ 21,788,613	\$ 219,210	\$ 22,007,823	\$ 205,316,310

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF CASH FLOWS
Year Ended September 30, 2013

	2013
Cash Flows From Operating Activities:	
Increase (Decrease) in net assets	\$ 2,792,556
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	12,032
(Increase) Decrease in receivables for program work	(2,979,106)
(Increase) Decrease in loans receivable	(330,711)
(Increase) Decrease in field advances - program	(706,652)
(Increase) Decrease in employee advances	3,766
(Increase) Decrease in other assets - deposits	762
Increase (Decrease) in accounts payable and payroll withholdings	1,203,439
Increase (Decrease) in accrued vacation	93,070
Increase (Decrease) in advances for program work	2,883,650
Net Cash Provided (Used) By Operating Activities	2,972,806
Cash Flows From Investing Activities:	
Acquisition of property and equipment	(34,047)
Net Cash Provided (Used) By Investing Activities	(34,047)
Cash Flows From Financing Activities:	
Proceeds from loans payable	2,910,553
Payments of loans payable	(3,395,271)
Net Cash Provided (Used) By Financing Activities	(484,718)
Net Increase (Decrease) in Cash and Cash Equivalents	2,454,041
Cash and Cash Equivalents at Beginning of Year	38,037,216
Cash and Cash Equivalents at End of Year	\$ 40,491,257

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2013

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

JSI Research and Training Institute, Inc. is the sole member of World Education, Inc. (Affiliate) with such powers as are typically accorded to a sole member including the power of appointment and removal of the World Education, Inc. board of trustees, the right to approve amendments to the bylaws and certificate of incorporation of World Education, Inc., and the right to approve any merger, consolidation, dissolution or transfer of substantial assets of World Education, Inc.

JSI Research and Training Institute, Inc. was incorporated in the Commonwealth of Massachusetts on April 11, 1979. JSI Research and Training Institute, Inc. provides education and research primarily to non-profit health and human service agencies both in the United States and abroad. Current funding is principally from the United States Agency for International Development and the United States Department of Health and Human Services (HHS).

World Education, Inc. (Affiliate) was founded in 1951 and incorporated in the state of New Jersey. Working in partnership with community, national, and international agencies in Asia, Africa, and the United States, it provides professional assistance in the design and implementation of non-formal adult education programs. These programs integrate functional education with relevant problem-solving aspects of individual growth and national development such as health, nutrition, family planning, childcare, refugee education, agricultural practices, literacy, and income generation.

JSI Research and Training Institute, Inc. and its affiliate are tax exempt organizations under 501 (c) (3) of the Internal Revenue Code and file separate unconsolidated tax returns.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The consolidated financial statements include the accounts of JSI Research and Training Institute, Inc. and World Education, Inc., its affiliate, (collectively referred to as the Organization). Significant intra-entity accounts and transactions have been eliminated in consolidation.

Basis of Accounting

The consolidated financial statements of the Organization have been prepared utilizing the accrual basis of accounting and include the accounts of JSI Research and Training Institute, Inc. and its affiliate in conformity with accounting principles generally accepted in the United States of America.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value

The Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Organization uses appropriate valuation techniques based on the available inputs to measure the fair value of its assets and liabilities. When available, the Organization measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Cash and Cash Equivalents

The Organization considers all monies in banks and highly liquid investments with maturity dates of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities (marketable investments) are measured at fair values based on quoted market prices in the consolidated statement of financial position. Unrealized gains and losses are included in the statement of activities.

Property and Equipment

Property and equipment is reported on the basis of cost less accumulated depreciation. Acquisitions of property and equipment in excess of \$1,500 are capitalized. Depreciation is computed using the straight-line method calculated to extinguish the book value of the respective assets over their estimated useful lives (5 - 7 years) of the related assets.

Revenue Recognition

Unrestricted and restricted contributions are recognized as revenue at the date the pledge is made or the gift is received, whichever is earlier. Revenue from cost reimbursement contracts and grants is recorded as the related expenditures are incurred.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions are reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of the time restriction. Temporarily restricted support, whose restrictions are met in the same reporting period, is shown as unrestricted support.

Donated Materials and Services

Donated materials and services are recorded as in kind project contributions at their estimated fair market value as of the date of receipt and as an expense in the accompanying consolidated statement of activities. Donated services are recognized if the services received create or enhance non-financial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation as described in Section 509. Accordingly, no provision for income taxes is included in the accompanying consolidated financial statements.

The Organization has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. The Organization has filed all of its known and required returns in a timely manner including as permitted allowed extensions. Following administrative practice of the taxing authorities, the tax years 2010, 2011, 2012 and 2013, remain open years subject to examination and review.

JSI Research and Training Institute, Inc. and World Education, Inc. (Affiliate) file separate unconsolidated tax returns. JSI Research and Training Institute, Inc. files tax returns based on a September 30th year end and its affiliate files tax returns based on a June 30th year end.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Financial Statement Presentation

In accordance with accounting principles generally accepted in the United States of America, the Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets based upon the existence or absence of donor imposed restrictions. For the

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

year ended September 30, 2013 there was no activity in temporarily restricted or permanently restricted net assets.

NOTE 3 – CONCENTRATION OF CREDIT RISK

The Organization maintains demand deposits and money market funds at financial institutions. At times, certain balances held in these accounts may not be fully guaranteed by the United States Government. The uninsured portions of cash and money market accounts are backed solely by the assets of the financial institution. Therefore, the failure of a financial institution could result in a financial loss to the Organization. However, the Organization has not experienced losses on these accounts in the past and management believes the risk of loss, if any, to be minimal.

NOTE 4 – INVESTMENTS

Fair Value

In accordance with accounting principles generally accepted in the United States of America, the Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The three levels of the fair value hierarchy are as follows:

- Level 1 – Observable inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.
- Level 2 – Inputs other than quoted prices in active markets that are observable for the asset either directly or indirectly, including inputs from markets that are not considered to be active.
- Level 3 – Unobservable inputs which reflect the Organization's assessment of the assumptions that market participants would use in pricing the asset or liability including assumptions about risk.

A qualifying asset or liability's level within the framework is based upon the lowest level of any input that is significant to the fair value measurement.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 4 – INVESTMENTS - continued

The following is a summary of fair values of investments which are measured on a recurring basis using Level 1 inputs as recorded in the Consolidated Statement of Financial Position at September 30, 2013:

Current assets:	
Cash and cash equivalents (invested)	<u>\$ 22,195,838</u>
	<u>\$ 22,195,838</u>

No assets or liabilities were measured at Level 2 or Level 3.

The following schedule summarizes the investment return and its classification in the Consolidated Statement of Activities for the year ended September 30, 2013:

	<u>Unrestricted</u>
Interest income	<u>\$ 47,775</u>
Total investment return	<u>\$ 47,775</u>

NOTE 5 – RECEIVABLES FOR PROGRAM WORK

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for doubtful accounts at September 30, 2013 was \$0.

Receivables for program work consist of the following at September 30, 2013:

U.S. Agency for International Development	\$ 1,964,024
Commonwealth of Massachusetts	827,417
Other - non-governmental	<u>2,738,810</u>
	<u>\$ 5,530,251</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 6 – LOANS RECEIVABLE

Loans receivable consist of various unsecured short-term loans, due on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans receivable balance at September 30, 2013 is \$330,711.

NOTE 7 – PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION

Property and equipment and accumulated depreciation account balances are as follows:

	Cost	Accumulated Depreciation	Net
Furniture and equipment	\$ 625,102	\$ (559,557)	\$ 65,545
Leasehold Improvements	30,355	(25,693)	4,662
	\$ 655,457	\$ (585,250)	\$ 70,207

Depreciation expense was \$12,032 for the year ended September 30, 2013.

NOTE 8 – OTHER ASSETS

Other assets consist of the following at September 30, 2013:

Deposits	\$ 43,253
Artwork - donated	36,945
	\$ 80,198

NOTE 9 – ACCRUED VACATION

In accordance with formal policies, vacation was accrued at September 30, 2013 as follows:

JSI Research and Training Institute, Inc.	\$ 1,142,159
World Education, Inc. (Affiliate)	314,454
	\$ 1,456,613

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 10 – ADVANCES FOR PROGRAM WORK

Advances for program work consist of the following at September 30, 2013:

U.S. Agency for International Development	\$ 3,151,531
U.S. Dept. of Health and Human Services	83,811
Other - non-governmental	<u>21,518,028</u>
	<u>\$ 24,753,370</u>

NOTE 11 – LOANS PAYABLE

Loans payable consist of various unsecured short-term loans, payable on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans payable balance at September 30, 2013 is \$0.

NOTE 12 – NOTES PAYABLE

Citizens Bank

World Education, Inc. (Affiliate) has a revolving line of credit established February 3, 2004 with Citizens Bank of Massachusetts with a borrowing limit of up to \$500,000. The revolving line of credit was renewed on March 20, 2013. The loan is payable on demand. Interest is charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line of credit remains in effect until December 31, 2013 and annually thereafter contingent upon performance. The loan is collateralized by a first priority interest in all the assets of World Education, Inc. No funds were borrowed during the year and as a result, as of September 30, 2013, the outstanding balance is \$0 and no interest was incurred on this loan during the year ended September 30, 2013.

John Snow, Inc.

World Education, Inc. (Affiliate) has an unsecured revolving line of credit established September 1, 2007 with John Snow, Inc. (a related party) with a borrowing limit of up to \$1,000,000. The loan was renewed on July 1, 2013. Interest is charged by utilizing a fluctuating rate based on the current prime rate plus 0.25%. The loan is payable on demand and, in any event, on or prior to June 30, 2016. The loan is not collateralized. No funds were borrowed during the year and as a result, as of September 30, 2013, the outstanding balance is \$0. No interest was incurred on this loan during the year ended September 30, 2013. (See NOTE 17)

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 13 – CONTINGENCIES

In accordance with the terms of its federal and state grants and contracts, the records of the Organization are subject to audit. The Organization is, therefore, contingently liable for any disallowed costs. Management believes that any adjustment, which might result from such an audit, would be immaterial.

JSI Research and Training Institute, Inc. is a co-borrower of a demand loan with no balance due at September 30, 2013. Management believes that the co-borrower is current on the loan and that its collateral exceeds the balance due. (See NOTE 17)

NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS

At September 30, 2013, the Welthy Fisher Fund of World Education, Inc. is the beneficiary of an irrevocable life income trust agreement. Under the terms of the agreement, the donor will receive either a fixed percentage of the initial fair market value of the gift or the actual income earned by the trust. Upon the death of the donor, the funds are released to World Education, Inc. for its unrestricted use.

No assets were released from donor restriction by occurrence of events specified by the donor during the year ended September 30, 2013. The temporarily restricted net assets balance at September 30, 2013 is \$5,000.

NOTE 15 – SURPLUS REVENUE RETENTION

In accordance with the Massachusetts Division of Purchased Services (DPS) Regulation, 808 CMR 1.19 (3), a nonprofit provider of services is allowed to retain a portion of its excess of support and revenue over expenses in a fiscal year (the “surplus”). A nonprofit provider may retain as its surplus up to 5% of its total revenue from Commonwealth of Massachusetts purchasing agencies during any fiscal year. In addition, a nonprofit provider may retain a cumulative amount of surplus over a period of years not to exceed 20% of the prior year’s total support and revenue from Commonwealth of Massachusetts purchasing agencies and the cumulative surplus must be segregated as surplus retention net assets. A current year surplus which exceeds the 5% level or a cumulative surplus exceeding the 20% amount may be: 1) reinvested in program services as stipulated by the purchasing agencies; 2) recouped or; 3) used by the Commonwealth to reduce the price of future contracts.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 15 – SURPLUS REVENUE RETENTION - continued

The following summarizes the Company's calculation of the surplus for fiscal year 2013 and on a cumulative basis:

	<u>Surplus Retention Net Assets</u>	<u>Other Net Assets</u>	<u>Total Net Assets</u>
Beginning of Year	\$ 524,405	\$ 16,003,444	\$ 16,527,849
Current Year	<u>122,685</u>	<u>2,669,871</u>	<u>2,792,556</u>
End of Year	<u>\$ 647,090</u>	<u>\$ 18,673,315</u>	<u>\$ 19,320,405</u>

NOTE 16 – COMMONWEALTH OF MASSACHUSETTS

The following is a schedule of expenditures with the Commonwealth of Massachusetts:

Accrued (deferred) Revenue at October 1, 2012	\$ 653,636
Receipts	(5,119,557)
Disbursements/expenditures	<u>5,293,338</u>
Accrued (deferred) Revenue at September 30, 2013	<u>\$ 827,417</u>

NOTE 17 – RELATED PARTY TRANSACTIONS

John Snow, Inc.

JSI Research and Training Institute, Inc. (an exempt organization) and John Snow, Inc. (a non-exempt corporation) purchase consulting services from each other. Mr. Joel Lamstein is President and Director of both organizations, and is the sole stockholder of John Snow, Inc. The two companies bill each other at the same rates that they bill the federal and state governments. During the year ended September 30, 2013, John Snow, Inc. billed JSI Research and Training Institute, Inc. \$15,408,528 for consulting services (technical support). This amount is reflected under the program services-consulting line item on the statement of functional expenses. In addition, JSI Research and Training Institute, Inc. performed consulting services (technical support) for John Snow, Inc. totaling \$8,871,652.

The two companies also share facilities and pool various overhead expenses. For the year ended September 30, 2013, JSI Research and Training Institute, Inc. incurred \$15,551,582 of overhead expenses (supporting services), of which \$4,193,889 was its share of John Snow, Inc. incurred costs.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 17 – RELATED PARTY TRANSACTIONS - continued

JSI Research and Training Institute, Inc. is a co-borrower with John Snow, Inc. on a commercial demand loan-revolving line of credit with an expiration date of November 30, 2013, which allows for borrowings up to \$6,500,000. The loan is collateralized by a security agreement with a first position lien on all corporate assets of JSI Research and Training Institute, Inc. and John Snow, Inc. including assignment of promissory notes and security documents between the two companies. Interest is charged by utilizing a fluctuating rate based on LIBOR (Advantage) plus two percent (2.00%) payable monthly in arrears, which at September 30, 2013 was 2.2142%. At September 30, 2013, a balance of \$0 was outstanding on the loan. Management believes the loan payable will be extended, when due, under similar terms and conditions.

The Organization has various unsecured short-term loans receivable, due on demand, from John Snow, Inc. No interest is charged on the loans. The loans receivable balance at September 30, 2013 is \$330,711.

World Education, Inc. (Affiliate) has an agreement with John Snow, Inc. whereby John Snow, Inc. will provide administrative and technical support as deemed necessary by World Education, Inc.'s Board of Trustees. Transactions with John Snow, Inc. for the year ended September 30, 2013 are summarized as follows:

Administrative and technical support	\$ 673,546
Other direct charges (including rent of \$720,135)	<u>1,024,389</u>
	<u>\$ 1,697,935</u>

The agreement is on a year-to-year basis and can be terminated by either party upon ninety days written notice to the other.

World Education, Inc. provided services to John Snow, Inc. during the year ended September 30, 2014 totaling \$382,527 and was recorded as revenue in the consolidated statement of activities.

World Education, Inc. has an unsecured line of credit with John Snow, Inc. with a borrowing limit of up to \$1,000,000. (See Footnote 12)

Partnership for Supply Chain Management, Inc.

Partnership for Supply Chain Management, Inc. (PSCM) (an exempt organization) was incorporated on February 14, 2005 by JSI Research and Training Institute, Inc. and Management Sciences for Health, Inc.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 17 – RELATED PARTY TRANSACTIONS - continued

Partnership for Supply Chain Management, Inc. - continued

PSCM has been awarded a U.S. government contract to procure and deliver life-saving medicines and medical supplies to treat HIV/AIDS patients worldwide. The contract for the Supply Chain Management System project was awarded through the U.S. Agency for the International Development as part of the U.S. government's five-year, \$15 billion President's Emergency Plan for AIDS Relief.

Mr. Joel Lamstein, President and Director of JSI Research and Training Institute, Inc., is President and Director of PSCM.

During the year ended September 30, 2013, JSI Research and Training Institute, Inc. billed PSCM \$45,864,166 for services performed.

Other

The Organization has an agreement with a certain related company to purchase services. Transactions with this company were charged to sub-contracts expense and are as follows:

The Manoff Group, Inc. (a non-exempt corporation; 40% owned by John Snow, Inc.)	\$ 957,540
	<u>\$ 957,540</u>

NOTE 18 – RETIREMENT PLANS

JSI Research and Training Institute, Inc. has a defined contribution profit sharing/401(K) plan covering substantially all its employees. Employee contributions are voluntary. Employer contributions are based on a percentage (10% - 15% depending on length of service) of salary. The Plan was effective April 11, 1979. Pension expense was \$2,355,705 for the year ended September 30, 2013.

World Education, Inc. (Affiliate) provides retirement benefits to substantially all employees under a plan. World Education, Inc.'s contributions of 7 percent of employee salaries are used to purchase individual annuities. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension costs incurred by World Education, Inc. were \$335,395 in the year ended September 30, 2013.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 19 – COMMITMENTS

Operating Leases

The JSI Research and Training Institute, Inc. leases space for general offices under operating leases expiring from 2013 through 2018. The leases contain renewal options for periods of up to 5 years.

During the year ended September 30, 2013, rentals under long-term lease obligations were \$454,300. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2013 are:

<u>Year Ended</u> <u>September 30,</u>	
2014	\$ 459,904
2015	469,786
2016	384,243
2017	258,901
2018	170,468
Thereafter	<u>-</u>
	<u>\$ 1,743,302</u>

World Education, Inc. (Affiliate) leases space for general offices on a year-to-year basis. Rent expense for the year ended September 30, 2013 was \$805,192

NOTE 20 – CONCENTRATION OF FUNDING

The Organization receives a majority of its funding through contracts and grants with various departments and agencies of the Federal government.

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2013:

	<u>Income</u> <u>Received</u>	<u>% of</u> <u>Total Income</u>
U.S. Agency for International Development	\$ 97,666,087	46.93%
Partnership for Supply Chain Management, Inc.	<u>45,864,166</u>	<u>22.04%</u>
	<u>\$ 143,530,253</u>	<u>68.97%</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 21 – IN KIND PROJECT CONTRIBUTIONS

The Organization receives donated materials and services consisting of commodities, facilities and equipment, and services for use in its programs from overseas collaborative private voluntary organizations and from foundations providing grants directly to a project. Donated materials and services totaled \$10,537,825 for the year ended September 30, 2013, and are reflected as In Kind Project Contributions on the Consolidated Statement of Activities and In Kind Project Expenses on the Consolidated Statement of Functional Expenses.

These contributions satisfy part of the matching requirements needed to obtain full funding on certain U.S. Agency for International Development grants. During the year ended September 30, 2013, the following donated materials and services received by the Organization have been used to fulfill matching requirements on active grants:

36346	Ethiopia SNL	\$ 307
36521	Uganda STAR-EC	2,398,751
36528	Nigeria Tship	6,076,103
36529	Ghana Focus	678,840
36662	Madagascar CBIHP	452,788
36697	SPRING	507,044
62304	Nepal	107,673
63068	Benin	121,832
63101	Senegal/Journalism	4,114
63114	Uganda	78,345
64024	Tanzania	105,520
64026	Uganda	2,318
64042	Uganda	4,179
64057	Zimbabwe	11
		<u>11</u>
		<u>\$ 10,537,825</u>

NOTE 22 – SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through March 17, 2014, the date on which the consolidated financial statements were available to be issued. During this period, there were no subsequent events that require adjustment to the consolidated financial statements.

Supplementary Information

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

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

See notes to Schedule of Expenditures of Federal Awards.

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

NOTE 1 – BASIS OF PRESENTATION

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

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

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Catalog of Federal Domestic Assistance (CFDA) numbers are presented when available.

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

NOTE 3 – SUBRECIPIENTS

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

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

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



**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate ("Organization"), which comprise the consolidated statement of financial position as of September 30, 2013, and the related consolidated statements of activities, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated March 17, 2014.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of JSI Research and Training Institute, Inc. and its affiliates' s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses. We did not identify or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

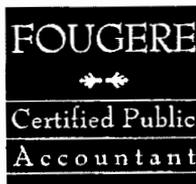
As part of obtaining reasonable assurance about whether JSI Research and Training Institute, Inc. and its affiliate's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

This purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink, appearing to read "Matthew R. Fungo CPA". The signature is written in a cursive style with a large initial "M".

Duxbury, Massachusetts
March 17, 2014



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

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

Report on Compliance for Each Major Federal Program

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

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of JSI Research and Training Institute, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about JSI Research and Training Institute, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of JSI Research and Training Institute, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, JSI Research and Training Institute, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2013.

Report on Internal Control Over Compliance

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

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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

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

A. SUMMARY OF AUDIT RESULTS

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

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

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

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DUXBURY, MA 02332-4334



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FAX: 781-934-0606

STATUS OF PRIOR YEAR'S FINDINGS AND QUESTIONED COSTS

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



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

501

South Street

Second Floor

Bow

New Hampshire

03304



Voice: 603.573.3300



Fax: 603.573.3301



A Division of

JSI Research & Training

Institute, Inc.

A Nonprofit Organization

Officers

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

Board of Directors

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



New Hampshire's Public Health Institute

LAUREEN M. KUNCHES

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lkunches@jsi.com

EDUCATION

BRANDEIS UNIVERSITY, HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT, WALTHAM, MASSACHUSETTS
Ph.D., Social Policy, 2005

SIMMONS COLLEGE, BOSTON, MASSACHUSETTS
M.S.N., Adult Primary Care Nursing, 1993

BOSTON UNIVERSITY, BOSTON, MASSACHUSETTS
M.P.H., Epidemiology and Biostatistics, 1983

BOSTON COLLEGE, CHESTNUT HILL, MASSACHUSETTS
B.S.N., Nursing, Magna cum laude, 1976

EXPERIENCE

JSI, Boston, Massachusetts

Principal Investigator/ Director of Clinical Research, 1989 to present

Responsibilities include research design, protocol development, supervision of study operations, management of research staff, data analysis, presenting findings, providing technical assistance to programs and writing reports and manuscripts.

IRB Chairperson, Lead Human Subjects Protection Specialist and Research Ethicist, 2005 to present

Directs corporate human subjects protection program and provides guidance to colleagues regarding IRB requirements for projects; determines whether activities may be exempt from human subjects oversight according to federal regulations; responsible for organizations' FWA for research

Selected recent projects:

**New Hampshire Department of Health and Human Services, Healthcare Associated Infection Program:
*Validation of NHSN Event Reports in Acute Care Hospitals***

Designed and implemented comprehensive validation process in 26 NH hospitals, through novel case-identification process and in-depth chart reviews. Identified numerous errors in application of definitions and under-reporting issues. Provided technical assistance to hospital teams and state officials for improving accuracy and completeness of reporting.

Massachusetts Department of Public Health, Division of Healthcare Quality: *Healthcare Associated Infection Prevention and Control Program*

Directed policy research project to determine evidence-based practices for improving patient safety, assesses benefits and feasibility of making hospital-specific performance data public, and identifies appropriate surveillance methods and quality measures. Managed Expert Panel process and workgroups performing evidence review, rating, recommendation development across vast topic area in 9-month period; lead writer for report containing more than 300 recommendations, statewide hospital survey, and related formative research activities. Directed JSI team in chart abstraction and hospital trainings and analysis of secondary data to further MA HAI plan measures; developed statewide data validation plan for NHSN reported data and directs analysis of results. Member of state's Technical Advisory Group.

**Maine Center for Disease Control and Dirigo Health Agency, Healthcare Associated Infection Program:
*Validation of Central Line Associated Bloodstream Infections in Acute Care Hospitals***

Conducted validation process in 12 hospitals, using CDC Validation Toolkit methods and in-depth chart reviews. Analyzed findings and produced report. Provided technical assistance on-site to hospital teams and state officials for improving accuracy and completeness of reporting.

Health Resources and Services Administration: *1115 Waivers: Impact on Ryan White HIV/AIDS Program and Its Clients and Providers*

Technical lead for selection of states for case studies, design of evaluation approach and collaboration with National Association of State and Territorial AIDS Directors. Conducted five state site visits with key informant interviews and secondary data analyses, and was primary writer for case study findings; presented results to HRSA May 2014.

Massachusetts Department of Public Health, HIV/AIDS Bureau: *Quality of Care Evaluation for Ryan White Clinics*

Designed and managed a study of HIV/AIDS care (performance measures and outcomes) in 24 clinical sites; led data collection, aggregation, evaluation, analysis and reporting of this unique longitudinal study involving over 5000 patients. Hierarchical analyses to measure health disparities in subpopulations and identify risk factors for late presentation for care. Conducted consumer survey for individuals with concurrent diagnosis of HIV and AIDS. Prepared annual reports and presentations of findings, with provision of technical assistance to clinics for improvement of care quality routines.

Health Resources and Services Administration: *Multidisciplinary Models of HIV/AIDS Care*

Lead writer for literature review synthesis in study of novel approaches to HIV/AIDS integrated care delivery in US. Served as clinical team member for site visits to selected clinical programs.

Massachusetts Board of Registration in Medicine: *Approaches to Measuring Hospital Mortality and Use in Quality Improvement*

Evaluation and analysis of confidential MA hospital survey data addressing use of mortality data for quality improvement. Lead role in literature review and key informant interviews to define issues and best practices.

Massachusetts Department of Public Health: *Heart Disease/Stroke Prevention Program*

Designed protocol for evaluating clinical quality of care data across Massachusetts acute care hospitals. Directs evaluation of the validity and completeness of case data reported to the Paul Coverdell Stroke Registry.

Boston Public Health Commission: *Quality Management and Outcomes Measurement in Ryan White Part A Programs*

Designed and manages study of HIV/AIDS care (performance measures and outcomes) for Boston EMA; leads data collection, aggregation, evaluation, analysis and reporting. Directs multivariate analyses to assess potential health disparities in subpopulations and explore impact of support services on health and quality of life outcomes.

Health Resources and Services Administration: *Measures Alignment of HRSA Clinical Core Measures and Quality Improvement Initiatives*

Clinical consultant on a contract with the Center for Quality at HRSA to assist in developing a broad strategy to address agency wide-implementation of clinical quality measures alignment and to develop quality messages across HRSA.

Massachusetts Department of Public Health HIV/AIDS Bureau

Led evaluation of trends in enrollment into the HIV Drug Assistance Program. Designed, coordinated and analyzed statewide Quality Management survey of HIV care providers prescribing medications to ADAP clients. Coordinated seroepidemiologic studies of HIV in selected populations and community based Phase I/II study of therapeutic HIV vaccine. Consulted on statewide surveys and needs assessments including HIV Post-Exposure Prophylaxis in Hospital Emergency Departments and Statewide HIV Service Demands (MDPH).

Centers for Disease Control and Prevention

Directed the national nonoccupational postexposure prophylaxis registry for CDC, in which clinicians report experiences with treating cases of sexual or needle-use related HIV contacts. Coordinated Boston hospital sites for seroepidemiology study of occupational risk of HIV and HBV among surgeons.

Health Resources and Services Administration (HRSA)

Evaluator in the OPTIONS Intervention Evaluation across 15 SPNS-funded clinics; designed cross-site evaluation, carried out site visits, specified process and outcome measures appropriate to the diverse grantees, contributed to analytic approach and report writing. Consulted to several HRSA-sponsored projects including program evaluation and technical assistance (HIV clinic comparison, community health centers' HIV services, HIV home care).

PRIOR EXPERIENCE

Research | Administrative | Care Provider

- **Community Research Initiative/New England**, Brookline, Massachusetts
Clinical Director, May 1990 to July 1992
- **Boston City Hospital**, Boston, Massachusetts
Nurse Epidemiologist, Infection Control Practitioner June 1976 to May 1983
Research Nurse, AIDS Clinic November 1988 to June 1990

- **Massachusetts Department of Public Health**, Boston, Massachusetts
Director, AIDS Program, June 1987 to November 1988
AIDS Surveillance Nurse Epidemiologist, May 1985 to May 1987

RECENT COMMITTEE ACTIVITIES

Member, HIV Reporting Implementation Team, Massachusetts Department of Public Health: *April 1998 to present.*

Member, Harvard Pilgrim Health Care Human Studies Committee (IRB): *August 1999 to September 2001.*

Chair, Harvard Pilgrim Health Care Human Studies Committee (IRB): *September 2001 to present.*

Vice-Chair, Massachusetts Technical Advisory Group on Healthcare-associated Infections: *March 2008 to present.*

Chair, Massachusetts Department of Public Health IRB: *October 2012 to October 2013.*

Selected Publications

- Cooley TP, **Kunches LM**, Saunders CA, Ritter JK, Perkins CJ, McCaffrey RP, McLaren C, Liebman HA: Once-daily administration of 2', 3'-dideoxyinosine (ddI) in patients with the acquired immunodeficiency syndrome or AIDS-related complex: Results of a phase I trial. *NEJM* 322: 1340-1344, 1990.
- Cooley TP, **Kunches LM**, Saunders CA, Perkins CJ, Kelly S, McCaffrey RP, Liebman HA: Treatment of the acquired immune deficiency syndrome (AIDS) and AIDS-related complex with 2', 3'-dideoxyinosine (ddI) given once daily. *J Inf Dis* 12:S552-60, 1990.
- Hsu HW, Moye J, **Kunches L**, et al: Perinatally acquired HIV infection: Extent of recognition in a population-based cohort. *Pedi Infect Dis J* 11: 941-5, 1992.
- Panlilio AL, Shapiro CN, Schable CA, Mendelson MH, Montekalvo MA, **Kunches LM** et al: Serosurvey of Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus infection among hospital-based surgeons. *J Am Coll Surgeons* 180: 16-24, 1995.
- Hirschhorn L, **Kunches L**, Mayer K: Nonoccupational Postexposure Prophylaxis: Evolving clinical practice. *AIDS Clinical Care* 12: 6-12, January 2000.
- DeMaria A, **Kunches LM**, Mayer K, Cohen C, Epstein P, Werner B et al: Immunogenicity of recombinant HIV-1 gp160 vaccine (VaxSyn) in adults with HIV infection. *J Human Retrovirology* 4: 182-192, 2000.
- Meehan T, Boutwell R, **Kunches L**, McGuire J: Survey of nonoccupational HIV postexposure prophylaxis in hospital emergency departments. *JAIDS* 26: 263-265, 2001.
- **Kunches L**, Reinhalter N, Marquis A, Coakley E, Cohen C, Morris A and Mazzullo J: Tolerability of enteric coated didanosine capsules compared to didanosine tablets in adults with HIV infection. *JAIDS* 28: 150-153, 2001.
- Stone PW, Pogorzelska M, **Kunches L** and Hirschhorn L: Hospital staffing and healthcare-associated infections: A systematic review of the literature. *Clinical Infectious Diseases* 47:937-944, 2008.
- Stone PW, **Kunches L** and Hirschhorn L: Cost analysis of HAI and reporting in Massachusetts. *American Journal of Infection Control*. 2009 Apr;37(3):210-4. Epub 2008 Dec 25.
- Mazor K, Dodd K, **Kunches L**: Communicating hospital infection data to the public: A study of consumer reactions and preferences. *American Journal of Medical Quality* Mar-Apr; 24(2):108-15. Epub 2009 Feb 23.
- Ojikutu B, Holman J, **Kunches L** et al: Interdisciplinary HIV care in a changing healthcare environment in the USA. *AIDS Care*, Epub 2013 Nov 6.

Selected Reports

- **Kunches LM**, Reinhalter NE, Musolino J and Hirschhorn LR. Assessment of Potential Disparities in HIV Care Quality and Clinical Outcomes in Boston EMA Sites Providing Primary Medical Care (1999-2002). JSI Research and Training Institute, Inc. for the Boston Public Health Commission; 2005.
- **Kunches LM**, Holman JT, Hirschhorn LR. Statewide Survey of Massachusetts HIV Drug Assistance Program (HDAP) Clinical Providers. JSI Research and Training Institute, Inc. for the HIV/AIDS Bureau, Massachusetts DPH, 2005.
- **Kunches LM**, Reinhalter NE, Decristofaro J, Ban J, Musolino J and Hirschhorn LR. HIV Care Quality and Clinical Outcomes in Boston EMA Sites Providing Primary Medical Care: Findings from Phase 3 (2003-2004). JSI Research and Training Institute, Inc. for the Boston Public Health Commission; March 2006.
- **Kunches LM**, Reinhalter NE, Robert L, Coakley E: Assessment of Coverdell Stroke Registry Data Reporting: *Findings from Pilot Study* 2006. JSI Research and Training Institute, Inc. for the Massachusetts Department of Public Health, Heart

Disease and Stroke Prevention and Control Program; *June 2006.*

- **Kunches LM**, Reinhalter, NE., Chow, W., Steiner, J., Musolino, J., Hirschhorn, L. Demographics and Clinical Care & Outcomes in 2006 Among Recently Diagnosed HIV Positive Patients In BPHC Sites Funded Through Ryan White Part A Program. JSI Research and Training Institute, Inc. for the Boston Public Health Commission; *June 2008*
- JSI Research and Training Institute and MA Dept. of Public Health: *Prevention and Control of Healthcare-Associated Infections in Massachusetts*, Final Recommendations of the Expert Panel and Findings from Complementary Research Activities, *January 2008*. http://www.mass.gov/Eeohhs2/docs/dph/patient_safety/haipcp_final_report_pt1.pdf
- JSI Research and Training Institute and MA Dept. of Public Health: The Massachusetts HIV/AIDS Clinical Engagement Study: *Insights on the Significance of Concurrent Diagnosis Rates*, September 2013.
- John Snow, Inc. (**L Kunches** and J Holman): *Assessing the Experiences of Section 1115 Medicaid Waivers among Ryan White HIV/AIDS Program Providers and Clients* --- summary of findings from eight case studies. HRSA HIV/AIDS Bureau, May 2014.

PATRICIA GRAY DI PADOVA

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pdipadova@jsi.com

EDUCATION

WHITTEMORE SCHOOL OF BUSINESS AND ECONOMICS, UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE
M.B.A., 1996

DARTMOUTH COLLEGE, HANOVER, NEW HAMPSHIRE
B.A., Psychology, 1984

EXPERIENCE

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

Senior Consultant, June 1997 to present

Responsibilities include providing consultation to health care, social service, government and community-based organizations in the areas of operations, data analysis, community needs assessment, systems integration and network development. A selective sample of projects follows:

New Hampshire Health-Care Associated Infections Validation

Served as Project Coordinator for the first validation of Health-Care Associated Infections (HAI) National Healthcare Safety Network (NHSN) data for New Hampshire's 26 hospitals. Participated in the development of the NH HAI Validation Plan and validation implementation through hospital site visits, data validation and mentoring of DHHS staff participating in site visits.

Central New York Delivery System Reform Incentive Payment (DSRIP) Program Needs Assessment

Served as a lead consultant for collecting qualitative data and developing a qualitative and quantitative needs assessment report for Herkimer and Oneida counties in Central New York. The needs assessment was a requirement for the Delivery System Reform Incentive Payment Program funding for the Central New York Performing Provider System. The main purpose of DSRIP program is to encourage regional innovation to reduce unnecessary Medicaid hospital admissions by 25%. The needs assessment including interviews, focus groups, and data analysis and interpretation. Recommendations were developed to areas in need of improvement to assist in decreasing hospital admission rates.

Central New York Delivery System Reform Incentive Payment (DSRIP) Program Implementation Planning

Serve as a lead consultant for developing implementation plans for two Central New York Performing Provider System (PPS) projects: 1) Emergency Care Triage for At-Risk populations, and 2) Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions for the Central New York Delivery System Reform Incentive Payment (DSRIP) Program.

Maine Quality Counts

JSI is contracted with Maine Quality Counts (QC) to provide project development and project management services to support the development and implementation of a quality improvement (QI) initiative in which QC staff will provide technical support and QI assistance to primary care practices and provider groups to improve population health outcomes for patients with hypertension HTN and diabetes. The main components of the project include 1) developing a database and map (Primary Care Practice Environment Map) of the current primary care practice environment that will include a catalog of practices, practice organization, and the state of current practice QI efforts and resources in order to better understand the current organization of primary care practices in the state, and to identify the practices most likely to be interested in accessing QI/technical support to improve population health outcomes for hypertension and diabetes; 2) creating an implementation plan that includes data collection from participating practices and recognizes current EHR reporting capacity; 3) developing a change package for primary care practices that outlines the key changes needed to achieve the desired outcomes for HTN and diabetes; and 4) developing recruitment plan and package to recruit practices to participate in the pilot QI initiative.

Ohio Rural Health Clinic (RHC) Quality Network

Working closely with the Ohio State Office of Rural Health, service as Project Director on a project to develop a Rural Health Clinic Quality Network. JSI is providing support to the Ohio SORH through the 1) development of a new Ohio



RHC helpline to assist RHCs with practice management and RHC certification; 2) environmental scan of the Ohio landscape relative to clinical quality indicators, including document review, key informant interviews and a survey targeted at EHR/EMR capability and current quality indicator collection and reporting status in RHCs and practices working toward RHC status;; and 3) development and implementation of educational seminars whose purpose is to move RHCs toward a common set of quality indicators for clinical practice improvement.

Herkimer Prenatal Needs Assessment

JSI contracted with Herkimer County HealthNet, Inc. to conduct a comprehensive needs assessment for prenatal care services provided to women living in Herkimer County. The needs assessment was funded by the Health Foundation for Western and Central New York. The needs assessment included a site visit, key informant interviews, Herkimer County population data and data analysis, and recommendations for next steps.

NH Multi-Stakeholder Medical Home Project, Citizens Health Initiative

Planned and facilitated Pilot Site and Steering Committee meetings for collaborative project of the NH health insurance payors and representatives of NH clinical provider community. Coordinated provider lists for reimbursement, strategic planning and technical assistance. Assisted partners in the development of two videos explaining the Patient-Centered Medical Home pilots in NH.

Bureau of Clinician Recruitment and Service, National Health Service Corps

Project Manager – responsible for operational aspects of the UDS data collection process. Coordinate internal staff resources and communication with NHSC staff and external contractors for items such as the site lists, training logistics, materials development, and resolution of questions regarding report status of sites. Prepare status reports to the Project Officer. Developed the NHSC/FQHC Section 330 data integration process and report.

United States Public Health Service

Provide evaluation of the Commissioned Corps transformation process. Serve as Team Lead for the Career Assignment Manager (CAM) business process evaluation component. The evaluation will include mapping the business processes relative to management of personnel actions including the role of the CAMs as envisioned, existing and recommended including inputs, activities and outputs.

Health Resources and Services Administration (HRSA) Managed Care Technical Assistance Center

Technical Advisor for operational, financial, marketing and networking related issues. The HRSA Managed Care Technical Assistance Center is a federally funded program established to provide support to enable HRSA programs, and other safety net providers, to compete in a managed care market while continuing to meet the needs of the populations they serve.

Region I Office of Population Affairs, Boston, MA

Conducted comprehensive assessment of Region I Title X program's participation in managed care and recommend strategies for assisting family planning agencies to better position themselves in the managed care marketplace.

Suffolk County NY Health Center Network Assessment and Strategy Development

Developed a cost effective model to provide primary care services to the medically-indigent and -underserved residents of Suffolk County, New York. The primary goal of the project was to determine the best strategic option for the ongoing operation of the Division's ten Health Centers, referred to as the Health Center Network. Strategy options will be based on the results of practice assessments (operational and financial) for each of the Health Centers, analysis of current users, and a demographic analysis of the Suffolk County population. Responsible for operational practice assessments, including efficiency and quality improvement recommendations, and space planning to accommodate recommendation implementation. Conducted follow-on work to assist in preparing the application for FQHC status.

NH Center for Excellence: State Epidemiology Outcomes Workgroup (SEOW)

Serves as co-project manager for the NH State Epidemiology Outcomes Workgroup (SEOW). The SEOW is a multidisciplinary working group of epidemiologists and analysts with a mission to promote analytical thinking and methods in support of improved behavioral health in NH. The SEOW is tasked with increasing access to data and data products that address substance use and behavioral health issues to inform prevention and treatment efforts and broader policy in the state. The SEOW project management staff produced the *NH Epidemiological Profile of Mental, Emotional and Behavioral Health for 2011 and also for 2012*; and directed the *Report on Mental Illness and Substance Use Hospitalizations in NH, 2000-2009; Rising Rates & Rising Questions*. The SEOW conducted an inventory of health

indicator data and advised the Bureau of Drug and Alcohol services regarding health indicators for the new WISDOM data system.

Massachusetts Institute of Technology, Medical Department

Conducted multiple projects including focused practice reviews of operations including: staff ratios, staff/service mix, efficiency review, customer service assessment and training, review of the current provider staffing arrangement, efficiency review including workload assessment, and a particular focus on staff turnover rates for Obstetrics and Gynecology, Internal Medicine and Dental Services. Provided practice management support and supervision to a surgical specialties department, including general surgery, orthopedics, pulmonology, radiology, occupational health and health screening services. Implemented a light call system for patient arrival. Reorganized support staff functions for more efficiency within the department.

Alliance for Health Care Improvement

Provided executive direction and logistical support. The Alliance for Health Care Improvement is a collaborative of Massachusetts's not-for-profit HMO Medical Directors that exists to promote cost-effective, population-wide strategies designed to improve the health status of all enrolled members.

OTHER ACTIVITIES

Newport Education Foundation, 2008–present

President, 2011 - present

New Hampshire Governor's Council, Cancer and Chronic Disease, 1995–2009

Vice Chair, 2004–2006

Elected Member of the Newport School District School Board, 2003–2008

Swift Water Girl Scout Council Girl Scout Leader Group #22567, 2002–2009

Women's Health Network, 1993–1997

President, American Cancer Society, Sullivan Unit, Claremont/Newport, NH, 1993–1994

Board Member, Chairperson, Public Education Committee, 1991–1999

NANCY E. REINHALTER, RN, CCRC

JSI, 44 Farnsworth Street, Boston, Massachusetts 02210

nancy_reinhalter@jsi.com

EDUCATION

BOSTON CITY HOSPITAL SCHOOL OF NURSING, BOSTON, MASSACHUSETTS
R.N., 1975

EXPERIENCE

JSI, Boston, Massachusetts
Senior Research Coordinator, 1999 to present

Selected projects:

Maine Department of Health and Human Services and Maine CDC

Healthcare Associated Infection Prevention and Control Program Site Monitor for data validation of central line associated blood stream infection (CLABSI) in Maine Hospitals as part of the Maine HAI data validation plan. Performs site visits with medical record reviews for data validity and completeness of case data reported to the NHSN from 12 hospitals in Maine.

New Hampshire Department of Health and Human Services Division of Public Health Services

Healthcare Associated Infection Prevention and Control Program Site Monitor for New Hampshire and Maine HAI data validation plan. Performs site visits with medical record reviews for data validity and completeness of case data reported to the NHSN for surgical site infections and central line associated blood stream infection (CLABSI) from 25 hospitals in New Hampshire..

Massachusetts Department of Public Health Division of Healthcare Quality

Healthcare Associated Infection Prevention and Control Program

Site Monitor for Massachusetts Department of Public Health's healthcare-associated infection (HAI) data validation plan. Performs site visits with medical record reviews for data validity and completeness of case data reported to the National Healthcare Safety Network (NHSN) from the 73 hospitals in Massachusetts.

Massachusetts Department of Public Health Heart Disease and Stroke Prevention and Control Program

Lead Site Monitor since 2007 for the evaluation of the validity and completeness of case data reported to the Paul Coverdell Stroke Registry from the 52 hospitals in Massachusetts designated as Primary Stroke centers. Providing technical assistance and training for new data abstractors.

Massachusetts Department of Public Health Office of HIV/AIDS, and Hepatitis Programs

Site Coordinator since 2000 of clinical outcomes research/quality improvement projects for clinical HIV care in Massachusetts Enhanced Medical Management Services participating sites. Coordinates and performs site visits, medical record reviews and site surveys to establish best practices. Providing technical assistance to participating sites, to implement quality improvement activities. Since 2012 has performed similar medical record reviews with the Hepatitis C Program.

Massachusetts Department of Public Health HIV/AIDS, and Hepatitis Surveillance Programs

Consultant – Since 1999 has provided technical assistance to Massachusetts HIV/AIDS Surveillance Program, performing medical record reviews, and data collection for both state and CDC projects.

Boston Public Health Commission HIV/AIDS Program

Site Coordinator Since 2001 of clinical outcomes research/quality improvement project for clinical HIV care in Boston Title I Ryan White CARE Act sites. Coordinates and performs site visits, medical record reviews, and site surveys to establish best practices. Additionally, provides technical assistance to participating sites to implement quality improvement activities.

Evaluation of Yield and Cost Effectiveness Associated with 4th Generation HIV Testing

Data Manager Specialist for data collection activities for three public health program and clinical labs, that are currently performing HIV testing using a 4th generation HIV Testing assay.

Rhode Island Department of Health (RIDH) Title II Program

Lead Site Monitor for validation of HIV Primary Care and Case Management standards and quality measures in RIDH participating sites. Coordinates and performs site visits, medical record and case management record reviews, and provides technical assistance to implement quality improvement activities, particularly with linkages to care.

City of New Haven Connecticut, New Haven, Connecticut

Site Visit Specialist for Continuous Quality Improvement (CQI) initiative across New Haven and Fairfield Counties HIV/AIDS health system. Conducted clinical site visits with record reviews, data abstraction, and technical assistance to implement quality improvement activities in establishing standards of care for mental health, substance abuse, transportation, and outreach services.

Whittier Street Health Center, Roxbury, MA

Site Monitor and Evaluator for the Whittier Street Health Center's HIV/AIDS Oral Health Program. Development of data collection tools with site visits for medical record reviews and data abstraction for Program evaluation.

Mailman School of Public Health, Columbia University

Quality Assurance Specialist for the Data Management Center of the MTCT-Plus Initiative, a groundbreaking family-centered program providing comprehensive HIV primary care and antiretroviral therapy for HIV-infected mothers, infants, and other household members in resource-poor settings. Responsibilities include development of data collection forms, assessing data quality, identifying site needs, and providing technical assistance to 11 African and 1 Asian site.

Bristol-Myers Squibb Pharmaceutical Research Institute

Research Coordinator of a JSI-sponsored trial comparing tolerability of Videx EC® capsules to Videx® tablets in adults with HIV infection. Duties included recruitment, enrollment, follow up, data management, drug accountability, regulatory compliance, and monitoring of two sub-investigator sites.

Center Clinical Research Practice, Boston Medical Center, Boston, Massachusetts

Research Coordinator, 1989–1999

Research coordinator of Phase I/II, II/III, IV antiretroviral industry trials, and the Adult AIDS Clinical Trials Group (ACTG) protocols. Managed all aspects of greater than twenty clinical trials including patient recruitment, enrollment, follow up, data management, regulatory compliance and study sponsor correspondence.

Tufts University, Lemuel Shattuck Hospital, Boston, Massachusetts

Charge Nurse, Hemodialysis Unit, 1987–1990

Dialytic Resources Inc., Needham, Massachusetts

Independent Nurse Contractor, 1981–1987

Boston V. A. Medical Center, Boston, Massachusetts

Staff Nurse - Medical, Hemodialysis, and Neurological Units, 1975–1981

LICENSURE | CERTIFICATION

Massachusetts # 128323 Registered Nurse

ACRP Certified Clinical Research Coordinator

SELECTED PUBLICATIONS | REPORTS

Kunches LM, **Reinhalter NE**, Hirschhorn LM, O'Brien J: Validation of Central Line Associated Blood Stream Infection (CLABSI) Data in Maine Hospitals in 2012, for the Maine Quality Forum and the Maine Infection Prevention Collaborative September 2013.

Chow W, Day J, **Reinhalter N**, Obrien J, Musolino J, Hirschhorn L Multivariate Analysis of Factors Associated with Selected Performance Measures in Massachusetts Clinics, 2010 to 2011 for the Massachusetts Department of Public Health office of HIV and AIDS and Boston Public Health HIV Services Division October 2013.

Reinhalter NE, O'Brien J: Assessment of Coverdell Stroke Registry Data Reporting: *Findings from Remote Validations 2013* JSI Research and Training Institute, Inc. for the Massachusetts Department of Public Health, Heart Disease and Stroke Prevention and Control Program; July 2013

Kunches LM, **Reinhalter NE**, O'Brien J: Assessment of Coverdell Stroke Registry Data Reporting: *Findings from Onsite Validations 2011* JSI Research and Training Institute, Inc. for the Massachusetts Department of Public Health, Heart Disease and Stroke Prevention and Control Program; 2012.

PRISCILLA DAVIS, BS

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pdavis@jsi.com

EDUCATION

ST. JOSEPH'S COLLEGE, STANDISH, MAINE
Master of Health Administration candidate, currently enrolled

GRANITE STATE COLLEGE, CONCORD, NEW HAMPSHIRE
Bachelor of Science, Business Management 2008

UNIVERSITY OF RHODE ISLAND, KINGSTON, RHODE ISLAND
School of Business Administration, MIS Concentration 1978-1979

RHODE ISLAND COLLEGE, PROVIDENCE, RHODE ISLAND
School of Business Administration 1977-1978

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
Project Manager - September 1999 to present

Selected Project Work includes:

NH Hospital Associated Infections Validations

Participated as auditor on team tasked with conducting in-depth hospital audits throughout NH for validation process to assess and improve the quality of National Healthcare Safety Network (NHSN) Hospital Associated Infection (HAI) data reported by the 26 acute care hospitals in New Hampshire. Using a comprehensive method for HAI case finding and data verification to identify possible missed cases of surgical site infections (SSI) and central line associated bloodstream infections (CLASBI). The audit team applied the complex NHSN definitions to each case and compared determinations to those of the hospital infection prevention team.

Indian Health Service Urban Indian Health Program Uniform Data System (UIHP UDS)

Project Manager, Trainer and reviewer for the Urban Indian Health Program's Uniform Data System (UIHP UDS), a federal reporting requirement for the IHS Urban Indian Health Programs. Responsibilities include conducting national training for Urban Indian Health Programs, providing technical assistance related to reporting requirement; Reviewer for Health Center and Program reports, analysis of data and trends on the state, program and national levels and production of key reports with performance indicators as a result; Testing and oversight of software programming to define reporting needs including functionality, formula and edit checks; perform review and finalization of aggregated rollup, comparison and key management reports and written final executive summary for Indian Health Service.

Health Resource and Services Administration (HRSA), Bureau of Primary Health Care (BPHC UDS) Uniform Data System

Trainer, reviewer and data coordinator for the BPHC Uniform Data System (UDS) federal reporting requirement for Federally Qualified Health Centers (FQHC's). As trainer, conduct trainings in various states to assist health centers in accurate reporting. Responsibilities as reviewer include analysis of reports through individual review process with health center representatives and making recommendations for improvement. Also provide technical assistance to grantees and reviewers, contribute to executive summary, assist with compiling comparison, and other management reports as a result of the national collection process.

NH Conference on Aging

Project Manager and fiscal agent for the New Hampshire Bureau of Elderly and Adult's (BEAS) Conference on Aging. The Conference on Aging is an annual event whose goal is to provide information, education and training for older adults, caregivers and providers that promotes awareness, self-determination, advocacy, collaboration and independence. The conference reached a statewide audience of over 800 participants and 80 sponsor/exhibitors. Duties included working directly with planning committee consisting of representative from state and community agencies, to establish event content and outreach/marketing content. Duties also included fiscal management, fundraising through sponsorship and exhibitors, coordination of logistics specific to the needs of the target population, and making recommendations to BEAS. Other duties included building website with interactive online registration form; tracking, querying and reporting; soliciting sponsors and exhibits; coordination of registration; oversight of graphic design; analysis and summary of evaluations.

New Hampshire Wired Wizard

Conducted statewide community-based trainings for "NH Wired Wizard", an interactive screening tool designed to help New Hampshire's state and community-based agencies streamline the referral and eligibility determination process for individuals and families in need within their communities. Taught weekly training sessions to train, promote and assist in using Wired Wizard. Other responsibilities included producing training manual and materials, maintaining and updating current programs on the software, tracking user accounts, providing technical assistance, establishing and organizing training at locations encompassing all areas of the state, updating programmatic information on website.

NH Strategic Prevention Framework (SPF) Regional Evaluation,

Conducted over thirty interviews in SPF Region J related to community readiness around the region's youth substance abuse prevention efforts. One-on-one interviews were held with key informants from business, education, safety, health and local government sectors to help inform the overall assessment.

Teen Assessment Project

Coordinated and conducted the Teen Assessment Project (TAP) Survey for the Communities for Alcohol- and Drug-free Youth, Plymouth, NH. Duties included coordination with schools, dissemination and collection of survey and preparation for statistical analysis. The Teen Assessment Project (TAP) is a survey examines teen attitudes, alcohol and other drug abuse, sexual activity, interactions with peers, parent/teen relationships, internet use and health and safety issues, and is distributed bi-annually to participating schools in the Plymouth area SAU district.

The Memorial Hospital/Conway Area Needs Assessment

Co-facilitated focus group involving participants in a prior health related survey, which targeted populations in the Conway service area. A series of focus group sessions were conducted that included representative groups from various sectors included Health Providers, Senior Citizens, Business /Commerce, and Private Citizens. Duties included documenting responses and writing summaries of focus groups. Input received during the focus groups was used for final qualitative findings to aid in assessing health related programs needs in the service area.

HONORS AND AWARDS

Graduated summa cum laude, 2008, Granite State College;
ALA Merit Scholarship Recipient, 2008

WORKSHOPS

Grant Writing Workshop, Grant Training Center, 2009

COMPUTER SKILLS

MS Office Applications: Access, Word, Excel, PowerPoint and Publisher; Adobe Photoshop and Dreamweaver; Web Tools: Constant Contact, LogiForms, GoDaddy, Prezi, Survey Monkey, Mail Chimp; Video Editing: Audacity; Statistical Software: SPSS

DEBRA L. LOVE

JSI Research & Training Institute, Inc., d.b.a. Community Health Institute
501 South Street, 2nd Floor, Bow, New Hampshire 03304 (603) 573-3310

dlove@jsi.com

EDUCATION

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE
B.S., Business, Psychology and Health
Interdisciplinary Studies: 1985–1990

INSTITUTE OF CHILDREN'S LITERATURE, WEST REDDING, CONNECTICUT
Diploma: Writing, 1994–1996

AT-HOME PROFESSIONS, FORT COLLINS, COLORADO
Certification: Medical Transcriptionist – March to August 2004

Certified NH Notary Public, 2008 to Present

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
Project Manager, February 2009 to present
Project Coordinator, 2003 to 2009
Project Assistant, 2001 to 2003

NH Tobacco Addiction Treatment Services (TATS)

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

NH Center for Excellence

Provide fiscal, logistical, administrative and data management for a statewide technical assistance resource center for evidence-based practice in substance abuse services. The Center establishes a base of evidence-based practices in prevention, developing a learning collaborative of networks and practitioners to engage in systems change to support evidence-based practice, and establishes data dissemination systems to ensure that data is both an input to and output of evidence-based practice. An expert panel endorses evidence-based practice selections, outcome measurement designs, and the process by which promising practices may develop a base of evidence of effectiveness in New Hampshire.

Cheshire County Drug Court (CCDC)

Provide support in the program evaluation of the CCDC program, which is expanding the substance use disorder treatment capacity in their Superior Court through the development of the CCDC. The goal is to reduce recidivism by breaking the criminogenic patterns of behavior related to substance abuse and addiction among high risk/high need non-violent offenders.

Quality Improvement in Enhancing the System of Services for Children and Youth with Epilepsy

Provide logistical and administrative support to HRSA's Maternal and Child Health Bureau to assist Innovative Strategies and Promising Practices grantees to improve the system of care in medically-underserved and rural areas for children and youth with epilepsy. The purpose of the overall initiative is to explore mechanisms to spread improvement of the quality of services for children and youth with epilepsy (CYE) in the medical home and to strengthen the co-management relationship between the medical home and the specialty network. The project aims are to: 1) Create a three-session learning collaborative for grantees; 2) Analyze the results of the evaluation compiled from prior learning



collaboratives and design a strategy to incorporate continuous learning improvement; and 3) Conduct a comprehensive analysis of the learning collaborative.

Injury Prevention Professional Trainings

Project Manager for the Injury Prevention Program, Division of Public Health Services and the Injury Prevention Community Planning Group to provide planning, promoting and logistical support and evaluation for professional trainings with the goal of supporting appropriate activities that educate the public health workforce, policymakers and the public on the value of evidenced-based injury prevention measures in reducing preventable deaths and the severity of injuries as well as health care costs.

NH Conference on Aging

Project Manager for the New Hampshire Bureau of Elderly and Adult's (BEAS) Conference on Aging. Oversight of this project includes fiscal management, generation of funding through sponsorship and exhibitors, negotiation of conference expenses within, facilitation of planning committee meetings, coordination of logistics specific to the needs of the target population, and providing BEAS with recommendations. Other scope of work includes building website with online registration form; database creation; soliciting sponsors and exhibits; executing speaker and site contracts; coordination of registration; oversight of graphic design; generating weekly reports for client and post-conference survey and analysis. The Conference on Aging is an annual event whose goal is to provide information, education and training for older adults that promotes awareness, self-determination, advocacy, collaboration and independence.

Strategic Prevention Framework – SIG Region B, F, J & I

Provided administrative support for a state-defined region to plan for and implement evidence-based strategies to prevention and reduce alcohol use and abuse among 12 to 17 year olds. The regional initiative is part of a statewide Strategic Prevention Framework (SPF) funded by the U.S. Substance Abuse and Mental Health Services Administration that engages communities in a five step process to assess, build capacity for, plan, implement and evaluate strategies to reduce high risk alcohol consumption and its harmful consequence.

National Health Service Corps (NHSC)

Data Coordinator for a major initiative to collect 'Uniform Data Systems' (UDS) information from all National Health Service Corps sites across the country, which do not receive direct federal grants. The data collected describes the financial and operational parameters of the health centers, and forms the basis of NHSC management decisions and reports to Congress, as well as informing the health centers of their relative performance. The project involves extensive data management and technical editing of reported data as well as the development of unique software to collect, manage, and screen the data electronically.

New England Rural Health RoundTable (NERHRT)

Project Manager for the NERHRT. Responsibilities included maintaining database with dues paid members and with lapsed memberships. Coordinated production of the newsletter and managed layout, and printing. Processed all mailings including annual dues, conference announcements, board mailings, press releases, RFPs, and newsletters. Maintained financial records. Communicated regularly with NERHRT researcher and web site manager. Answered the NERHRT dedicated phone line and processed all inquiries from Board members, association members and individuals seeking information about the association. Logistics coordinator for two annual retreats, a conference, and annual board meeting and provided assistance with organization of annual symposium. Provided assistance to Executive Director.

Multistate Learning Collaborative

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

PROFESSIONAL ASSOCIATIONS

New Hampshire Public Health Association

Email Marketing Platforms (EventBrite, Mail Chimp, Constant-Contact)
Survey Monkey
Microsoft Office
SPSS

COMPUTER SKILLS

Website Management (WordPress, Joomla, GoDaddy)
Database Management (MS Access)
Adobe Creative Suite



CURRICULUM VITAE

Cathy F. Bokożanska, R.N., M.P.H., C.I.C

MAILING ADDRESS

Boston Medical Center
Infection Prevention
Soloman Carter Building- Room 401
85 East Newton Street
Boston, MA 02118

EDUCATION

Southeastern Massachusetts University, North Darnmouth, MA- Bachelor of Science in Nursing, June 1978,
Cum Laude.

Boston University School of Public Health, Masters in Public Health, Epidemiology and Biostatistics, May 1984.

Kaplan University, Legal Nurse Consultant Program, October 2010

EMPLOYMENT

Staff Nurse November 1978 to September 1980
Boston University Medical Center Hospital, Boston, MA

Infection Preventionist September 1980 to Present
Boston Medical Center, Boston, MA

JSI Consultant March 2010 – May 2011
JSI Research & Training Institute, Boston, MA

CERTIFICATION

Certification in Infection Control - Earned through examination prepared by Certification Board of Infection Control,
December 1988. Recertified 1993, 1998, 2003, 2008, 2013

Nosocomial Infection, Surveillance and Control Training Certificate University of Virginia Medical Center,
Charlottesville, VA. December 1981.

MEMBERSHIPS

Association for Practitioners in Infection Control

Massachusetts Nurse's Association.

American Association of Legal Nurse Consultants (AALNC)

ABSTRACTS & PUBLICATIONS

Cathy Korn, RN, MPH, CIC, Bonnie Burke, RN, MSN, Sandeep Ghai, MD, Celia Hill, RN,
Maryann Fura, RN, MSN, Ellen Stephenson, RN, Carol Sulis, MD, Gail Garvin, RN, MEd, CIC, Meg Grande, RN,
MSN and Nahid Bhadelia, MD, A Multidisciplinary Approach to Reduction of Central Line Associated Bacteremia
in Non-ICU Patients Annual Meeting of the Infectious Diseases Society of America (IDSA) 2014

Thakarar K, Collins M², Kwong L, Sulis C, Korn C, Bhadelia N, The role of tissue plasminogen activator use and
systemic hypercoagulability in central line-associated bloodstream infections. Am J Infect Control. 2014 Feb 19. pii:
S0196-6553(13)01411-9. doi: 10.1016/j.ajic.2013.11.016.]

Jason Leung, MD; Bob Burke, RN,MA; Dale Ford, RN,MPH; Gail Garvin, RN,MEd; Cathy Korn, RN,MPH; Carol Sulis, MD; Nahid Bhadelia, MD, MA. Is Obesity A Novel Risk Factor For Community Onset *Clostridium difficile* Infection? Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 19, No. 11, November 2013

Cathy Korn, BSN, MPH, CIC¹, Carol Sulis, MD¹, Tamar Barlam, MD², Charlie O'Donnell, MS, RRT¹, Julie Silva, RRT¹, Chris Buckus, RRT¹, Robert Burke, BSN, MA, CIC¹, Gail Garvin, BSN, MEd, CIC¹ and Dale Ford, BSN, MPH, CIC¹, Reduction Of Ventilator Associated Pneumonia - Steps To Success Annual Meeting of the Society for Healthcare Epidemiology of America, 2010

Dorothy Bird, MD; Amanda Zambuto, NP; Charles O'Donnell, MS, RRT; Julie Silva, RRT; Cathy Korn, MPH, RN; Robert Burke, MA; Peter Burke, MD; Suresh Agarwal, MD, Adherence to Ventilator-Associated Pneumonia Bundle and Incidence of Ventilator-Associated Pneumonia in the Surgical Intensive Care Unit, *Arch Surg.* 2010;145(5):465-470.

Robert Burke, RN, MA, CIC, Tamar Barlam, MD, MSC, Dale Ford, RN, MPH, CIC, Gail Garvin, RN, MEd, CIC, Cathy Korn, RN, MPH, CIC, Lisa O'Connor, RN, MS, NEA-BC and Carol Sulis, MD, Significantly Improved Hand Hygiene , Annual Meeting of the Society for Healthcare Epidemiology of America, Atlanta, Georgia March 2010

Cathy Korn, RN, MPH, CIC, Carol Sulis, MD, Gail Garvin, RN, MEd, CIC, Bob Burke, RN, MA, CIC, Tamar Barlam, MD, Dale Ford, BSN, MPH, CIC, Charlie O'Donnell, MS, RRT, Julie Silva, RRT, Chris Buckus, RRT, Reduction of Ventilator Associated Pneumonia - Steps To Success, Annual Meeting of the Society for Healthcare Epidemiology of America, Atlanta, Georgia March 2010

Cathy Korn, RN, MPH, CIC, Carol Sulis, MD, Gail Garvin, RN, MEd, CIC, Bob Burke, RN, MA, CIC, Jerome Sobieraj, MD, Matthew Ellis. Surgical Site Surveillance- Manual vs. Electronic - Are The Results Comparable? Annual Meeting of the Society for Healthcare Epidemiology of America, Atlanta, Georgia, March 2009

Korn C, Burke B, Garvin G, Sulis C. Healthcare Worker-Related Tuberculosis Exposure Assoc. Pract. Inf. Control. 33rd Annual Educational Conference, Tampa, Florida, June 2006.

McAneny, D. Korn, C, Health and Safety, Essentials of Surgery, Philadelphia, Saunders & Elsevier , 2006 pp 9-12.

Burke, R, Garvin, G, Korn, C, Sulis, C. Preventing Construction-Related Infections Assoc. Pract. Inf. Control. 32nd Annual Educational Conference, Baltimore, Maryland, June 2005

Korn, C, E. Lones, R. Burke, G. Garvin, C. Sulis, Reduction of Percutaneous Exposures in Operating Room Nursing Personnel: A Multi-Faceted Approach: Assoc. Pract. Inf. Control. 31st Annual Educational Conference, San Antonio, Texas, June 2004.

Burke R, Garvin G, Korn C, Sulis C, Reuse of Single Use Devices Assoc. Pract. Inf. Control. 29th Annual Educational Conference, Nashville, Tennessee May, 2002

Korn, C., Burke, R., O'Donnell, C., Smail, E., An outbreak of *Stenotrophomonas* (*Xanthomonas*) *Maltophilia* associated with reusable in-line ventilator temperature probes. 6th Annual Meeting of the Society for Healthcare Epidemiology of America, Washington, DC April 1996

Korn, C., McLaughlin, T, Regan, A.M., Garvin, G., Lichtenberg, D., Yeston, N., Dennis, D., Farber, H., Grindlinger, G., Heard, S., Crowe, H., Craven, D., A randomized study of colonization rates with two types of arterial line catheters. 27th ICAAC, New York, N.Y., October 1987.

Goularte, T.A., Korn, C.F., Lyon, R.C., and Craven, D.E. Contamination of wall nebulizers: Recommendations for change. Assoc. Pract. Inf. Control. 11th Annual Educational Conference, Washington, DC, June 1984.

JSI Research & Training Institute, Inc. d/b/a Community Health Institute
Healthcare-Associated Infections (HAI) Data Validation Services

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Jonathan Stewart	Regional Director	\$125,000	0%	\$ 0.00
Laurie Kunches	Technical Lead	\$146,000	11.17%	\$12,848.00
Patricia DiPadova	Project Director	\$102,000	12.32%	\$14,162.48
Nancy Reinhalter	Nurse Chart Reviewer	\$ 97,608	16.60%	\$19,097.80
Priscilla Davis	Data Coordinator	\$ 58,500	8.59%	\$ 9,880.14