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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527  
603-271-4493 1-800-852-3345 Ext. 4493  
Fax: 603-271-0545 TDD Access: 1-800-735-2964



Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

August 13, 2013

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

Sole source  
Retro active

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control, to enter into a **sole source** agreement with New Hampshire Hospital Association, Vendor #160051-B001, 125 Airport Road, Concord, NH 03301, in an amount not to exceed \$1,868,818.00, to provide Healthcare System Emergency Preparedness Planning, to be effective **retroactive** to August 31, 2013 through August 30, 2015.

100% Federal funds

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

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

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
2014	102-500731	Contracts for Prog Svc	90077700	778,674.00
2015	102-500731	Contracts for Prog Svc	90077700	934,409.00
2016	102-500731	Contracts for Prog Svc	90077700	155,735.00
			Total	\$1,868,818.00

EXPLANATION

This is a **sole source** request because the New Hampshire Hospital Association was specified as the contracted work performer for these activities in the federal grant application, which was approved and awarded. As the coordinating body for the State's hospitals, the New Hampshire Hospital Association is uniquely qualified, and is the organization already providing leadership in this effort to conduct the hospital preparedness planning and implementation activities included in this contract. The Hospital Association has very successfully conducted this program under agreement with the State since December 4, 2002, after the receipt of the first post-9/11 federal award for hospital preparedness.

This is a **retroactive** request because official notification of the award of federal funds for this contract was received on June 28, 2013, which did not allow adequate time to finalize the scope of work and present this agreement to Governor and Council in August, 2013.

Funds in this agreement will be used to provide the coordination and implementation of all-hazards planning to upgrade the preparedness capabilities of New Hampshire's 26 acute care hospitals, Veteran's Affairs Hospital and collaborating healthcare entities to respond to significant medical surges resulting from large-scale incidents, including those incidents requiring mass immunization, treatment, isolation and quarantine in the aftermath of bioterrorism or other outbreaks of infectious disease within their communities and regions such as pandemic influenza. It is mainly through this contract that the State achieves the grant requirement from the federal Hospital Preparedness Program grantor agency that the award must be allocated in large part to hospitals and healthcare partners.

All New Hampshire citizens potentially benefit from the hospital emergency preparedness and response planning provided under this agreement. In the event of an incident causing a significant surge of patients, New Hampshire hospitals will respond with a higher level of readiness and coordination, especially for situations requiring decontamination, isolation or mass evacuation of patients. Additional attention is paid in emergency preparedness planning to the special needs of populations with special medical or mobility needs.

Work accomplished through this agreement has strengthened hospital response in numerous real events in recent years in New Hampshire, including: a large hepatitis outbreak involving a popular food establishment; H1N1 influenza in 2009-2010; a large-scale emergency vaccination campaign for meningitis; and acute weather-related events including floods, a tornado, severe winter and ice storms, and severe wind events. The New Hampshire Hospital Mutual Aid Network has been established under the efforts of this agreement, with a written agreement among hospitals to provide assistance when a member hospital's capacity to respond in an emergency is being overwhelmed.

Should Governor and Executive Council not authorize this Request, the level of coordination between hospitals, the Division of Public Health Services and the Division of Homeland Security and Emergency Management on emergency response planning would be reduced, leaving the state's healthcare community less prepared to respond to large-scale emergencies.

The Department of Health and Human Services, in its sole discretion, may decide to offer a two (2) year renewal of this agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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

- Number of meetings of hospital representatives to advance the eight Healthcare System Preparedness Capabilities.
- Timely and complete submission of interim and final reports in accordance with federal grant requirements.
- Submission of completed and analyzed hospital survey data annually.
- Number of work plans and budgets by each sub recipient (hospital) submitted and approved.
- Number of trainings or technical assistance to address the eight Healthcare System Preparedness Capabilities.

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and the Honorable Council

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- Number of hospital exercises conducted that test the eight Healthcare System Preparedness Preparedness Capabilities.

Area served: Statewide.

Source of Funds: 100% Federal Funds from the US Department of Health and Human Services, Assistant Secretary for Preparedness and Response.

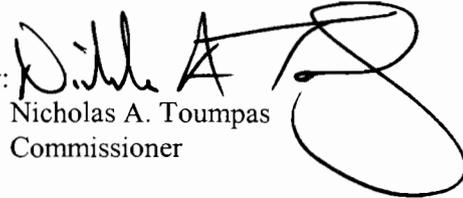
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD, MHCDS  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

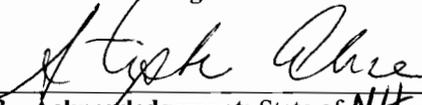
Subject: Healthcare System Emergency Preparedness Planning

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

<b>1.1 State Agency Name</b> NH Department of Health and Human Services Division of Public Health Services		<b>1.2 State Agency Address</b> 29 Hazen Drive Concord, NH 03301-6504	
<b>1.3 Contractor Name</b> New Hampshire Hospital Association		<b>1.4 Contractor Address</b> 125 Airport Road Concord, NH 03301	
<b>1.5 Contractor Phone Number</b> 603-225-0900	<b>1.6 Account Number</b> 05-95-90-902510-2239-102-500731	<b>1.7 Completion Date</b> August 30, 2015	<b>1.8 Price Limitation</b> \$1,868,818.00
<b>1.9 Contracting Officer for State Agency</b> Lisa L. Bujno, MSN, APRN Bureau Chief		<b>1.10 State Agency Telephone Number</b> 603-271-4501	
<b>1.11 Contractor Signature</b> 		<b>1.12 Name and Title of Contractor Signatory</b> Stephen Ahnen, President	
<b>1.13 Acknowledgement:</b> State of <u>NH</u> , County of <u>Merrimack</u> On <u>8/15/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
<b>1.13.1 Signature of Notary Public or Justice of the Peace</b> [Seal] 		<b>CYNTHIA A. MORSE, Notary Public</b> My Commission Expires December 20, 2015	
<b>1.13.2 Name and Title of Notary or Justice of the Peace</b> <u>Cynthia A. Morse, Executive Assistant</u>			
<b>1.14 State Agency Signature</b> 		<b>1.15 Name and Title of State Agency Signatory</b> Lisa L. Bujno, Bureau Chief	
<b>1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</b> By: _____ Director, On: _____			
<b>1.17 Approval by the Attorney General (Form, Substance and Execution)</b> By: <u>M.K. Brun</u> On: <u>8/16/13</u>			
<b>1.18 Approval by the Governor and Executive Council</b> 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.

  
5/5/13

- **8. EVENT OF DEFAULT/REMEDIES.**

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

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

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

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

**9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.**

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

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

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

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

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

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

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

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

**14. INSURANCE.**

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

Contractor Initials: SA  
Date: 8/5/13

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

**15. WORKERS' COMPENSATION.**

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

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

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

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

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

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

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

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

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

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

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

**NH Department of Health and Human Services**

**Exhibit A**

**Scope of Services**

***Healthcare System Emergency Preparedness Planning***

**CONTRACT PERIOD:** August 31, 2013 through August 30, 2015

**CONTRACTOR NAME:** New Hampshire Hospital Association

**ADDRESS:** 125 Airport Road  
Concord, NH 03301

**Executive Vice President:** Kathy Bizarro

**TELEPHONE:** (603) 415-4252

**E-MAIL:** kbizarro@nhha.org

**The Contractor shall:**

On behalf of the New Hampshire Department of Health and Human Services (DHHS), the contractor agrees to assist DHHS, the State of New Hampshire, and the participating acute care and specialty hospitals of the State, in planning, implementing and strengthening hospital and healthcare system emergency preparedness and response. The Contractor will provide training, technical assistance, and contract oversight to hospitals to support their progress toward achieving Capabilities as promulgated by the National Hospital Preparedness Program (HPP) funded by the Office of the Assistant Secretary for Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services. These Capabilities are defined in the document Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness, (the Capabilities) published by the HPP in January 2012. The contractor also agrees to support participating hospitals as they work with other community-based organizations, and state and federal agencies, to develop public health emergency preparedness capabilities. The contractor will work with the hospitals to achieve the development of Regional Healthcare Coalitions, including their hospital networks in accordance with the following:

- Continue to promote the New Hampshire Hospital Mutual Aid Network concept as the basis of hospital preparedness activities.
- Endorse and advance coalition building across the healthcare continuum by working with hospitals to coordinate planning and exercises that address the Capabilities in order to leverage partnerships and resources for a stronger response capability.
- Support hospital participation in the Public Health Network planning initiative and other regional planning where hospitals are a key stakeholder.
- Outreach to partners at the Federal, State, Regional, Local and Facility levels to deepen understanding of hospital emergency preparedness and promote joint ventures, as appropriate.

**1. Technical Assistance**

The contractor shall dedicate, at a minimum, 50% of the Coordinator's time to provide direct technical assistance to hospitals in support of their emergency preparedness planning, training, exercises, and implementing priorities identified during these activities. This assistance shall be based on the priorities identified by ASPR and all activities shall be conducted with the intent of making progress toward the eight HPP Capabilities.

Contractor Initials: \_\_\_\_\_

Date: \_\_\_\_\_

  
8/5/13

## 1.1 The Capabilities

The contractor will provide technical assistance to participating hospitals on the eight Capabilities below and the associated performance and program measures. Federal funding announcements requires new and innovative efforts by the State, its contractors, and all subcontractors to engage multiple partners to form and enhance preparedness in the regional healthcare coalitions across the healthcare sector. These efforts will focus on the Capabilities as follows:

### 1.1.1 Capability 1: Healthcare System Preparedness

The Contractor shall assist hospitals and coordinate activities that facilitate achievement of overall healthcare system preparedness in order to carry out the following functions:

- Function 1: Develop, refine, or sustain Healthcare Coalitions;
- Function 2: Prepare the healthcare system for a disaster;
- Function 3: Identify and prioritize essential healthcare assets and services;
- Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps;
- Function 5: Provide training to assist healthcare responders to develop the necessary skills in order to respond;
- Function 6: Improve healthcare response Capabilities through coordinated exercise and Evaluation;
- Function 7: Participate in planning for at-risk individuals and those with special medical needs, as Appropriate.

### 1.1.2 Capability 2: Healthcare System Recovery

The Contractor shall assist hospitals and coordinate activities that facilitate achievement of overall healthcare system recovery in order to carry out the following functions:

- Function 1: Develop recovery processes for the healthcare delivery system;
- Function 2: Assist healthcare organizations to develop and implement Continuity of Operations Plans.

### 1.1.3 Capability 3: Emergency Operations Coordination

The Contractor shall assist hospitals and coordinate activities that facilitate achievement of effective coordination between the healthcare system and operational partners in order to carry out the following functions:

- Function 1: Support Healthcare organization multi-agency representation and coordination with emergency operations;
- Function 2: Assess and notify stakeholders of healthcare delivery;
- Function 3: Support healthcare response efforts through coordination of resources;
- Function 4: Demobilize and evaluate healthcare operations.

### 1.1.4 Capability 5: Fatality Management

The Contractor shall assist hospitals and coordinate activities that facilitate hospital involvement in fatality management in order to carry out the following functions:

- Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations;
- Function 2: Coordinate surges of concerned citizens with community agencies responsible for family assistance;
- Function 3: Mental/behavioral support at the healthcare organization level.

1.1.5 Capability 6: Information Sharing

The Contractor shall assist hospitals and coordinate activities that facilitate essential, reasonable and actionable information sharing between healthcare systems and State, regional and healthcare coalition partners in order to carry out the following functions:

- Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture;
- Function 2: Develop, refine, and sustain redundant interoperable communication systems.

1.1.6 Capability 10: Medical Surge

The Contractor shall assist hospitals and coordinate activities that ensure capability of the healthcare coalitions to respond to medical surge in order to carry out the following functions:

- Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge;
- Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations;
- Function 3: Assist healthcare organizations with surge capacity and capability;
- Function 4: Assist in developing Crisis Standards of Care guidance;
- Function 5: Provide assistance to healthcare organization regarding evacuation and shelter in place operations.

1.1.7 Capability 14: Responder Safety and Health

The Contractor shall assist hospitals and coordinate activities that facilitate hospital involvement in responder safety and health in order to carry out the following functions:

- Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers;
- Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response.

1.1.8 Capability 15: Volunteer Management

The Contractor shall assist hospitals and coordinate activities that facilitate hospital involvement in volunteer management in order to carry out the following functions:

- Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations.

## 2. Other Requirements

### 2.1 Dissemination of Information to Hospitals

The contractor shall disseminate information from DHHS and other agencies/partners to hospitals, as necessary. Information to be disseminated will include, but is not limited to, emergency or routine messages, reports on statewide planning, training or exercising activities, notices of meetings, clarification on grant requirements and any information deemed pertinent to activities delineated in other sections of Exhibit A.

### 2.2 Meetings

The contractor will convene and facilitate at least 6 meetings of hospital representatives to provide training and technical assistance related to meeting the Capabilities as outlined in Section 1. The Hospital Emergency Management Group shall determine, with the guidance of the Contractor and the DHHS, the strategies and methodologies to achieve the goals of the ASPR HPP.

The contractor shall also chair sub-committees of the Hospital Emergency Management Group to further advance the Capabilities. Current sub-committees include:

- Communications Committee;
- Evacuation Committee;
- Implementation and Sustainability Committee;
- Regional Medical Surge Advisory Committee (includes Public Health Network partners).

Other committees shall be coordinated by the Contractor on an ad hoc basis according to an identified need to work on a specific issues related to the ASPR HPP or other public health topic.

2.3 The Contractor shall be a member of state or regional committees and attend meetings related to public health, hospital, and healthcare system emergency preparedness representing participating hospitals, as requested.

2.4 The Contractor shall attend meetings convened by State agencies as requested to provide input on behalf of hospitals related to planning, exercising and equipment initiatives initiated by State partners.

## 3. Personnel for Preparedness and Response Development

The Contractor shall continue support for a Hospital Preparedness Coordinator position. The Preparedness Coordinator responsibilities will include, but are not limited to:

- Providing leadership to hospital-based emergency planning and response activities which includes an emphasis on healthcare coalition planning;
- Ensuring that all activities in this Exhibit A are carried out in an appropriate and timely manner;
- Preparing and submitting interim and final reports related to the ASPR HPP.

#### 4. Sub recipients

##### 4.1 Hospital Allocation Plan

Within 30 days of the award, the contractor shall develop a hospital funding allocation plan to support hospitals to meet mutually-agreed to planning needs aligned with the Capabilities. The allocation plan shall be approved by the DHHS prior to funds being distributed.

##### 4.2 Conditions of Funding to Hospitals

4.2.1 The Contractor shall allocate funds to hospitals that have met the following conditions:

- Participate actively in regional healthcare coalitions;
- Affirm that emergency management and operations plans are being maintained;
- Participate in the annual data collection process conducted by the Contractor;
- Provide current contact information for use in an emergency;
- Attend at least 4 Hospital Emergency Preparedness Group meetings ;
- Participate in the New Hampshire Hospital Mutual Aid Network;
- Work to integrate hospital-based plans with local and regional partners, in accordance with the Capabilities;
- Participate in local, regional and State exercises, as appropriate;
- Provide estimated budgets for each allocation, as requested the Contractor;
- Provide semi-annual expenditure reports, as requested the Contractor;
- Provide written self-certification of NIMS implementation to NHHA, as required by ASPR.

4.2.2 Based on this allocation plan and conditions of funding the Contractor shall consider every qualifying hospital sub recipients of funding. DHHS must be provided documentation of the sub recipient agreement. In addition, sub recipients must be held responsible to fulfill all relevant requirements included in this Exhibit.

4.2.2.1 In consultation with the DHHS, review work plan and budget proposals from each hospital.

4.2.2.2 Collect semi-annual programmatic and financial reports from each hospital.

#### 5. Contract Administration and Management

##### Progress and Financial Reporting, Contract Monitoring and Performance Evaluation Activities

5.1 In collaboration with the DHHS, the Contractor will develop, conduct, compile and analyze annual surveys of all participating hospitals to collect data required by ASPR and will conduct adhoc data collection as needed. The contractor shall collect and report to DHHS on the program and performance measures relevant to all hospitals participating in the HPP program. semi-annually.

5.2 The Contractor will submit a comprehensive written progress report on a semi-annual basis to the DHHS Hospital Emergency Preparedness Coordinator, or designee. These reports will be based on progress in planning and preparedness reported as a result of planning and exercises as reported by hospitals; as observed at on-site visits by the contractor; as indicated by results of the annual data survey and analysis; and through direct leadership of projects as described in this Exhibit. Reports will reflect the activities delineated in this Exhibit and directly relate to ASPR HPP program measures and indicators.

5.3 Participate in an annual or semi-annual site visit with DHHS Healthcare System Emergency Planning program staff.

5.3.1 Site visits will include:

- A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures;
- On-site reviews may be waived or abbreviated at the discretion of the DHHS. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Work plan;
- Corrective actions shall be implemented as advised by DHHS programs when contracted services are not found to be provided in accordance with this Exhibit.

5.3.2 Participate in a financial audit in accordance with state and federal requirements.

5.3.3. Maintain the capability to accept and expend funds to support funded services.

5.3.4 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.

5.3.5 All materials prepared during or resulting from the performance of the services of the Contract shall be in compliance with the terms described in Exhibit C, paragraph 14.

5.3.6 Provide other programmatic and financial updates as requested by the DHHS.

## 6. Staffing Provisions

### 6.1 New Hires

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

### 6.2 Vacancies

The Contractor must notify the DHHS in writing if any of the key professional staff positions funded under this agreement are vacant for more than three months. This may be done through a budget revision.

## 7. State and Federal Laws

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

Contractor Initials: SA

Date: 8/5/13

NH Department of Health and Human Services

Exhibit B

Purchase of Services  
Contract Price

*Healthcare System Emergency Preparedness Planning*

Vendor #160051-B001

Job #90077700

Appropriation #05-95-90-902510-2239-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the infectious disease medical epidemiology services during the period of the contract shall not exceed:
  - \$1,868,818 funded from 100% Federal Funds from the US Department of Health and Human Services, Assistant Secretary for Preparedness and Response, (CFDA #93.889);

**TOTAL: \$1,868,818**

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.
3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month.
4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.
5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.
6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20<sup>th</sup> of each contract year.
7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

Contractor Initials:

Date:

SA

8/5/13

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

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

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials: GA

Date: 8/5/13

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

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

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

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

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

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

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

10. **Audit:** Contractor shall submit an annual audit to the Department within nine months after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Insurance Requirement for (2)** - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence

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

17. **Renewal:**

DHHS, in its sole discretion, may decide to offer a two (2) year renewal of this agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

18. **Authority to Adjust**

Notwithstanding paragraph 18 of the P-37 and Exhibit B, Paragraph 1 Funding Sources, to adjust funding from one source of funds to another source of funds that are identified in the Exhibit B Paragraph 1 and within the price limitation, and to adjust amounts if needed and justified between State Fiscal Years and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Council.

19. **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.

20. **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.

Contractor Initials: \_\_\_\_\_

Date: \_\_\_\_\_

  
8/5/13

**SPECIAL PROVISIONS – DEFINITIONS**

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

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

**DEPARTMENT:** NH Department of Health and Human Services.

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

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

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

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

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

Contractor Initials: SA  
Date: 8/5/13

**NH Department of Health and Human Services**

**Standard Exhibit D**

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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

**ALTERNATIVE I – FOR GRANTEES OTHER THAN INDIVIDUALS**

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

This certification is required by the regulations implementing Sections 5151-51-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). the January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630 of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

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

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





**NH Department of Health and Human Services**

**Standard Exhibit F**

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

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

Instructions for Certification

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transition. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transition," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntary excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rule implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction", "provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

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

**PRIMARY COVERED TRANSACTIONS**

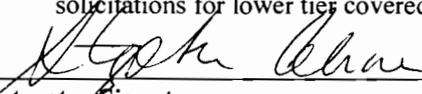
1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b.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

**Lower Tier Covered Transactions**

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

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

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

 <hr/> <b>Contractor Signature</b>	Stephen Ahnen, President <hr/> <b>Contractor's Representative Title</b>
New Hampshire Hospital Association <hr/> <b>Contractor Name</b>	8/5/13 <hr/> <b>Date</b>

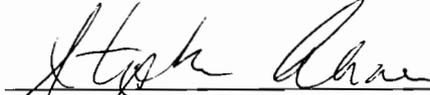
**NH Department of Health and Human Services**

**Standard Exhibit G**

**CERTIFICATION REGARDING THE AMERICANS WITH DISABILITIES ACT COMPLIANCE**

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

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



**Contractor Signature**

Stephen Ahnen, President

**Contractor's Representative Title**

New Hampshire Hospital Association

**Contractor Name**

8/15/13

**Date**

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

  
Contractor Signature

Stephen Ahnen, President  
Contractor's Representative Title

New Hampshire Hospital Association  
Contractor Name

8/5/13  
Date

**NH Department of Health and Human Services**

**STANDARD EXHIBIT I**  
**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**  
**BUSINESS ASSOCIATE AGREEMENT**

**Exhibit I-** Health Insurance Portability and Accountability Act, Business Associate Agreement does not apply to this contract.

Contractor Initials: AS  
Date: 8/5/13

NH Department of Health and Human Services

STANDARD EXHIBIT J

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

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

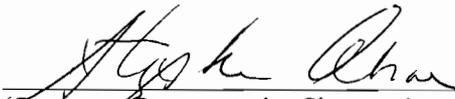
In accordance with 2 CFR Part 170 (*Reporting Sub-award and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any sub-award or contract award subject to the FFATA reporting requirements:

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

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

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

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

  
(Contractor Representative Signature)

Stephen Ahnen, President  
(Authorized Contractor Representative Name & Title)

New Hampshire Hospital Association  
(Contractor Name)

8/5/13  
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

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

1. The DUNS number for your entity is: 615335285

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

NO

YES

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

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

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

NO

YES

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

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

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

Name:           

Amount:           

Name:           

Amount:           

Name:           

Amount:           

Name:           

Amount:           

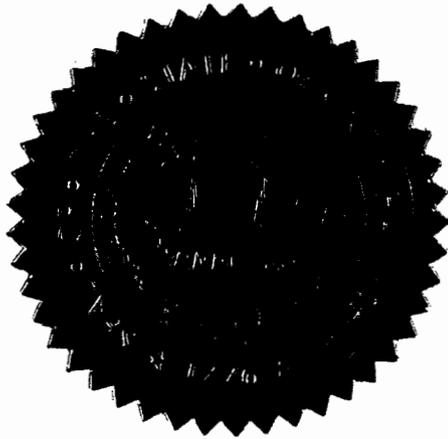
Name:           

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 NEW HAMPSHIRE HOSPITAL ASSOCIATION is a New Hampshire nonprofit corporation formed April 26, 1967. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2<sup>nd</sup> day of August A.D. 2013

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

William M. Gardner  
Secretary of State



**CERTIFICATE OF VOTE**

I, **Henry Lipman**, do hereby certify that:

1. I am the duly elected clerk of the New Hampshire Hospital Association.
2. The following are true copies of the two resolutions duly adopted at the meeting of the Board of Directors of the Corporation duly held May 21, 2002:

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire acting through its Department of Health and Human Services, Office of Community and Public Health, for the provision of hospital emergency preparedness planning services.

RESOLVED: That the President or Executive Vice President are hereby authorized on behalf of this Corporation to enter into said contract with the State of New Hampshire and to execute any and all documents, agreements and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked and remain in full force as of August 5, 2013.

4. Steve Ahnen is the duly elected President of the Corporation and Kathy Bizarro is the duly appointed Executive Vice President.

A handwritten signature in black ink, appearing to read "Henry Lipman", written over a horizontal line.

Signature of the Secretary/Treasurer  
Of the Corporation

August 5, 2013

Date

State of New Hampshire  
County of Belknap

The foregoing instrument was acknowledged before me this 5th day of August 2013 by Henry Lipman.

Name of Notary: Jacqueline M. Derosie  
Title: Notary Public  
Commission Expires: 04/13/2016



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/31/2013

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).

<b>PRODUCER</b> HUB Healthcare Solutions HUB International New England 299 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: <b>Kathleen Marchitelli</b> PHONE (A/C, No, Ext): <b>978-661-6843</b>	FAX (A/C, No): <b>866-893-2711</b>	
	E-MAIL ADDRESS:		
<b>INSURED</b> New Hampshire Hospital Assoc Attn: Linda Levesque 125 Airport Road Concord, NH 03301	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>Hartford Casualty Ins Co</b>		
	INSURER B: <b>Hanover Insurance Company</b>		
	INSURER C: <b>Hartford Insurance Co</b>		
	INSURER D: <b>Allmerica Financial Benefit Ins</b>		<b>41840</b>
	INSURER E:		
INSURER F:			

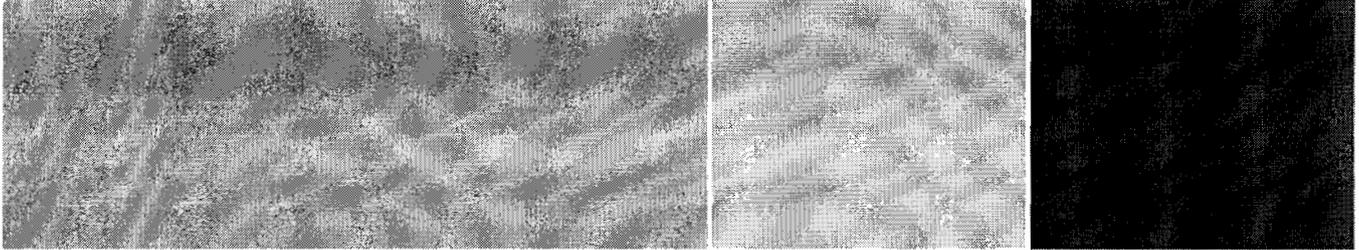
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			08SBAVW2923	06/22/2013	06/22/2014	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			LHNA02932000	06/22/2013	06/22/2014	D&O/EPL \$2,000,000
D	AUTOMOBILE LIABILITY			AWNA02797500	06/22/2013	06/22/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000			08SBAVW2923	06/22/2013	06/22/2014	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			08WECIV5293	06/22/2013	06/22/2014	WC STATU-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Blanket Bldg &BPP Bldg Max Limit			08SBAVW2923	06/22/2013	06/22/2014	\$1,759,000 \$1,431,600

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

<b>CERTIFICATE HOLDER</b>  NH Dept of Health & Human Svcs Contracts & Procurement Unit Bobbie Aversa, BS, Administrator 129 Pleasant Street, 4th FL Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**FINANCIAL STATEMENTS**

and

**SUPPLEMENTARY INFORMATION**

**December 31, 2012 and 2011**

**With Independent Auditor's Report**





## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
New Hampshire Hospital Association

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of New Hampshire Hospital Association and Affiliates (the Association) which comprise the consolidated statements of financial position as of December 31, 2012 and 2011, and the related consolidated statements of activities, changes in net assets, and cash flows for the years then ended.

### ***Management's Responsibility for the Consolidated Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards 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 combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of 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 Association'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 Association's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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

Board of Trustees  
New Hampshire Hospital Association

### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of New Hampshire Hospital Association and Affiliates as of December 31, 2012 and 2011, and the consolidated results of their activities, changes in net assets, and their consolidated cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

### **Other Matter**

#### *Other Information*

Our audits were made for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information contained in schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The accompanying consolidated schedule of expenditures of federal awards is presented for purposes of additional analysis required by U.S. Office of Management and Budget Circular A-133, *Audits of State, Local Governments, and Non-Profit Organizations*, 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 U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated June 13, 2013, on our consideration of New Hampshire Hospital Association and Affiliates' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grants. 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 the Association's internal control over financial reporting and compliance.

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
June 13, 2013

**NEW HAMPSHIRE HOSPITAL ASSOCIATION AND AFFILIATES**

**Consolidated Statements of Financial Position**

**December 31, 2012 and 2011**

**ASSETS**

	<u>2012</u>	<u>2011</u>
Current assets		
Cash and cash equivalents	\$ 794,945	\$ 808,848
Accounts receivable	431,119	466,339
Prepaid expenses	<u>23,841</u>	<u>16,929</u>
Total current assets	<u>1,249,905</u>	1,292,116
Investments	1,955,786	1,647,247
Assets limited as to use - investments held under deferred compensation agreement	-	7,935
Property and equipment, net	471,285	551,028
Other assets	<u>962,979</u>	<u>952,960</u>
Total assets	<u>\$ 4,639,955</u>	<u>\$ 4,451,286</u>

**LIABILITIES AND NET ASSETS**

Current liabilities		
Accounts payable	\$ 45,830	\$ 73,009
Accrued payroll and related amounts	166,135	153,232
Deferred revenue	34,449	40,072
Other current liabilities	<u>331,031</u>	<u>432,506</u>
Total current liabilities	<u>577,445</u>	698,819
Deferred compensation	-	<u>7,935</u>
Total liabilities	<u>577,445</u>	<u>706,754</u>
Net assets		
Unrestricted	3,150,755	2,998,543
Temporarily restricted	<u>911,755</u>	<u>745,989</u>
Total net assets	<u>4,062,510</u>	<u>3,744,532</u>
Total liabilities and net assets	<u>\$ 4,639,955</u>	<u>\$ 4,451,286</u>

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

**NEW HAMPSHIRE HOSPITAL ASSOCIATION AND AFFILIATES**

**Consolidated Statements of Activities**

**Years Ended December 31, 2012 and 2011**

	<u>2012</u>	<u>2011</u>
Revenues		
Membership dues	\$ 1,447,418	\$ 1,402,103
Foundation support	363,120	356,000
Program revenue	1,691,188	716,965
Seminars, meetings, and workshops	128,187	133,146
Rental income	57,958	48,099
Investment income	66,043	73,375
Miscellaneous	48,539	47,963
Net assets released from restriction used for operations	<u>865,024</u>	<u>835,342</u>
Total revenues	<u>4,667,477</u>	<u>3,612,993</u>
Expenses		
Salaries and related payroll expenses	2,149,238	2,029,107
General and administrative	292,780	244,960
Program expenses	1,959,568	1,054,535
Seminars, meetings, and workshops	177,315	132,590
Depreciation	<u>79,743</u>	<u>83,597</u>
Total expenses	<u>4,658,644</u>	<u>3,544,789</u>
Excess of revenues over expenses	8,833	68,204
Net realized and unrealized gain (loss) on investments	133,359	(63,535)
Change in cash surrender value of life insurance policies	<u>10,020</u>	<u>(15,768)</u>
Increase (decrease) in unrestricted net assets	<u>\$ 152,212</u>	<u>\$ (11,099)</u>

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

**NEW HAMPSHIRE HOSPITAL ASSOCIATION AND AFFILIATES**

**Consolidated Statements of Changes in Net Assets**

**Years Ended December 31, 2012 and 2011**

	<u>Unrestricted</u>	Temporarily <u>Restricted</u>	<u>Total</u>
Balance, January 1, 2011	\$ <u>3,009,642</u>	\$ <u>706,405</u>	\$ <u>3,716,047</u>
Excess of revenues over expenses	68,204	-	68,204
Net unrealized loss on investments	(63,535)	-	(63,535)
Change in cash surrender value of life insurance policies	(15,768)	-	(15,768)
Grants received	-	874,926	874,926
Net assets released from restriction used for operations	-	<u>(835,342)</u>	<u>(835,342)</u>
Change in net assets	<u>(11,099)</u>	<u>39,584</u>	<u>28,485</u>
Balance, December 31, 2011	<u>2,998,543</u>	<u>745,989</u>	<u>3,744,532</u>
Excess of revenues over expenses	8,833	-	8,833
Net unrealized gain on investments	133,359	-	133,359
Change in cash surrender value of life insurance policies	10,020	-	10,020
Grants received	-	1,030,790	1,030,790
Net assets released from restriction used for operations	-	<u>(865,024)</u>	<u>(865,024)</u>
Change in net assets	<u>152,212</u>	<u>165,766</u>	<u>317,978</u>
Balance, December 31, 2012	\$ <u>3,150,755</u>	\$ <u>911,755</u>	\$ <u>4,062,510</u>

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

**NEW HAMPSHIRE HOSPITAL ASSOCIATION AND AFFILIATES**

**Consolidated Statements of Cash Flows**

**Years Ended December 31, 2012 and 2011**

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities		
Change in net assets	\$ 317,978	\$ 28,485
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	79,743	83,597
Net realized and unrealized (gain) loss on investments	(133,359)	63,535
Change in cash surrender value of life insurance policies	(10,020)	15,768
Decrease (increase) in		
Accounts receivable	35,220	90,446
Prepaid expenses	(6,912)	(2,251)
Increase (decrease) in		
Accounts payable	(27,179)	(45,045)
Accrued payroll and related amounts	12,903	(18,647)
Deferred revenue	(5,623)	12,879
Other current liabilities	<u>(101,475)</u>	<u>8,482</u>
Net cash provided by operating activities	<u>161,276</u>	<u>237,249</u>
Cash flows from investing activities		
Purchases of property and equipment	-	(48,637)
Purchases of investments	(1,906,050)	(150,404)
Proceeds from sale of investments	<u>1,730,871</u>	<u>126,664</u>
Net cash used by investing activities	<u>(175,179)</u>	<u>(72,377)</u>
Net (decrease) increase in cash and cash equivalents	(13,903)	164,872
Cash and cash equivalents, beginning of year	<u>808,848</u>	<u>643,976</u>
Cash and cash equivalents, end of year	\$ <u>794,945</u>	\$ <u>808,848</u>

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



### **NHHA's Vision for New Hampshire**

The NHHA vision is to be *THE* leading and respected voice for hospitals and health care delivery systems in New Hampshire working together to deliver compassionate, accessible, high quality, financially sustainable health care to the patients and communities they serve.

### **Our Mission**

The NHHA mission is to provide leadership through advocacy, education and information in support of its member hospitals and health care delivery systems in delivering high quality health care to the patients and communities they serve.

### **Our Values**

Leadership ... Innovation ... Integrity ... Excellence ... Efficiency ... Engagement ... Teamwork.



## 2013 BOARD OF TRUSTEES OFFICERS/EXECUTIVE COMMITTEE

<b>Chair</b>	<b>Anne Jamieson, CEO</b> Portsmouth Regional Hospital
<b>Vice Chair</b>	<b>Art Nichols, CEO</b> Cheshire Medical Center
<b>Secretary/Treasurer</b>	<b>Henry Lipman, Senior VP</b> LRGHealthcare
<b>IPC:</b>	<b>Nancy Formella, Executive Advisor to the Boards</b> Dartmouth-Hitchcock
<b>President <i>ex officio</i></b>	<b>Stephen Ahnen</b>
<b>AHA RPB Delegate AHA RPB Alternate</b>	<b>Michelle McEwen</b> <b>Peter Gosline</b>

### TRUSTEES

<b>Alvin Felgar</b>	President/CEO Frisbie Memorial Hospital
<b>Peter Gosline</b>	CEO Monadnock Community Hospital
<b>Scott Howe</b>	CEO, Weeks Medical Center
<b>Bruce King</b>	President/CEO New London Hospital
<b>Stephen LeBlanc</b>	COO Dartmouth-Hitchcock
<b>Michelle McEwen</b>	CEO Speare Memorial Hospital
<b>Scott McKinnon</b>	President/CEO The Memorial Hospital
<b>Joseph Pepe, MD</b>	President/CEO Catholic Medical Center
<b>Donald Shumway</b>	President Crotched Mountain Rehabilitation Center
<b>Warren West</b>	CEO, Littleton Regional Hospital

# KEY ADMINISTRATIVE PERSONNEL

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

**Agency Name:** New Hampshire Hospital Association

**Name of Bureau/Section:** Healthcare System Emergency Preparedness Planning

BUDGET PERIOD:	SFY 14	8/31/13 - 6/30/14	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Deborah Yeager	\$54,403	100.00%	\$54,403.19
Kathleen Bizarro	\$96,666	5.00%	\$4,833.31
Stephen Ahnen	\$266,564	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>			<b>\$59,236.50</b>

BUDGET PERIOD:	SFY 15	7/1/14 - 6/30/15	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Deborah Yeager	\$69,515	100.00%	\$69,514.90
Kathleen Bizarro	\$122,840	5.00%	\$6,142.01
Stephen Ahnen	\$319,877	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>			<b>\$75,656.91</b>

BUDGET PERIOD:	SFY 16	7/1/15 - 8/30/15	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Deborah Yeager	\$8,139	100.00%	\$8,139.48
Kathleen Bizarro	\$14,383	5.00%	\$719.17
Stephen Ahnen	\$54,912	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>			<b>\$8,858.65</b>

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

# Deborah Yeager

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**Objective** Experienced emergency planner and versatile project management professional seeking to leverage advanced skills in both areas into a challenging position.

**Summary of Strengths** Over 30 years emergency planning and management experience – extensive experience planning for response to natural and man-made disasters of varying scale, including development of plans and procedures, conducting training and developing and directing exercises.

**Excellent project management skills** – builds consensus, encourages collaboration and optimum performance. Develops strategies, establishes goals ensures follow-through.

**Ability to foster relationships and connect diverse partners** – develops partnerships with local, State and Federal entities, community officials and private organizations. Nationwide experience with appointments in nine states.

**Strong written and verbal communication skills** – simplifies and conveys complex technical issues with clarity. Writes and speaks persuasively and passionately, when communicating issues and ideas.

**Work Experience** 2003-present **Director of Emergency Preparedness**

New Hampshire Hospital Association - Combines emergency management and healthcare experience to manage the Hospital Preparedness Program through a contract with the NH Department of Health and Human Services (NH DHHS) to implement the requirements of the Assistant Secretary of Preparedness and Response (ASPR) grant. Works directly with representatives of NH's 26 acute care and 4 specialty hospitals to formulate and execute state-wide preparedness initiatives including surge capacity (both state-wide and cross-border), isolation capability, hazmat and decontamination policies and training, pandemic influenza planning, facility evacuation planning, communications capabilities, pharmaceutical cache development and other requirements of the grant guidelines. Convenes this group of hospital representatives and government partners to work on strategic planning and specific preparedness issues, discuss lessons learned and share best practices. Maintains statistics on current hospital preparedness. Distributes and directs expenditures of grant funds. Serves as the hospital liaison to NH Department of Safety, HSEM, NH DHHS, Bureau of Emergency Medical Services and other partners. Serves on numerous advisory committees including the Advisory Council on Emergency Preparedness and Security, the ASPR New England Regional Planning Group and chairs all subcommittees of the Hospital Emergency Preparedness Group. Will act as the Hospital Liaison for Emergency Support Function 8, Health and Medical, in the event of an emergency.

1999 – 2003 **Director of Communications**

New Hampshire Health Care Association - Independently managed all aspects of communications and public relations programs for nonprofit Association of 80 long-term care providers and 30 business members. Responsible for ensuring consistency and appropriateness of image and message for all external communications whether to the public, government or media. Improved system to electronically communicate State and Federal regulatory information, industry news, legislative activity and relevant community matters to members. Designed and wrote all communications materials for members, legislators and the public, including oversight of web site content to effectively relay information that is pertinent and in step with industry trends.

Determined appropriate strategy and implementation for intensive grassroots campaign to call attention to the inadequacies in the state Medicaid system. Rallied members to write letters make phone calls and testify at hearings to persuade government leaders to enact change.

1993 – 1999 **Senior Emergency Planner**

Massachusetts Emergency Management Agency - Skillfully managed large-scale, multifaceted government programs requiring compliance with complex regulations and integration of the public and private sectors. Wrote and edited emergency plans, procedures, scenarios and related documents for emergency preparedness programs. Coordinated all aspects of exercise preparation and conduct, including scenario development, extent of play, controller manuals, and player, controller and FEMA evaluator briefings. Developed and coordinated emergency public instruction for immediate media outlet distribution. Developed and conducted training programs for professional staff, related agency personnel and volunteers at state and local level. Held emergency response positions for the State Emergency Operations Center at MEMA Headquarters, including Technical Hazards Officer and Public Affairs Officer. Supervised teams of planners and program facilitators to ensure teamwork and optimum performance. Analyzed and restructured work plans, set milestones and realigned roles to maximize team contributions. Effectively streamlined operations ensuring regulatory compliance.

1981 – 1992 **Emergency Planner/Consultant**

As a consultant for HMM Associates Inc., Concord, MA; S. E. Technologies, Harrisburg, PA; and Stone & Webster Engineering Corp, Boston; provided emergency planning services to the State of Connecticut, Cowlitz County, Washington, US Army Chemical Stockpile Demilitarization Program, Jefferson County, Arkansas and Calhoun County, Alabama, the State of Pennsylvania, Harford County, Maryland, Vogtle Electric Generating Plant in Georgia, and Seabrook Station in New Hampshire.

**Education**

**University of New Hampshire** – BA Theatre and Communications

**University of Massachusetts**, Donahue Institute–Massachusetts State Agency Management Development Program

**Emergency Management Institute, MD** - Advanced Public Information, Emergency Public Information, Radiological Emergency Preparedness Exercise Evaluation, Intro to Incident Command System

**University of New Hampshire**: Public Relations for Non-profits, Grant Writing, Advanced Grant Writing

**American Medical Society**: Basic and Advanced Disaster Life Support

**Keene State College, OSHA Training Center**: Hospital First Receiver Train-the-Trainer Program

**FEMA**: NIMS certification courses IS-100, 200 and 700, HSEEP

\*\*\*\*Have Amateur Radio Operator License \*\*\*\*

**Awards and Certifications**

**2011 Stovepipe Award** – statewide award given by the Department of Homeland Security and Emergency Management to an individual who works beyond traditional boundaries to form partnerships and strengthen emergency preparedness in NH.

**Certified Healthcare Emergency Professional** – given by the International Board for Certification of Safety Managers for healthcare emergency directors, managers, coordinators, associates, consultants, and others who work with or coordinate real world issues with the health sector. The program relies on information, standards, and best practices from reliable sources including organizations such as NFPA, ASTM, DHS, EPA, OSHA, FEMA, and accrediting organizations such as the Joint Commission.

## **KATHLEEN A. BIZARRO, MBA, FACHE**

**(603) 415-4252 (work)**

**kbizarro@nhha.org**

### **Summary of Qualifications**

Twenty-seven year professional career in hospital association management, including eleven years as executive vice president of statewide organization. Excellent communication, financial and management skills. Expertise in developing strategies and implementing statewide initiatives to support hospital issues, including HIPAA, hospital pricing, data collection and other healthcare policies.

### **Experience**

#### **New Hampshire Hospital Association**, Concord, NH

##### **Executive Vice President / Federal Relations** – 8/04 to Present

- Responsible for monitoring and responding to hospital issues at the state and federal level and developing relationships with U.S. congressional staff
- Act as liaison between NHHA and the American Hospital Association for congressional actions
- Represent the President, both internally and externally, in his absence
- Oversee internal NHHA and Foundation for Healthy Communities financial operations and budget development (approx. \$4 million annual combined operating budget) and information technology support.
- Supervise Director of Hospital Emergency Preparedness, Research Assistant/Director of Environmental Affairs, Healthcare Data Analyst and Administrative Assistant.
- Continue previous duties as EVP of NHHA, including hospital emergency preparedness activities, health policy issues, and special projects.

#### **New Hampshire Hospital Association / Foundation for Healthy Communities**, Concord, NH

##### **Executive Vice President (NHHA)** – 11/01 to 8/04

##### **Vice President / Strategic Information Services (FHC)** – 1/96 to 8/04

- Lead and coordinated all data collection activities among all New Hampshire hospitals, Foundation for Healthy Communities and outside agencies;
- Lead the oversight and execution of multi-year statewide data collection contract with NH Department of Health and Human Services (Approx. \$500,000 annual contract from 1985 to 2004).
- Lead the oversight and execution of multi-year hospital emergency preparedness contract (Approx. \$750,000-\$1 million per year contract from 2002 to present)
- Developed new relationships with state and federal agencies for representation of hospitals for emergency preparedness activities.
- Co-chaired two-state HIPAA project to assist healthcare providers in implementing standardized HIPAA policies and procedures.
- Worked with multi-disciplinary teams of hospital and health plan representatives in monitoring and influencing data needs for the healthcare industry in the state legislature;
- Represented the Foundation on statewide health data policy issues.
- Assisted President with organization-wide projects such as specialized financial reporting and budgeting.
- Supervised Hospital Emergency Preparedness Coordinator, Data Collection Manager and Information Services Programmer. Shared supervision of Research Assistant.

Kathleen A. Bizarro, page 2

**New Hampshire Hospital Association**, Concord, NH

**Vice President / Strategic Information Services** – 8/94 to 1/96

- Developed NHHA's web site as a premier communication tool for membership;
- Directed and implemented major changes to statewide hospital databases according to industry and State of NH standards;
- Supervised Data Collection Manager, Information Services Programmer and Information Services Intern.

**Director of Information Services** – 1/91 to 8/94

- Provided staff support to statewide health reform initiatives including involving NHHA, NH Medical Society, Home Care Assn of NH, Business and Industry Assn and others;
- Worked with a multi-disciplinary team of hospital representatives to develop and implement a voluntary statewide ambulatory surgery utilization database;
- Oversaw the fee-for-service activities of the department;
- Trained all NHHA staff members in the use of computers and maintained all hardware and software.

**Associate Director of Information Services** – 7/87 to 12/90

**Data Technician** – 6/85 to 6/87

- Created the Information Services Department by setting schedules for utilization and financial data collection, establishing contacts with hospitals for verification of data, establishing computer network for organization and working with staff to promote the activities of the new department.

**Education**

**Master in Business Administration in Leadership**, 2008

Franklin Pierce University, Concord, NH

Graduated with 3.98 GPA, Sigma Beta Delta International Honor Society for Business, Management and Administration member

**Bachelor of Science in Health Management and Policy**, 1992

University of New Hampshire, Durham, NH

Graduated Summa Cum Laude

**Associate in Science in Computer Information Systems**, 1985

New Hampshire Technical Institute, Concord, NH

Graduated with honors, Sachem Honor Society member

**Certifications**

**Fellow**

American College of Healthcare Executives

**Awards**

- American College of Healthcare Executives – Three-Star Exemplary Service Award (2010)
- American College of Healthcare Executives – Two-Star Outstanding Service Award (2008)
- American College of Healthcare Executives Regent's Award for Leadership (2001)

Stephen M. Ahnen, MBA



Work Experience

New Hampshire Hospital Association  
Concord, NH

- President and Chief Executive Officer** 2008-present
- Strategic and operational leader for this 32 member state hospital association with an annual operating budget of \$2 million and a combined staff of 20 employees. Serve as a member of the NHHA Board of Trustees and Executive Committee, as well as an officer of the Board of the Association's education and research arm, the Foundation for Healthy Communities.

American Hospital Association  
Washington, D.C.

- Senior Vice President, Association Development** 2007-2008
- Leader in developing internal staff and organization competencies through the strategic and operational execution of AHA's people strategies or human resources policies. Leader in developing the Association's relationships with the national business community as part of our efforts to engage key stakeholders to improve care, reduce costs and improve efficiency in the health care system. Also responsible for helping support the operations of the state and metropolitan hospital associations across the country to best serve our mutual members.

- Senior Vice President, Office of the President** 2000-2006  
**Vice President and Special Assistant to the President** 1995-2000  
**Senior Associate Director, Federal Relations** 1994-1995  
**Associate Director, Federal Relations** 1992-1994

U.S. House of Representatives 1989-1992  
Washington, D.C.

- Legislative Assistant**
- Legislative aide for two different members of Congress from my home state of Kansas – Representative Jan Meyers and Representative Bob Whittaker.

Education

**Executive MBA in Health Administration** July, 2000  
University of Colorado

**Bachelor of Arts, Political Science and German** May, 1989  
University of Kansas

## Professional and Other Activities

### **Member, New Hampshire Automated External Defibrillator (AED) Commission**

- Appointed to this Commission by Governor John Lynch and serve as Chair of the Finance Committee, to help educate the public on the need for AED's and to raise funds to help purchase devices for use in public school buildings across New Hampshire.

### **Member, Advisory Committee on Self-Regulation of the Charitable Sector**

- Appointed to this panel of national leaders from nonprofit organizations to develop recommendations to Congress on ways to strengthen accountability in the nonprofit community.

### **Member, American Society of Association Executives**

- Member, APAC Committee, ASAE's political action committee.
- Member, Tax Exempt Advisory Task Force.

### **Member, American College of Healthcare Executives**

- Member, Association Advisory Committee.

### **Student Preceptor, Institute for Diversity in Health Management**

### **Community Volunteer, Youth Sports Coach**

Personal--Married, three children (David-15, Matthew-12, Catherine-8).

**References Available Upon Request**

# Budget Form

## New Hampshire Department of Health and Human Services

Bidder/Program Name: New Hampshire Hospital Association

Healthcare System Emergency Preparedness  
Budget Request for: Planning

*(Name of RFP)*

Budget Period: SFY 14 - Aug 31, 2013 through Jun 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 59,236.50	\$ -	\$ 59,236.50	
2. Employee Benefits	\$ 19,548.05	\$ -	\$ 19,548.05	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 1,000.00	\$ -	\$ 1,000.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 400.00	\$ -	\$ 400.00	
6. Travel	\$ 7,109.45	\$ -	\$ 7,109.45	
7. Occupancy	\$ 2,460.00	\$ -	\$ 2,460.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 1,800.00	\$ -	\$ 1,800.00	
Postage	\$ 120.00	\$ -	\$ 120.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 8,000.00	\$ -	\$ 8,000.00	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ 22,500.00	\$ -	\$ 22,500.00	
10. Marketing/Communications	\$ 6,000.00	\$ -	\$ 6,000.00	
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Hospital Allocation	\$ 650,000.00	\$ -	\$ 650,000.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 778,674.00</b>	<b>\$ -</b>	<b>\$ 778,674.00</b>	

Indirect As A Percent of Direct

0.0%

*For DPHS use only*

Maximum Funds Available - (DPHS program to enter total funds available) \$ 778,674.00

Reconciliation - (this line must be equal to or greater than \$0) \$ 0.00

# Budget Form

## New Hampshire Department of Health and Human Services

Bidder/Program Name: New Hampshire Hospital Association

Healthcare System Emergency Preparedness

Budget Request for: Planning

*(Name of RFP)*

Budget Period: SFY 15 - Jul 1, 2014 through Jun 30, 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 75,656.91	\$ -	\$ 75,656.91	
2. Employee Benefits	\$ 24,966.78	\$ -	\$ 24,966.78	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 500.00	\$ -	\$ 500.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 9,298.31	\$ -	\$ 9,298.31	
7. Occupancy	\$ 2,952.00	\$ -	\$ 2,952.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 2,200.00	\$ -	\$ 2,200.00	
Postage	\$ 135.00	\$ -	\$ 135.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 8,000.00	\$ -	\$ 8,000.00	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ 27,500.00	\$ -	\$ 27,500.00	
10. Marketing/Communications	\$ 7,200.00	\$ -	\$ 7,200.00	
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Hospital Allocations	\$ 775,000.00	\$ -	\$ 775,000.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 934,409.00</b>	<b>\$ -</b>	<b>\$ 934,409.00</b>	

Indirect As A Percent of Direct

0.0%

*For DPHS use only*

Maximum Funds Available - (DPHS program to enter total funds available) **\$ 934,409.00**  
 Reconciliation - (this line must be equal to or greater than \$0) **\$ (0.00)**

# Budget Form

## New Hampshire Department of Health and Human Services

Bidder/Program Name: New Hampshire Hospital Association

Healthcare System Emergency Preparedness  
Budget Request for: Planning

*(Name of RFP)*

Budget Period: SFY 16 - Jul 1, 2015 through Aug 30, 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 8,858.65	\$ -	\$ 8,858.65	
2. Employee Benefits	\$ 2,923.35	\$ -	\$ 2,923.35	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 80.00	\$ -	\$ 80.00	
6. Travel	\$ 1,400.00	\$ -	\$ 1,400.00	
7. Occupancy	\$ 500.00	\$ -	\$ 500.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 360.00	\$ -	\$ 360.00	
Postage	\$ 25.00	\$ -	\$ 25.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 2,000.00	\$ -	\$ 2,000.00	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,588.00	\$ -	\$ 1,588.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Hospital Allocations	\$ 138,000.00	\$ -	\$ 138,000.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 155,735.00</b>	<b>\$ -</b>	<b>\$ 155,735.00</b>	

Indirect As A Percent of Direct

0.0%

*For DPHS use only*

Maximum Funds Available - (DPHS program to enter total funds available) \$ 155,735.00  
 Reconciliation - (this line must be equal to or greater than \$0) \$ (0.00)