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Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all

MAY 24 '13 PM 12:46 DMS

May 16, 2013

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to exercise renewal options with vendors, by increasing the Price Limitation by \$536,400.00 from \$536,400.00 to \$1,072,800.00 to provide statewide home visiting services, and extend the Completion Date from June 30, 2013 to June 30, 2014, effective July 1, 2013 or the date of Governor and Executive Council approval, whichever is later.

Summary of amendment amounts by vendor:

| Vendor | Amount |
|--|---------------------|
| Child and Family Services of New Hampshire | \$238,400.00 |
| The Family Resource Center at Gorham | \$59,600.00 |
| Lakes Region Community Services Council | \$59,600.00 |
| Central New Hampshire VNA & Hospice | \$59,600.00 |
| Community Action Partnership of Strafford County | \$59,600.00 |
| VNA AT HCS, Inc. | \$59,600.00 |
| TOTAL | \$536,400.00 |

68.54% 77
31.46% 67
100% 77

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

**05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY
SERVICES, MATERNAL AND CHILD HEALTH**

**05-95-45-450010-6146 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS,
HHS: TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, TEMPORARY ASSISTANCE
TO NEEDY FAMILIES**

**05-95-45-450010-6146 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS,
HHS: TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, TEMPORARY ASSISTANCE
TO NEEDY FAMILIES**

Please see attachment for financial details

EXPLANATION

The requested action seeks approval of six agreements to provide a continuum of home visiting services statewide for Medicaid-eligible pregnant women and low-income families with children at risk. Through these agreements, the vendors will provide one of two different home visiting services, Home Visiting New Hampshire Services or Child Family Health Support Services. This request seeks to exercise the renewal option that exists within each vendors contract.

Home Visiting New Hampshire offers an evidence-based model and curriculum, that has been proven to improve outcomes for health, reduced child maltreatment and improved family economic self-sufficiency. Home Visiting New Hampshire programs provide services to pregnant women and their infants that include activities to promote self-sufficiency and strengthen family life. In addition, home visitors provide family support and educate families about prenatal health, child development, and health and safety issues. This family focused and child centered program uses a multi-disciplinary team to provide service throughout a woman's pregnancy until her child is 12 months old.

Child and Family Health Support is a more flexible, tailored service designed to help families meet short-term goals. Each family receives an individual assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors may discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning, and/or smoking cessation. Child Family Health Support Services focus on short-term goals developed with the family on topics such as parenting education, health and safety issues, and accessing needed resources, such as a primary care provider or social services.

Should Governor and Executive Council not authorize this request, 665 low-income, at-risk pregnant women and their infants, and other low-income children, across the state, will not receive these services, many of which have been proven to improve health outcomes.

The vendors were originally selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site beginning February 10, 2012 in order to procure Home Visiting New Hampshire /Child and Family Support Services. A total of ten proposals were received. A committee of twelve reviewers evaluated the proposals, including nine Department of Health and Human Services personnel and three external reviewers. Reviewers recommended funding nine proposals to serve statewide. The bid summary for Child Health Services of New Hampshire is attached.

These services were contracted previously with the listed vendors in State Fiscal Year 2013 in the amount of \$536,400.00. These renewals represent level funding of all vendors.

The following measures will continue to be used to measure the performance of these agreements.

- Percentage of eligible pregnant women, infants, and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program will be enrolled in Medicaid
- Percentage of eligible pregnant and postpartum women, infants and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program will have client record documentation of enrollment in Women, Infant and Children Supplemental Nutrition Program
- Percentage of pregnant women enrolled in the Home Visiting New Hampshire/Child Family Health Support program identified as cigarette smokers will be referred to QuitWorks-New Hampshire
- Percentage of women enrolled in the Home Visiting New Hampshire/Child Family Health Support program will receive further evaluation/treatment for perinatal depression, following identification by a formal validated depression screening
- Percentage of postpartum women will report they are not pregnant at the exit of the program

Area served: Statewide.

Source of Funds for Child and Family Services of New Hampshire are 68.54% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, and United States Department of Health and Human Services, Administration for Children and Families, and 31.46% general funds.

Source of Funds for the following vendor: The Family Resource Center at Gorham, Lakes Region Community Services Council, Central New Hampshire VNA & Hospice, Community Action Partnership of Strafford County, and VNA AT HCS, Inc. are 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, and United States Department of Health and Human Services, Administration for Children and Families.

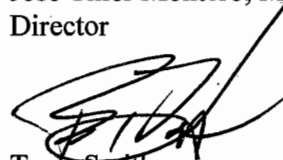
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 16, 2013
Page 4

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

Respectfully submitted,

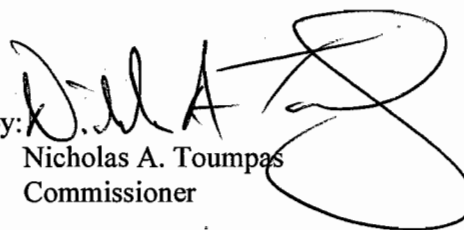


José Thier Montero, MD
Director



Terry Smith
Director
Division of Family Assistance

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/DDT/sc

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Child and Family Services of New Hampshire (Vendor #177166-B002)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|------------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 102-500731 | Contracts for Prog Svc | 90004009 | \$21,740 | \$0 | \$21,740 |
| SFY 2014 | 102-500731 | Contracts for Prog Svc | 90004009 | \$0 | \$21,740 | \$21,740 |
| | | | Sub-total | \$21,740 | \$21,740 | \$43,480 |

The Family Resource Center at Gorham, (Vendor #162412-B001)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|------------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 102-500731 | Contracts for Prog Svc | 90004009 | \$7,932 | \$0 | \$7,932 |
| SFY 2014 | 102-500731 | Contracts for Prog Svc | 90004009 | \$0 | \$7,932 | \$7,932 |
| | | | Sub-total | \$7,932 | \$7,932 | \$15,864 |

Lakes Region Community Services Council (Vendor #177251-B002)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|------------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 102-500731 | Contracts for Prog Svc | 90004009 | \$7,932 | \$0 | \$7,932 |
| SFY 2014 | 102-500731 | Contracts for Prog Svc | 90004009 | \$0 | \$7,932 | \$7,932 |
| | | | Sub-total | \$7,932 | \$7,932 | \$15,864 |

Central New Hampshire VNA & Hospice (Vendor #177244-B002)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|------------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 102-500731 | Contracts for Prog Svc | 90004009 | \$7,932 | \$0 | \$7,932 |
| SFY 2014 | 102-500731 | Contracts for Prog Svc | 90004009 | \$0 | \$7,932 | \$7,932 |
| | | | Sub-total | \$7,932 | \$7,932 | \$15,864 |

VNA AT HCS, Inc. (Vendor #177274-B002)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|------------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 102-500731 | Contracts for Prog Svc | 90004009 | \$7,932 | \$0 | \$7,932 |
| SFY 2014 | 102-500731 | Contracts for Prog Svc | 90004009 | \$0 | \$7,932 | \$7,932 |
| | | | Sub-total | \$7,932 | \$7,932 | \$15,864 |

Attachment- Home Visiting New Hampshire/Child and Family Health Support Financial Detail

Financial detail

Page 1 of 3

Community Action Partnership of Strafford County (Vendor #177200-B004)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|------------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 102-500731 | Contracts for Prog Svc | 90004009 | \$7,932 | \$0 | \$7,932 |
| SFY 2014 | 102-500731 | Contracts for Prog Svc | 90004009 | \$0 | \$7,932 | \$7,932 |
| | | | Sub-total | \$7,932 | \$7,932 | \$15,864 |
| | | Sub-total | | \$61,400 | \$61,400 | \$122,800 |

05-95-45-450010-6146 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, TEMPORARY ASSISTANCE TO NEEDY FAMILIES

Child and Family Services of New Hampshire (Vendor #177166-B002)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|----------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$141,660 | \$0 | \$141,660 |
| SFY 2014 | 502-500891 | Payment to Providers | 45130206 | \$0 | \$141,660 | \$141,660 |
| | | | Sub-total | \$141,660 | \$141,660 | \$283,320 |

The Family Resource Center at Gorham, (Vendor #162412-B001)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|----------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 | \$0 | \$51,668 |
| SFY 2014 | 502-500891 | Payment to Providers | 45130206 | \$0 | \$51,668 | \$51,668 |
| | | | Sub-total | \$51,668 | \$51,668 | \$103,336 |

Lakes Region Community Services Council (Vendor #177251-B002)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|----------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 | \$0 | \$51,668 |
| SFY 2014 | 502-500891 | Payment to Providers | 45130206 | \$0 | \$51,668 | \$51,668 |
| | | | Sub-total | \$51,668 | \$51,668 | \$103,336 |

Central New Hampshire VNA & Hospice (Vendor #177244-B002)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|-------------|------------|-------------------------|------------------------------|-------------------------|
| | | | | | | |

| | | | | | | |
|----------|------------|----------------------|------------------|----------|----------|-----------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 | \$0 | \$51,668 |
| SFY 2014 | 502-500891 | Payment to Providers | 45130206 | \$0 | \$51,668 | \$51,668 |
| | | | Sub-total | \$51,668 | \$51,668 | \$103,336 |

VNA AT HCS, Inc. (Vendor #177274-B002)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|----------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 | \$0 | \$51,668 |
| SFY 2014 | 502-500891 | Payment to Providers | 45130206 | \$0 | \$51,668 | \$51,668 |
| | | | Sub-total | \$51,668 | \$51,668 | \$103,336 |

Community Action Partnership of Strafford County (Vendor #177200-B004)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|----------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 | \$0 | \$51,668 |
| SFY 2014 | 502-500891 | Payment to Providers | 45130206 | \$0 | \$51,668 | \$51,668 |
| | | | Sub-total | \$51,668 | \$51,668 | \$103,336 |
| | | Sub-total | | \$400,000 | \$400,000 | \$800,000 |

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

The tables below show the amounts to be encumbered by vendor and the catchment area of award.

Child and Family Services of New Hampshire (Vendor #177166-B002)

| Fiscal Year | Class/Object | Class Title | Job Number | Current Modified Budget | Increased (Decreased) Amount | Revised Modified Budget |
|-------------|--------------|------------------------|------------------|-------------------------|------------------------------|-------------------------|
| SFY 2013 | 102-500731 | Contracts for Prog Svc | 90004105 | \$75,000 | \$0 | \$75,000 |
| SFY 2014 | 102-500731 | Contracts for Prog Svc | 90004105 | \$0 | \$75,000 | \$75,000 |
| | | | Sub-total | \$75,000 | \$75,000 | \$150,000 |
| | | Total | | \$536,400 | \$536,400 | \$1,072,800 |

Program Name

Contract Purpose

RFP Score Summary

Home Visiting New Hampshire and Child Family Health Support

Provide home visitation to support better outcomes for low income and at-risk families.

| RFA/RFP CRITERIA | | Max Pts | Family Resource Center at Gorham 123 Main Street, Gorham, NH 03583 (Berlin/Littleton DO) | Child and Family Services, 464 Chestnut Street, Manchester, NH 03105 (Manchester DO) | Child and Family Services, 464 Chestnut Street, Manchester, NH 03105 (Southern DO) | Child and Family Services, 464 Chestnut Street, Manchester, NH 03105 (Concord DO) | North Country Home Health & Hospice, 536 Cottage Street, Littleton, NH 03561 (Berlin/Littleton DO) | Child and Family Services, 464 Chestnut Street, Manchester, NH 03105 (Seacoast DO) | VNA at HCS, Inc. 312 Marlboro Street, Keene, NH 03431 (Keene DO) |
|------------------------|--|---------|--|---|---|--|--|---|---|
| Agy Capacity | | 30 | 30.00 | 27.00 | 28.00 | 29.00 | 20.00 | 27.00 | 29.00 |
| Program Structure | | 50 | 47.00 | 42.00 | 42.00 | 47.00 | 36.00 | 41.00 | 43.00 |
| Budget & Justification | | 15 | 15.00 | 12.00 | 14.00 | 14.00 | 11.00 | 13.00 | 14.00 |
| Format | | 5 | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | 4.00 | 5.00 |
| Total | | 100 | 97.00 | 86.00 | 89.00 | 95.00 | 72.00 | 85.00 | 91.00 |
| | | | | | | | | | |
| BUDGET REQUEST | | | | | | | | | |
| Year 01 | | | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 |
| Year 02 | | | - | - | - | - | - | - | - |
| Year 03 | | | - | - | - | - | - | - | - |
| TOTAL BUDGET REQUEST | | | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 |
| BUDGET AWARDED | | | | | | | | | |
| Year 01 | | | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 |
| Year 02 | | | - | - | - | - | - | - | - |
| Year 03 | | | - | - | - | - | - | - | - |
| TOTAL BUDGET AWARDED | | | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 | 59,600.00 |
| | | | | | | | | | |
| RFP Reviewers | | | Name | Job Title | | Dept/Agency | | Qualifications | |
| 1 | | | Marianne Jones | Executor Director | | The Women's Fund of NH | | The reviewers had between seven and | |
| 2 | | | Michelle Ricco Jonas | Program Manager | | DPHS, Family Planning Program | | years experience providing direct serv | |
| 3 | | | Teresa Brown | Health Promotion Advisor | | DPHS, Tobacco Program | | community and/or managing program | |
| 4 | | | Bev McGuire | Nurse Consultant | | Private Consultant | | children and families, including contr | |
| 5 | | | Beverly Drouin | Health Promotion Advisor | | DPHS, Healthy Homes Program | | Areas of expertise include Early Child | |
| 6 | | | Andrea Goldberg | Program Specialist IV | | DCYF | | WIC Nutrition Services, Maternal & C | |
| 7 | | | Fran McLaughlin | Nutrition Consultant | | DPHS, WIC Program | | Healthy Homes, Tobacco Cessation, A | |
| 8 | | | Linda Graham | Administrator | | DHHS, Developmental Svcs. | | Abuse, Child Abuse Prevention, Famil | |
| 9 | | | Maria Doyle | Training & Evaluation Advisor | | NH Children's Trust, Inc. | | programs to improve the lives of wom | |
| 10 | | | Scot Foster | Health Promotion Advisor | | DPHS, Obesity Prevention Program | | | |
| 11 | | | Linda Parker | Administrator | | DHHS, Bureau of Alcohol & Other Treatment | | | |
| 12 | | | Patrick McGowan | Contract Specialist | | DCYF | | | |

Program Name
Contract Purpose
RFP Score Summary

Home Visiting New Hampshire and Child Family Health Support
 Provide home visitation to support better outcomes for low income and at-risk families.

| | Lakes Region Community Services Council, 67 Communication Drive, Laconia, NH 03247 (Laconia DO) | Community Action Partnership of Strafford County, PO Box 160, Dover, NH 03821-0160 (Rochester DO) | Central New Hampshire VNA & Hospice, 780 North Main Street, Laconia, NH 03246 (Conway DO) | | | | |
|-----------------------------------|--|---|--|--|------|------|------|
| RFA/RFP CRITERIA | Max Pts | | | | | | |
| Agy Capacity | 30 | 24.00 | 28.00 | 23.00 | 0.00 | 0.00 | 0.00 |
| Program Structure | 50 | 34.00 | 44.00 | 44.00 | 0.00 | 0.00 | 0.00 |
| Budget & Justification | 15 | 11.00 | 14.00 | 11.00 | 0.00 | 0.00 | 0.00 |
| Format | 5 | 5.00 | 5.00 | 4.00 | 0.00 | 0.00 | 0.00 |
| Total | 100 | 74.00 | 91.00 | 82.00 | 0.00 | 0.00 | 0.00 |
| BUDGET REQUEST | | | | | | | |
| Year 01 | | \$59,600.00 | \$59,600.00 | \$59,600.00 | | | |
| Year 02 | | \$0.00 | \$0.00 | \$0.00 | | | |
| Year 03 | | \$0.00 | \$0.00 | \$0.00 | | | |
| TOTAL BUDGET REQUEST | | \$59,600.00 | \$59,600.00 | \$59,600.00 | | | |
| BUDGET AWARDED | | | | | | | |
| Year 01 | | \$59,600.00 | \$59,600.00 | \$59,600.00 | | | |
| Year 02 | | \$0.00 | \$0.00 | \$0.00 | | | |
| Year 03 | | \$0.00 | \$0.00 | \$0.00 | | | |
| TOTAL BUDGET AWARDED | | \$59,600.00 | \$59,600.00 | \$59,600.00 | | | |
| RFP Reviewers | | | | | | | |
| | Name | Job Title | Dept/Agency | Qualifications | | | |
| 1 | Marianne Jones | Executor Director | The Women's Fund of NH | The reviewers had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families, including contract oversight. Areas of expertise include Early Childhood Education, WIC Nutrition Services, Maternal and Child Health, Healthy Homes, Tobacco Cessation, Alcohol and Drug Abuse, Child Abuse Prevention, Family Support, and programs to improve the lives of women and girls. | | | |
| 2 | Michelle Ricco Jonas | Program Manager | DPHS, Family Planning Program | | | | |
| 3 | Teresa Brown | Health Promotion Advisor | DPHS, Tobacco Program | | | | |
| 4 | Bev McGuire | Nurse Consultant | Private Consultant | | | | |
| 5 | Beverly Drouin | Health Promotion Advisor | DPHS, Healthy Homes Program | | | | |
| 6 | Andrea Goldberg | Program Specialist IV | DCYF | | | | |
| 7 | Fran McLaughlin | Nutrition Consultant | DPHS, WIC Program | | | | |
| 8 | Linda Graham | Administrator | DHHS, Developmental Svcs. | | | | |
| 9 | Maria Doyle | Training & Evaluation Advisor | NH Children's Trust | | | | |
| 10 | Scott Foster | Health Promotion Advisor | DPHS, Obesity Prevention Program | | | | |
| 11 | Linda Parker | Administrator | DHHS, Bureau of Alcohol & Other Treatment | | | | |
| 12 | Patrick McGowan | Contract Specialist | DCYF | | | | |

| Family Resource Center of Gorham | CLAREMONT DO (01) SULLIVAN & GRAFTON COUNTY | Child and Family Services | Central NH VNA | VNA at HCS | Lakes Region Community Services Council | Child and Family Services | Child and Family Services | Child and Family Services | Community Action Partnership of Stafford County |
|--|--|--|---|--|--|---|--|--|---|
| ALL COOS COUNTY BERLIN & LITTLETON CRAFTON COUNTY BATH BENTON BETHLEHEM CLARKSVILLE COLBROOK COLUMBIA FRANCONIA DALTON DIXVILLE HAVERHILL GLENCUFF LYNDAFF DUMMER ERROL GORHAM GROVETON JEFFERSON LANCASTER MILAN MONROE PIERMONT MILLSFIELD N STRATFORD NORTHUMBERLAND PERCY PITTSBURG WOODSTOCK WOODVILLE SHELBOURNE STARK STEWARTSTOWN STRAITFORD TWIN MTN | SULLIVAN ACWORTH CHARLESTOWN CLAREMONT CORNISH CROYDON GOSHEN GRANTHAM LANGDON LEMPSTER NEWPORT PLAINFIELD SPRINGFIELD SUNAPEE UNITY WASHINGTON GEORGES MILLS CRAFTON CANAAH ENFIELD GRAFTON HANOVER LEBANON LYME | CONCORD ALL MERIMACK COUNTY ALLENSTOWN ANDOVER BOSCAWEN BOW BRADFORD CANTERBURY CHESTER CONCORD CONTOCOOK DANBURY DUNBARTON EPSOM FRANKLIN LYMAN FRANCETOWN GOPSTOWN HENNIKER HILL HOOKSETT HOPKINTON LOUDON NEW BOSTON NEWBURY NEW LONDON NORTHFIELD PEMBROKE | CONWAY CARROLL, MERIMACK & STRAFFORD COUNTY CARROLL ALBANY BARTLETT BROOKFIELD CHATHAM CONWAY EATON EFFINGHAM FREEDOM HART'S LOCATION JACKSON MADISON MOULTONBOROUGH OSSISPEE SANBORNVILLE SANDWICH SILVER LAKE TAMWORTH TUFTONBORO WAKEFIELD WOLFEBORO STRAITFORD UNION | KEENE CHESHIRE County ALSTEAD CHESTERFIELD DUBLIN FITZWILLIAM GILSUM HARRISVILLE HINSDALE JAFFEY KEENE MARLBOROUGH MARLOW NELSON RICHMOND RINDGE ROXBURY SPOFFORD STODDARD SULLIVAN SURRY SWANZEY TROY WALPOLE WESTMORELAND WINCHESTER Southwestern HILLSBOROUGH County | LACONIA BELKNAP & GRAFTON COUNTY BELKNAP ALTON BARNSTEAD BELMONT CENTER HARBOR GILFORD GILMANTON LACONIA MEREDITH NEW HAMPTON SANBORNTON TILTON GRAFTON ALEXANDRIA ASHLAND BRIDGEWATER BRISTOL CAMPTON DORCHESTER ELLSWORTH GROTON HEBRON HOLDERNESSE PLYMOUTH RUNNEY THORNTON WATERVILLE VALLEY WENTWORTH | MANCHESTER CITY OF MANCHESTER AMHERST BEDFORD BROOKLINE HOLLIS HUDSON LITCHFIELD LYNDEBOROUGH MASON MERRIMACK MILFORD MONT VERNON NASHUA PELHAM REDS FERRY SALEM WILTON WINDHAM | SEACOAST ROCKINGHAM COUNTY ATKINSON ALBURN BRENTWOOD CANDIA CHESTER DANVILLE DEERFIELD DERRY EPPING EXETER FREMONT GREENLAND HAMSTEAD HAMPSTON HAMPTON FALLS KENSINGTON KINGSTON LONDONDERRY NEWCASTLE NEWFIELDS NEWINGTON NEWMARKET NEWTON NORTH HAMPTON NORTHWOOD NOTTINGHAM PLASTOW PORTSMOUTH RAYMOND RYE SANDOWN SEABROOK SOUTH HAMPTON STRATHAM | ROCHESTER STRAITFORD COUNTY BARRINGTON DOVER DURHAM FARMINGTON GONIC LEE MADBURY MIDDLETON MILTON MILTON MILLS NEW DURHAM ROCHESTER ROLLINSFORD SOMERSWORTH STRAITFORD | |
| WENTWORTH LOCATION W STEWARTSON WHITEFIELD | ORANGE ORFORD W LEBANON | PENACOOK PITTSFIELD POTTER PLACE SALISBURY SUNCOOK SUTTON WARNER WEARE WEBSTER WILMOT | MERRIMACK KEARSARGE | ANHEM BENNINGTON DEERING GREENFIELD GREENVILLE HANCOCK HILLSBORO NEW TSWICH PETERBOROUGH SHARON TEMPLE WINDSOR | THORNTON WATERVILLE VALLEY WENTWORTH | | | | |

EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 10th day of April, 2013 by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Child and Family Services of New Hampshire, Purchase Order Number 1025792, a corporation organized under the laws of the State of New Hampshire, with a place of business at 464 Chestnut Street, Manchester, New Hampshire 03105 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated September 19, 2012, Item #67, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of one additional year, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Council;

WHEREAS, the Contractor and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. **Exercise Of Option To Renew and Amend For One Additional Year:**

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2014.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$238,400 from \$238,400 to \$476,800.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A and any subsequent amendments remain(s) in effect unless expressly revoked by this agreement.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$238,400 for SFY 2014. The contract shall total \$476,800 for the contract term.

Funding in the amount of \$21,740 is available from 05-95-90-902010-5190-102-500731, 100% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.994.

Funding in the amount of \$141,660 is available from 05-95-45-450010-6146-502-500891, 100% Federal Funds from US Department of Health and Human Services, Administration for Children and Families, CFDA #93.558.

Funding in the amount of \$75,000 is available from 05-95-90-902010-5190-102-500731, 100% General Funds.

2. **Effective Date of Renew and Amend:**

This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

3. **Continuance of Renewal Agreement:**

Except as specifically amended and modified by the terms and conditions of this Renew and Amend, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE
Division of Public Health Services

By: Brian Dyer 5/22/13
Lisa L. Bajno, APRN Brook S. Dyer Date
Bureau Chief

By: Marilyn T. Mahoney 4/10/13
Marilyn Mahoney, Chair Date

Child and Family Services of New Hampshire
Legal Name of Agency

STATE OF NEW HAMPSHIRE
COUNTY OF HILLSBOROUGH

On this the 10th day of April, 2013, before me, Victoria Farren
(name of notary)
the undersigned officer, Marilyn Mahoney personally appeared who acknowledged him/herself
(contract signatory)
to be the Chair, Board of Trustees of the Child and Family Services of NH,
(signatory's title) (legal name of agency)
a corporation, and that he/she, as such Chair, Board of Trustees, being authorized so to do,
(signatory's title)
executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by him/herself as Chair, Board of Trustees of the Child and Family Services of NH.
(signatory's title) (legal name of agency)
In witness whereof I hereunto set my hand and official seal.



Victoria Farren
Notary Public/Justice of the Peace

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Jeannette P. Herrick
Assistant Attorney General

Date: 21 May 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

By: _____

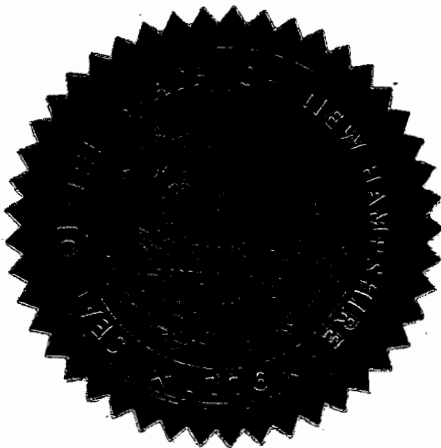
Title: _____

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 CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE is a New Hampshire nonprofit corporation formed September 25, 1914. 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 2nd day of April A.D. 2013

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Michael R. Ostrowski, of Child and Family Services of NH, do hereby certify that:

1. I am the duly elected Assistant Secretary of Child and Family Services of NH;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on March 26th, 2013;


RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the Chair, Board of Trustees is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Marilyn Mahoney is the duly elected Chair, Board of Trustees of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 10th, 2013.

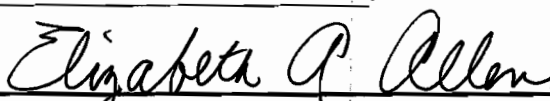
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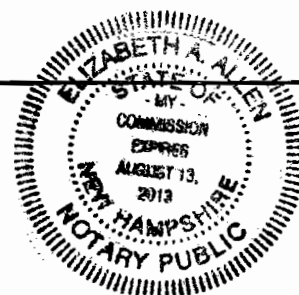
IN WITNESS WHEREOF, I have hereunto set my hand as the Assistant Secretary of the corporation this 10th day of April, 2013.


Michael R. Ostrowski, Assistant Secretary

STATE OF NEW HAMPSHIRE
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 10th day of April, 2013 by Michael R. Ostrowski.


Notary Public/Justice of the Peace
My Commission Expires:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2013

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).

| PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101 | CONTACT NAME: Linda Dacey PHONE (A/C No. Ext): (603) 669-3218 FAX (A/C No.): (603) 645-4331 E-MAIL ADDRESS: ldacey@crossagency.com | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|--------|------------|---------------------|--|------------|--------------------|-------|------------|--------------------|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED Child & Family Services of New Hampshire Po Box 448 Manchester NH 03105 | <table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Philadelphia Ins Co</td><td></td></tr><tr><td>INSURER B:</td><td>QBE Insurance Corp</td><td>39217</td></tr><tr><td>INSURER C:</td><td>Travelers Ins. Co.</td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Philadelphia Ins Co | | INSURER B: | QBE Insurance Corp | 39217 | INSURER C: | Travelers Ins. Co. | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | Philadelphia Ins Co | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | QBE Insurance Corp | 39217 | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | Travelers Ins. Co. | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 12-13 Pkg, BA, Prof & Umb **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 VVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|---|--|-----------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | PHPK879641 | 7/1/2012 | 7/1/2013 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 | | | | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | MED EXP (Any one person) \$ 15,000 | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | PERSONAL & ADV INJURY \$ 1,000,000 | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY | | | PHPK879641 | 7/1/2012 | 7/1/2013 | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 | | | | |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | BODILY INJURY (Per person) \$ | | | | |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | BODILY INJURY (Per accident) \$ | | | | |
| A | UMBRELLA LIAB | | | PHUB385665 | 7/1/2012 | 7/1/2013 | PROPERTY DAMAGE (Per accident) \$ |
| | <input checked="" type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> OCCUR | Drive other car \$ 1,000,000 | | | | |
| | <input type="checkbox"/> CLAIMS-MADE | | EACH OCCURRENCE \$ 4,000,000 | | | | |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | AGGREGATE \$ 4,000,000 | | | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | QWC4001064 | | | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N <input checked="" type="checkbox"/> N | N/A | (3a.) NH | | | E.L. EACH ACCIDENT \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | All officers included | 4/4/2013 | 4/4/2014 | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| C | Fidelity & Forgery | | | 104895803 | 4/1/2013 | 4/1/2015 | E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Professional Liability | | | PHPK879641 | 7/1/2012 | 7/1/2013 | Limit \$200,000 |
| | | | | | | | Aggregate \$2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
DHHS: State of NH, The Director, Division of Public Health Services are listed as additional insureds with respects to the CGL as per written contract. Notice of cancellation is 30 days, except in the instance of non-payment, which is 10 days.

CERTIFICATE HOLDER**CANCELLATION**

John.H.Harrington@dhhs.sta

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DHHS: State of NH
The Director, Division of Public Health S
29 Hazen Drive
Concord, NH 03301-6504

AUTHORIZED REPRESENTATIVE

Don Lefebvre/JSC

Donald R. Lefebvre



HESSION & PARE, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

62 Stark Street, Manchester, New Hampshire 03101
603-669-5477 FAX 603-669-0197

March 20, 2013

To the Board of Trustees
Child and Family Services of New Hampshire
Manchester, New Hampshire

In planning and performing our audit of the financial statements of Child and Family Services of New Hampshire (the "Organization") as of and for the year ended December 31, 2012, in accordance with auditing standards generally accepted in the United States of America, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing our audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis.

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

This communication is intended solely for the information and use of management, Board of Trustees, and others within the organization, and is not intended to be and should not be used by anyone other than these specified parties.

HESSION & PARE, P.C.



HESSION & PARE, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

62 Stark Street, Manchester, New Hampshire 03101
603-669-5477 FAX 603-669-0197

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Child and Family Services of New Hampshire
Manchester, New Hampshire

Report on the Financial Statements

We have audited the accompanying consolidated statements of Child and Family Services of New Hampshire (a nonprofit organization), which comprise the statement of financial position as of December 31, 2012 and 2011, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

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

The Board of Trustees
Child and Family Services of New Hampshire

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Child and Family Services of New Hampshire as of December 31, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 20, 2013, on our consideration of Child and Family Services of New Hampshire's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Child and Family Services of New Hampshire's internal control over financial reporting and compliance.

March 20, 2013

Hession, Park, P.C.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENTS OF FINANCIAL POSITION

As of December 31, 2012 and 2011

| ASSETS | | |
|---|----------------------|----------------------|
| | <u>2012</u> | <u>2011</u> |
| Assets | | |
| Cash and cash equivalents | \$ 255,465 | \$ 203,538 |
| Cash restricted for payment of long-term debt | 30,000 | 25,000 |
| Accounts receivable, less allowance for doubtful accounts of \$7,505 in 2012 and \$8,205 in 2011 | 949,727 | 980,874 |
| Prepaid expenses | 82,377 | 62,226 |
| Deferred expenses | 24,843 | 42,372 |
| Bequest receivable | 50,000 | - |
| Beneficial interest in funds held by others | 1,736,855 | 1,646,126 |
| Property, plant and equipment, net | 7,316,090 | 7,602,229 |
| Investments | 14,955,171 | 14,095,239 |
| Total assets | <u>\$ 25,400,528</u> | <u>\$ 24,657,604</u> |
| LIABILITIES AND NET ASSETS | | |
| Liabilities | | |
| Line of credit | \$ - | \$ 124,535 |
| Accounts payable | 130,627 | 109,592 |
| Accrued vacation | 260,070 | 267,080 |
| Accrued wages and related expenses | 261,289 | 259,032 |
| Annuities payable | 1,487 | 2,612 |
| Mark to market interest rate swap liability | 1,558,953 | 1,660,401 |
| Long-term debt | 5,432,682 | 5,552,679 |
| Total liabilities | <u>7,645,108</u> | <u>7,975,931</u> |
| Net assets | | |
| Unrestricted | 360,326 | (16,618) |
| Designated by Board | 12,114,920 | 11,391,434 |
| Temporarily restricted | 2,366,851 | 2,619,139 |
| Permanently restricted | 2,913,323 | 2,687,718 |
| Total net assets | <u>17,755,420</u> | <u>16,681,673</u> |
| Total liabilities and net assets | <u>\$ 25,400,528</u> | <u>\$ 24,657,604</u> |

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF ACTIVITIES

Year Ended December 31, 2012

| | <u>Unrestricted</u> | <u>Temporarily Restricted</u> | <u>Permanently Restricted</u> | <u>Total</u> |
|--|---------------------|-----------------------------------|-----------------------------------|-------------------|
| Public support and revenue | | | | |
| Public support | | | | |
| Government and other grants and fees | \$ 8,236,067 | \$ - | \$ - | \$ 8,236,067 |
| Contributions | 267,930 | - | 159,275 | 427,205 |
| Foundations and trusts | 602,049 | - | - | 602,049 |
| United Way | 304,996 | - | - | 304,996 |
| Special events (net of direct costs of \$103,656) | 198,954 | - | - | 198,954 |
| Net assets released from restriction for operating activities | 276,688 | (252,288) | (24,400) | - |
| Total public support | <u>9,886,684</u> | <u>(252,288)</u> | <u>134,875</u> | <u>9,769,271</u> |
| Revenue | | | | |
| Program service fees | 1,823,706 | - | - | 1,823,706 |
| Endowment transfer to support operations | 856,719 | - | - | 856,719 |
| In-kind donations | 147,429 | - | - | 147,429 |
| Rents | 15,207 | - | - | 15,207 |
| Income from HEFA trust | 8,410 | - | - | 8,410 |
| Total other revenue | <u>2,851,471</u> | <u>-</u> | <u>-</u> | <u>2,851,471</u> |
| Total public support and revenue | <u>12,738,155</u> | <u>(252,288)</u> | <u>134,875</u> | <u>12,620,742</u> |
| Expenses | | | | |
| Program services | | | | |
| Family counseling | 1,047,925 | - | - | 1,047,925 |
| Teen and youth | 1,900,608 | - | - | 1,900,608 |
| Child abuse treatment | 1,984,898 | - | - | 1,984,898 |
| Child abuse prevention and family strengthening | 3,270,527 | - | - | 3,270,527 |
| Early intervention | 403,047 | - | - | 403,047 |
| Homecare | 1,736,040 | - | - | 1,736,040 |
| Residential services | 556,649 | - | - | 556,649 |
| Adoptions and pregnancy counseling | 152,139 | - | - | 152,139 |
| Child advocacy | 129,760 | - | - | 129,760 |
| Summer camp | 274,385 | - | - | 274,385 |
| Total program services | <u>11,455,978</u> | <u>-</u> | <u>-</u> | <u>11,455,978</u> |
| Supporting services | | | | |
| Public relations and financial development | 452,551 | - | - | 452,551 |
| Management and general | 798,942 | - | - | 798,942 |
| Total supporting services | <u>1,251,493</u> | <u>-</u> | <u>-</u> | <u>1,251,493</u> |
| Total expenses | <u>12,707,471</u> | <u>-</u> | <u>-</u> | <u>12,707,471</u> |
| Increase (decrease) in net assets before non-operating gains and losses | <u>30,684</u> | <u>(252,288)</u> | <u>134,875</u> | <u>(86,729)</u> |

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF ACTIVITIES (concluded)

Year Ended December 31, 2012

| | <u>Unrestricted</u> | <u>Temporarily Restricted</u> | <u>Permanently Restricted</u> | <u>Total</u> |
|--|----------------------|-----------------------------------|-----------------------------------|----------------------|
| Increase (decrease) in net assets before non-operating gains and losses | \$ 30,684 | \$ (252,288) | \$ 134,875 | \$ (86,729) |
| Non-operating gains and losses | | | | |
| Investment gain reduced by the portion of cumulative net appreciation designated for current operations | 968,298 | - | - | 968,298 |
| Unrealized gain on mark to market interest rate swap | 101,448 | - | - | 101,448 |
| Change in beneficial interest in funds held by others | - | - | 90,730 | 90,730 |
| Increase (decrease) in net assets | 1,100,430 | (252,288) | 225,605 | 1,073,747 |
| Net assets, beginning of year | 11,374,816 | 2,619,139 | 2,687,718 | 16,681,673 |
| Net assets, end of year | <u>\$ 12,475,246</u> | <u>\$ 2,366,851</u> | <u>\$ 2,913,323</u> | <u>\$ 17,755,420</u> |

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF ACTIVITIES

Year Ended December 31, 2011

| | <u>Unrestricted</u> | <u>Temporarily Restricted</u> | <u>Permanently Restricted</u> | <u>Total</u> |
|--|---------------------|-----------------------------------|-----------------------------------|-------------------|
| Public support and revenue | | | | |
| Public support | | | | |
| Government and other grants and fees | \$ 7,986,444 | \$ - | \$ - | \$ 7,986,444 |
| Contributions | 401,525 | - | 211,401 | 612,926 |
| Foundations and trusts | 589,090 | - | - | 589,090 |
| United Way | 343,962 | - | - | 343,962 |
| Special events (net of direct costs of \$101,186) | 159,211 | - | - | 159,211 |
| Net assets released from restriction for operating activities | 118,762 | (118,762) | - | - |
| Total public support | <u>9,598,994</u> | <u>(118,762)</u> | <u>211,401</u> | <u>9,691,633</u> |
| Revenue | | | | |
| Program service fees | 1,673,422 | - | - | 1,673,422 |
| Endowment transfer to support operations | 663,354 | - | - | 663,354 |
| In-kind donations | 221,620 | - | - | 221,620 |
| Rents | 3,626 | - | - | 3,626 |
| Income from HEFA trust | 8,145 | - | - | 8,145 |
| Total other revenue | <u>2,570,167</u> | <u>-</u> | <u>-</u> | <u>2,570,167</u> |
| Total public support and revenue | <u>12,169,161</u> | <u>(118,762)</u> | <u>211,401</u> | <u>12,261,800</u> |
| Expenses | | | | |
| Program services | | | | |
| Family counseling | 1,117,703 | - | - | 1,117,703 |
| Teen and youth | 2,278,597 | - | - | 2,278,597 |
| Child abuse treatment | 1,644,015 | - | - | 1,644,015 |
| Child abuse prevention and family strengthening | 2,768,202 | - | - | 2,768,202 |
| Early intervention | 408,898 | - | - | 408,898 |
| Homecare | 1,539,865 | - | - | 1,539,865 |
| Residential services | 592,487 | - | - | 592,487 |
| Adoptions and pregnancy counseling | 216,263 | - | - | 216,263 |
| Child advocacy | 211,588 | - | - | 211,588 |
| Summer camp | 227,957 | - | - | 227,957 |
| Total program services | <u>11,005,575</u> | <u>-</u> | <u>-</u> | <u>11,005,575</u> |
| Supporting services | | | | |
| Public relations and financial development | 427,405 | - | - | 427,405 |
| Management and general | 785,600 | - | - | 785,600 |
| Total supporting services | <u>1,213,005</u> | <u>-</u> | <u>-</u> | <u>1,213,005</u> |
| Total expenses | <u>12,218,580</u> | <u>-</u> | <u>-</u> | <u>12,218,580</u> |
| Increase (decrease) in net assets before non-operating gains and losses | <u>(49,419)</u> | <u>(118,762)</u> | <u>211,401</u> | <u>43,220</u> |

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF ACTIVITIES (concluded)

Year Ended December 31, 2011

| | <u>Unrestricted</u> | <u>Temporarily Restricted</u> | <u>Permanently Restricted</u> | <u>Total</u> |
|--|----------------------|-----------------------------------|-----------------------------------|----------------------|
| Increase (decrease) in net assets before non-operating gains and losses | \$ (49,419) | \$ (118,762) | \$ 211,401 | \$ 43,220 |
| Non-operating gains and losses | | | | |
| Investment loss reduced by the portion of cumulative net appreciation designated for current operations | (951,952) | - | - | (951,952) |
| Unrealized (loss) on mark to market interest rate swap | (748,755) | - | - | (748,755) |
| Change in beneficial interest in funds held by others | - | - | (130,908) | (130,908) |
| Increase (decrease) in net assets | (1,750,126) | (118,762) | 80,493 | (1,788,395) |
| Net assets, beginning of year | 13,124,942 | 2,737,901 | 2,607,225 | 18,470,068 |
| Net assets, end of year | <u>\$ 11,374,816</u> | <u>\$ 2,619,139</u> | <u>\$ 2,687,718</u> | <u>\$ 16,681,673</u> |

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENTS OF CASH FLOWS

Year Ended December 31, 2012 and 2011

| | <u>2012</u> | <u>2011</u> |
|--|-------------------|-------------------|
| Cash flows from operating activities | | |
| Change in net assets | \$ 1,073,747 | \$ (1,788,395) |
| Adjustments to reconcile change to net cash provided (used) by operating activities | | |
| Depreciation | 369,616 | 373,667 |
| Reinvested income | (310,652) | (392,867) |
| Realized (gain) on sale of investments | (102,398) | (356,631) |
| Unrealized (gain) loss on investments | (1,463,682) | 976,443 |
| Unrealized (gain) loss on mark to market interest rate swap | (101,448) | 748,755 |
| Amortization of NHHFA notes payable | 18,426 | 17,382 |
| (Increase) in restricted cash | (5,000) | - |
| (Increase) decrease in accounts receivable | 31,147 | (199,831) |
| (Increase) in prepaid expenses | (20,151) | (41,023) |
| (Increase) decrease in deferred expenses | 17,529 | (591) |
| (Increase) in bequest receivable | (50,000) | - |
| (Increase) decrease in beneficial interests in trusts | (90,729) | 65,434 |
| (Decrease) in deferred contract revenue | - | (74,919) |
| Increase (decrease) in accounts payable | 21,035 | (22,578) |
| Increase (decrease) in accrued vacation and expenses | (4,753) | 23,578 |
| Net cash (used in) operating activities | <u>(617,313)</u> | <u>(671,576)</u> |
| Cash flows used in investing activities | | |
| Cash paid for land, buildings and equipment | <u>(83,477)</u> | <u>(75,122)</u> |
| Cash flows from financing activities | | |
| Contribution restricted to endowment | (159,275) | (210,501) |
| Proceeds from appropriation of endowment | 1,151,675 | 749,219 |
| Proceeds from release of restricted endowment | 24,400 | - |
| Net cash advance (payment) on line of credit | (124,535) | 124,535 |
| Cash payments on long-term debt | (138,423) | (88,962) |
| Cash paid on annuity | (1,125) | (1,125) |
| Net cash provided by financing activities | <u>752,717</u> | <u>573,166</u> |
| Increase (decrease) increase in cash and cash equivalents | 51,927 | (173,532) |
| Cash and cash equivalents, beginning of year | <u>203,538</u> | <u>377,070</u> |
| Cash and cash equivalents, end of year | <u>\$ 255,465</u> | <u>\$ 203,538</u> |
| Supplemental disclosure of cash flow information | | |
| Interest paid in cash | <u>\$ 332,900</u> | <u>\$ 337,341</u> |
| Amortization of 2007 NHHFA note payable | <u>\$ 9,786</u> | <u>\$ 9,232</u> |
| Amortization of 2005 NHHFA note payable | <u>\$ 8,640</u> | <u>\$ 8,150</u> |

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended December 31, 2012

| | Family Counseling | Teen and Youth | Child Abuse Treatment | Child Abuse Prevention and Family Strengthening | Early Intervention | Homecare | Residential Services | Adoptions and Pregnancy Counseling | Child Advocacy | Summer Camp | Financial Development | Management and General | Total |
|--|----------------------|----------------------|-----------------------------|---|-----------------------|--------------|-------------------------|---|-------------------|----------------|--------------------------|------------------------------|---------------|
| Salaries | \$ 635,022 | \$ 980,976 | \$ 1,018,969 | \$ 1,850,539 | \$ 223,647 | \$ 1,263,462 | \$ 324,070 | \$ 86,153 | \$ 90,880 | \$ 90,924 | \$ 226,793 | \$ 567,760 | \$ 7,359,195 |
| Employee benefits | 62,019 | 154,674 | 109,230 | 215,323 | 38,382 | 55,487 | 55,452 | 19,627 | 8,535 | 6,471 | 30,140 | 64,858 | 820,198 |
| Payroll related costs | 65,661 | 98,404 | 106,101 | 204,609 | 21,182 | 142,134 | 35,232 | 7,405 | 7,506 | 11,192 | 18,632 | 45,821 | 763,879 |
| Assistance to individuals | 29,206 | 177,457 | 72,615 | 214,692 | 11 | 4,578 | 18,265 | 730 | 2 | 49,812 | 95,100 | 4 | 662,472 |
| Travel and transportation | 24,096 | 52,934 | 79,841 | 388,858 | 20,320 | 50,256 | 10,100 | 2,666 | 758 | 4,451 | 3,446 | 186 | 637,912 |
| Professional fees | 81,389 | 60,976 | 161,099 | 24,117 | 46,216 | 17,640 | 19,001 | 9,972 | 376 | 20,588 | 9,412 | 29,116 | 479,902 |
| Occupancy | 43,459 | 82,619 | 43,816 | 118,572 | 10,716 | 39,261 | 19,245 | 4,149 | 2,496 | 41,108 | 8,430 | 3,778 | 417,649 |
| Interest | 32,624 | 56,590 | 111,426 | 53,916 | 12,732 | 56,106 | 16,575 | 4,685 | 4,176 | 8,299 | - | 2,264 | 359,393 |
| Communications | 15,213 | 41,282 | 30,509 | 61,441 | 7,981 | 17,712 | 7,302 | 5,184 | 2,429 | 4,463 | 13,447 | 1,649 | 208,612 |
| Rental and equipment maintenance | 8,342 | 19,195 | 30,641 | 13,277 | 2,474 | 3,117 | 4,175 | 2,257 | 1,180 | 2,842 | 357 | 36,211 | 124,068 |
| Supplies | 3,968 | 23,377 | 6,917 | 17,635 | 1,275 | 8,731 | 8,046 | 677 | 390 | 9,948 | 3,212 | 3,977 | 88,153 |
| Printing and publications | 3,745 | 2,365 | 8,812 | 18,551 | 1,070 | 5,753 | 600 | 2,111 | 1,522 | 4,884 | 34,547 | 1,233 | 85,193 |
| Insurance | 4,211 | 11,741 | 9,200 | 15,874 | 2,367 | 6,979 | 4,264 | 790 | 535 | 544 | 1,679 | 5,442 | 63,626 |
| Miscellaneous | 3,304 | 8,353 | 10,688 | 6,862 | 1,499 | 12,628 | 2,903 | 251 | 308 | 1,377 | 1,687 | 2,921 | 52,781 |
| Conferences and meetings | 2,858 | 9,334 | 12,963 | 5,721 | 672 | 913 | 2,105 | 246 | 3,280 | 4,027 | 2,986 | 6,835 | 51,940 |
| Membership dues | 332 | 1,507 | 2,737 | 1,865 | 269 | 941 | 1,972 | 86 | 1,146 | 152 | 1,015 | 3,431 | 15,453 |
| Total expenses before depreciation and in-kind donations | 1,015,449 | 1,781,784 | 1,815,564 | 3,211,852 | 390,813 | 1,685,698 | 529,307 | 146,989 | 125,519 | 261,082 | 450,883 | 775,486 | 12,190,426 |
| Depreciation | 32,476 | 58,623 | 103,499 | 51,970 | 12,234 | 50,342 | 21,530 | 5,150 | 4,241 | 11,377 | - | 18,174 | 369,616 |
| In-kind donations | - | 60,201 | 65,835 | 6,705 | - | - | 5,812 | - | - | 1,926 | 1,668 | 5,282 | 147,429 |
| Total functional expenses | \$ 1,047,925 | \$ 1,900,608 | \$ 1,984,898 | \$ 3,270,527 | \$ 403,047 | \$ 1,736,040 | \$ 556,649 | \$ 152,139 | \$ 129,760 | \$ 274,385 | \$ 452,551 | \$ 798,942 | \$ 12,707,471 |

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended December 31, 2011

| | Family Counseling | Teen and Youth | Child Abuse Treatment | Child Abuse Prevention and Family Strengthening | Early Intervention | Homecare | Residential Services | Adoptions and Pregnancy Counseling | Child Advocacy | Summer Camp | Financial Development | Management and General | Total |
|--|----------------------|----------------------|-----------------------------|---|-----------------------|--------------|-------------------------|---|-------------------|----------------|--------------------------|------------------------------|---------------|
| Salaries | \$ 658,368 | \$ 1,212,882 | \$ 918,542 | \$ 1,453,036 | \$ 235,855 | \$ 1,131,447 | \$ 341,041 | \$ 122,574 | \$ 119,515 | \$ 72,392 | \$ 225,280 | \$ 544,150 | \$ 7,036,082 |
| Employee benefits | 71,353 | 201,785 | 97,008 | 180,527 | 45,324 | 54,955 | 51,572 | 26,090 | 16,462 | 4,077 | 29,095 | 51,451 | 829,699 |
| Assistance to individuals | 36,252 | 198,916 | 77,431 | 198,213 | (5) | 11,333 | 34,632 | 10,680 | (3) | 36,982 | 72,465 | - | 676,896 |
| Payroll related costs | 62,571 | 112,312 | 84,241 | 142,947 | 20,673 | 111,478 | 31,378 | 10,001 | 10,248 | 6,416 | 18,495 | 38,514 | 649,274 |
| Travel and transportation | 37,610 | 59,117 | 60,798 | 301,668 | 21,259 | 38,296 | 10,903 | 3,699 | 4,773 | 6,372 | 2,914 | 591 | 548,000 |
| Professional fees | 97,102 | 59,390 | 76,426 | 40,191 | 31,700 | 19,304 | 21,431 | 9,121 | 26,899 | 15,237 | 13,172 | 36,872 | 446,845 |
| Occupancy | 28,251 | 80,945 | 52,194 | 95,526 | 9,646 | 27,681 | 22,510 | 5,020 | 3,327 | 49,799 | 7,849 | 25,537 | 408,285 |
| Interest | 35,501 | 74,595 | 95,914 | 51,737 | 13,548 | 50,508 | 18,107 | 7,072 | 7,070 | 7,062 | - | 2,193 | 363,307 |
| Communications | 16,346 | 45,197 | 28,859 | 59,657 | 7,557 | 16,838 | 8,008 | 6,058 | 3,511 | 3,867 | 17,668 | 2,521 | 216,087 |
| Rental and equipment maintenance | 8,031 | 17,378 | 11,256 | 11,149 | 3,971 | 3,054 | 6,214 | 2,993 | 1,137 | 1,553 | - | 30,605 | 97,341 |
| Supplies | 6,222 | 26,186 | 14,747 | 14,253 | 2,018 | 7,100 | 8,020 | 1,076 | 622 | 2,509 | 3,169 | 6,971 | 92,893 |
| Printing and publications | 10,786 | 2,288 | 9,653 | 4,365 | 1,266 | 9,917 | 2,991 | (10) | 852 | 4,542 | 31,523 | 1,223 | 79,396 |
| Conferences and meetings | 6,663 | 13,428 | 10,237 | 5,248 | 673 | 691 | 1,634 | 2,432 | 1,782 | 3,307 | 2,266 | 12,221 | 60,572 |
| Insurance | 4,565 | 11,771 | 6,952 | 14,575 | 1,286 | 4,831 | 4,434 | 918 | 640 | 376 | 1,274 | 4,609 | 56,231 |
| Miscellaneous | 1,448 | 4,631 | 6,518 | 10,690 | 769 | 5,105 | 1,624 | 1,119 | 6,684 | 680 | 831 | 2,291 | 42,390 |
| Membership dues | 658 | 3,474 | 1,666 | 3,033 | 217 | 931 | 1,778 | 160 | 1,161 | 277 | 1,392 | 5,248 | 19,995 |
| Total expenses before depreciation and in-kind donations | 1,081,727 | 2,124,295 | 1,552,432 | 2,586,815 | 395,757 | 1,493,469 | 566,277 | 209,003 | 204,680 | 216,448 | 427,393 | 764,997 | 11,623,293 |
| Depreciation | 35,387 | 75,066 | 91,082 | 50,671 | 13,141 | 46,396 | 21,419 | 7,260 | 6,908 | 10,307 | - | 16,030 | 373,667 |
| In-kind donations | 589 | 79,236 | 501 | 130,716 | - | - | 4,791 | - | - | 1,202 | 12 | 4,573 | 221,620 |
| Total functional expenses | \$ 1,117,703 | \$ 2,278,597 | \$ 1,644,015 | \$ 2,768,202 | \$ 408,898 | \$ 1,539,865 | \$ 592,487 | \$ 216,263 | \$ 211,588 | \$ 227,957 | \$ 427,405 | \$ 785,600 | \$ 12,218,580 |

See notes to financial statements.



Child and Family Services

Manchester Office Statewide Headquarters
99 Hanover Street, PO Box 448, Manchester, NH 03105
tel 603-518-4000 fax 603-668-6260
toll free 800-640-6456 www.cfsnh.org

Our Mission.....

*Child and Family Services of New Hampshire is
an independent, nonprofit agency dedicated to
advancing the well-being of children by providing
an array of social services to strengthen family life
and by promoting community commitment to
the needs of children.*



Child and Family Services

Board of Trustees

| 2013 | | | | |
|-----------------|----------|------------|--------------------------|--------------|
| Position | F. Name | L. Name | Term | Term Expires |
| At Large | Elaine | Brody | filling unexpired term | 2013 |
| At Large | Kirk | Leone | 1st term '12 | 2015 |
| At Large | Bud | Martin | 1st term | 2013 |
| Treasurer | William | Conrad | 3rd as Treasurer, '09 | 2013 |
| At Large | | | | |
| At Large | Gail | Garceau | 2nd term after officer | 2015 |
| At Large | Lou | Kaucic | 1st term '12 | 2013 |
| Asst. Treasurer | | | | |
| Secretary | Brad | Kuster | 4nd term as officer, '08 | 2013 |
| Chair | Marilyn | Mahoney | 4nd term, began '09 | 2013 |
| UVRO | Samantha | Pause | 2nd term | 2011 |
| At Large | Suzanne | Boulter MD | 1st term '12 | 2015 |
| At-Large | Kenneth | Sheldon | 1st term '12 | 2016 |
| At-Large | | | | |
| Second VP | Lynne | Stahler | 4th term as officer, '09 | 2013 |
| First VP | Kerry | Uhler | 4th term began, '09 | 2013 |
| At Large | | | | |
| MRO | Peg | Lambert | 2nd term | 2013 |
| CRO | Greg | Swope | 1st term | 2013 |

KEY ADMINISTRATIVE PERSONNEL

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

Agency Name: Child and Family Services of New Hampshire

Name of Bureau/Section: BPHCS, Maternal and Child Health - HV-CFHS

| BUDGET PERIOD: | | SFY 2014 | 7/1/13 - 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 |
| Michael Ostrowski, President, CEO | \$138,840 | 0.00% | \$0.00 |
| Maria Gagnon, Senior Vice President, Chief Operating Officer | \$94,994 | 0.00% | \$0.00 |
| Anthony Cheek, Vice President, CFO | \$92,914 | 0.00% | \$0.00 |
| JoAnn Cobb, Program Director | \$62,899 | 15.00% | \$9,434.85 |
| Cheryl LeBel, Program Manager | \$41,863 | 25.00% | \$10,465.75 |
| | \$0 | 0.00% | \$0.00 |
| TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request) | | | \$19,900.60 |

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.

RESUME

NAME: Michael R. Ostrowski

TELEPHONE: (603) 518-4143

ADDRESS: 464 Chestnut St, Manchester NH 03105

EXPERIENCE

- 1986 - Present: Child and Family Services of New Hampshire-**President CEO**
1986 - Present Assistant Secretary, Board of Trustees Child and Family Services
- 1982 - 1986: Family and Children's Service of Midland
Midland, Michigan-**Executive Director**
- 1977 - 1982: Family and Children Services of Oakland
Pontiac, Michigan (now called Family Service Oakland)
Substance Abuse Treatment Program Director
Employee Assistance Program Director
- 1973 - 1977 Caseworker, Family and Children Services of Oakland
Family therapy with a general caseload

PROFESSIONAL ACTIVITIES

- President of New Hampshire Center for Nonprofits, present 2005-2010
- President, Leadership New Hampshire, 2003 to 2009
- Vice Chair, National Council on Accreditation, 1996-1999
- Child Welfare League of America, Board of Directors 1993-1997
- Leadership New Hampshire, class of 1993
- Chair, National Conference, Child Welfare League of America, 1990
- President of Manchester Rotary Club 2001
- President, Michigan Chapter National Association of Social Workers, 1982-1984

EDUCATION

- Doctoral Candidate, School of Public Administration, University of Colorado
- M.S.W. Wayne State University, 1973: Social Casework
- B.A. Wayne State University, 1971: Majors: Psychology and Sociology

PROFESSIONAL ORGANIZATIONS

- National Association of Social Workers
- American Humane Association

Maria Gagnon, MSW

464 Chestnut St, Manchester NH 03105, gagnonm@cfsnh.org

PROFILE

Motivated, confident professional with 15 years of NH non-profit experience. Demonstrated success in non-profit agency operations, staff supervision, strategic planning, fundraising and board development. Success working collaboratively across disciplines and within communities to reach mutual goals. Strategic thinker who uses data to drive work. Collaborative, democratic management style. Relationships with local and national funders including the New Hampshire Charitable Foundation, Endowment for Health, United Way, Open Society Institute and the Robert Wood Johnson Foundation. Relationships with Fortune 500 and other donor companies.

SKILLS SUMMARY

| | | |
|---------------------|------------------------------|---------------------|
| ~Project Management | ~Non-Profit Operations | ~Strategic Planning |
| ~Project Evaluation | ~Budget Development | ~Staff Recruitment |
| ~Data to Manage | ~Local/Federal Grant Writing | ~Staff supervision |

PROFESSIONAL EXPERIENCE

Child and Family Services – Manchester, New Hampshire (2013 to present)
Senior Vice President, Chief Operating Officer

FIRST – Manchester, New Hampshire (2011 to 2013)

Director, Corporate & Foundation Relationships

CHILD ADVOCACY CENTER – Hillsborough County, New Hampshire (2010 to 2011)

Executive Director

NEW FUTURES – Exeter, New Hampshire (2005 to 2009)

Director, Adolescent Treatment Initiative and Closing the Treatment Gap Initiative

RECLAIMING FUTURES – Concord, New Hampshire (2002 to 2005)

State Director

ADDITIONAL PROFESSIONAL EXPERIENCE

THE YOUTH COUNCIL – Nashua, New Hampshire (1998-2002)

Director of Operations and Program Development/Clinical Social Worker

RIVIER COLLEGE – Nashua, New Hampshire (2009 to 2011)

Adjunct Faculty, Communications Department Grant Writing Skills

NATIONAL CONSULTANT & TRAINER – Train on substance abuse assessment tools in various locations across the country consult on adolescent treatment issues in juvenile justice (2005- 2011)

Completed feasibility study for the NH Dental Association (2011)

EDUCATION

Master's Degree in Social Work (MSW)

University of New Hampshire, 1998

Bachelor's Degree in Social Work (BSW)

Rivier College, 1991

ANTHONY F. CHEEK, JR.

464 Chestnut St.
Manchester, NH 03105
Phone: (603) 518-4113
Email: cheekt@cfsnh.org

EXPERIENCE: Child & Family Services Manchester, NH
01/11- Present **Vice President/CFO**

Oversee finance, human resource and information technology functions for a private non-profit human services agency with 300 employees and a budget of \$12 Million.

3/07- 1/11 Fountains America, Inc., Pittsfield, NH
Vice President/Director of Finance

Overall responsibility for the corporate finance, human resource and information technology functions of a US holding company and its three operating divisions, all subsidiaries of fountains plc headquartered in the UK.

- US budget responsibility \$7 Million, Group budget \$100 Million.
- Prepare and monitor annual budgets.
- Provide monthly financial analysis and forecasts to US President and UK group CFO.
- Manage corporate risk matters including legal, insurance and compliance issues.
- Oversee corporate tax matters and accounting standards compliance.
- Manage accounting department staff of six for maximum efficiency and responsiveness to internal and external stakeholders.
- Manage all human resource and payroll functions.
- Manage IT infrastructure and support needs.
- Work with US President and Division Presidents on strategic issues, company growth initiatives, product and regional cost analysis and acquisition/due diligence projects.

2/96- 3/07 Lakes Region Community Services Council, Inc., Laconia, NH
Director of Finance (3/98-3/07)

Oversee finance, human resource and information technology functions for a private non-profit human services agency with 300 employees, involving four corporate entities and a budget of \$20 Million.

- Prepare and monitor annual budgets, and report monthly to Board of Directors.
- Negotiate funding with the New Hampshire Department of Health and Human Services.
- Prepare and manage contracts with funding sources and vendors.
- Supervision of 15 staff in finance, human resources and other administrative functions.
- Administer the agency's personnel policies, compensation and benefit plans.
- Ensure compliance with state and federal labor regulations.
- Oversee the installation and support of agency computer systems and networks.
- Implemented new IT network infrastructure for satellite offices to improve

- communication and optimize operations.
- Implemented new Medicaid billing and data collection software system.
- Manage all corporate risk management including legal issues, insurance coverage and corporate compliance matters.

Assistant Controller (2/96-3/98)

- Manage Accounting department responsible for five interrelated corporations.
- Oversee general ledgers for all corporations including timely monthly closings and account reconciliations.
- Present financial statements at monthly Board meeting.
- Manage staff of five including A/R, A/P, and G/L staff.
- Responsible for coordination of annual audits.
- Assist in preparation and maintenance of annual budgets.
- Converted general ledger software from an in-house system to Solomon IV, a Windows based multi-company software system.
- Responsible for the startup of two new corporations.
- Provide Executive Directors with accurate and timely operating statements and financial analysis.
- Responsible for daily cash management and banking relationships.

11/87 - 2/96

Boyd's Potato Chip Co., Inc., Lynn, MA

Controller/General Manager

- Prepared and analyzed monthly profit and loss statement.
- Monitored and controlled the flow of cash receipts and disbursements.
- Researched, designed specifications for and implemented a computer system to automate order entry, A/R, A/P, and inventory control, reducing data entry by 25% and improving inventory control.
- Coordinated annual audits.
- Administered group insurance plans and workers compensation program. Introduced new programs that resulted in savings to company and reduced workplace accidents.
- Renegotiated union contracts with union management.
- Managed all aspects of transportation and distribution, to ensure prompt deliveries and customer satisfaction.
- Supervised a staff of 20 including office, warehouse and transportation personnel.

EDUCATION:
1986

Bachelor of Science in Business Administration
University of New Hampshire, Durham, NH

COMPUTER SKILLS:

Advanced computer skills including Microsoft Excel, Word and Access. Solomon Dynamics and Sage Accpac accounting systems. Crystal and FRx report writers.

*JoAnn L. Cobb
464 Chestnut St
Manchester NH 03105*

EDUCATION AND LICENSURE

LICSW, NH. License #631

MSSW, August 1992: Springfield College, School of Human Services, Springfield MA.

BA, Psychology, 1987: University of Lowell, Lowell MA.

EMPLOYMENT HISTORY

| | | |
|---------------------------------|--|---|
| Feb. 2002- Present: | Program Director Healthy Families Program, Early Supports & Services Program Parenting Plus Program Parent Aide Program Partners In Health Program Fetal Alcohol Spectrum Disorder Prevention Program | Child and Family Services Manchester, NH |
| June 2001-Feb. 2002: | Program Coordinator Healthy Families Program | Child and Family Services Manchester, NH |
| Jan. 1997 to June 2001: | Clinical Social Worker Family Counseling Program | Child and Family Services Manchester, NH |
| Jan. 1995 to Jan. 1997: | Clinical Social Worker Infant/Toddler Program | Child and Family Services Exeter, NH |
| April 1992 to Jan. 1995: | Social Worker Crisis Care Program | Child and Family Services Manchester, NH |
| Feb. 1990 to March 1992: | Teen Counselor Pregnant/Parenting Program | Healthworks Haverhill, MA |

MEMBERSHIP

**President of NH Association for Infant Mental Health
Spark NH board member (Early Childhood Council)**

REFERENCES PROVIDED UPON REQUEST

CHERYL (CHERIE) A. LEBEL
464 Chestnut St
Manchester NH 03105

EDUCATION

Notre Dame College, M.Ed., School Counseling, 1992

Plymouth State College, MBA, Marketing Concentration, 1989

Saint Anselm College, BA, Psychology, French Minor, 1983

EMPLOYMENT HISTORY

| | | |
|------------------------|---|---|
| July 2008 – Present | Program Manager Healthy Families Program Parenting Plus Program Fetal Alcohol Spectrum Disorder Prevention Program | Child and Family Services Manchester, NH |
| July 2006 – July 2008 | Program Supervisor Healthy Families Program | Child and Family Services Manchester, NH |
| July 2004 – July 2006 | Home Visitor Healthy Families Program | Child and Family Services Manchester, NH |
| Feb. 2003 – July 2004 | Single Family Specialist Home of Your Own Program | The Loan Fund Concord, NH |
| Feb. 1994 – Feb. 2003 | Social Worker The OUR PLACE Program | NH Catholic Charities Manchester, NH |
| Aug. 1987 – Feb. 1994 | Assistant Director Admissions Office | Notre Dame College Manchester, NH |
| Sept. 1992 – Feb. 1994 | Part Time Adjunct Faculty Psychology and Business Departments | Notre Dame College Manchester, NH |
| Aug. 1983 – Aug. 1987 | Coordinator of Support Services Admissions Office | Saint Anselm College Manchester, NH |

REFERENCES AVAILABLE UPON REQUEST

Budget Form

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

Child and Family Services of New Hampshire -
Bidder/Program Name: Concord

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services

(Name of RFP)

July 1, 2013 - June 30, 2014 - MCH-CFHS-
Budget Period: 5190/\$24,185

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|-----------------------|-------------------|---------------------|--|
| 1. Total Salary/Wages | \$ 19,676.89 | \$ - | \$ 19,676.89 | |
| 2. Employee Benefits | \$ 1,505.27 | \$ - | \$ 1,505.27 | |
| 3. Consultants | | \$ - | \$ - | |
| 4. Equipment: | | \$ - | \$ - | |
| Rental | | \$ - | \$ - | |
| Repair and Maintenance | | \$ - | \$ - | |
| Purchase/Depreciation | | \$ - | \$ - | |
| 5. Supplies: | | \$ - | \$ - | |
| Educational | | \$ - | \$ - | |
| Lab | | \$ - | \$ - | |
| Pharmacy | | \$ - | \$ - | |
| Medical | | \$ - | \$ - | |
| Office | | \$ - | \$ - | |
| 6. Travel | \$ 1,785.47 | \$ - | \$ 1,785.47 | |
| 7. Occupancy | \$ 1,217.37 | \$ - | \$ 1,217.37 | |
| 8. Current Expenses | | \$ - | \$ - | |
| Telephone | | \$ - | \$ - | |
| Postage | | \$ - | \$ - | |
| Subscriptions | | \$ - | \$ - | |
| Audit and Legal | | \$ - | \$ - | |
| Insurance | | \$ - | \$ - | |
| Board Expenses | | \$ - | \$ - | |
| 9. Software | | \$ - | \$ - | |
| 10. Marketing/Communications | | \$ - | \$ - | |
| 11. Staff Education and Training | | \$ - | \$ - | |
| 12. Subcontracts/Agreements | | \$ - | \$ - | |
| 13. Other (specific details mandatory): | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 24,185.00 | \$ - | \$ 24,185.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 24,185.00

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

\$ (0.00)

Budget Form

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

Child and Family Services of New Hampshire -
Bidder/Program Name: Concord

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services
(Name of RFP)

July 1, 2013 - June 30, 2014 - HV/TANF-
Budget Period: 6146/\$35,415

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|----------------|---------------------|---|
| 1. Total Salary/Wages | \$ 28,813.61 | \$ - | \$ 28,813.61 | |
| 2. Employee Benefits | \$ 2,204.23 | \$ - | \$ 2,204.23 | |
| 3. Consultants | | \$ - | \$ - | |
| 4. Equipment: | | \$ - | \$ - | |
| Rental | | \$ - | \$ - | |
| Repair and Maintenance | | \$ - | \$ - | |
| Purchase/Depreciation | | \$ - | \$ - | |
| 5. Supplies: | | \$ - | \$ - | |
| Educational | | \$ - | \$ - | |
| Lab | | \$ - | \$ - | |
| Pharmacy | | \$ - | \$ - | |
| Medical | | \$ - | \$ - | |
| Office | | \$ - | \$ - | |
| 6. Travel | \$ 2,614.53 | \$ - | \$ 2,614.53 | |
| 7. Occupancy | \$ 1,782.63 | \$ - | \$ 1,782.63 | |
| 8. Current Expenses | | \$ - | \$ - | |
| Telephone | | \$ - | \$ - | |
| Postage | | \$ - | \$ - | |
| Subscriptions | | \$ - | \$ - | |
| Audit and Legal | | \$ - | \$ - | |
| Insurance | | \$ - | \$ - | |
| Board Expenses | | \$ - | \$ - | |
| 9. Software | | \$ - | \$ - | |
| 10. Marketing/Communications | | \$ - | \$ - | |
| 11. Staff Education and Training | | \$ - | \$ - | |
| 12. Subcontracts/Agreements | | \$ - | \$ - | |
| 13. Other (specific details mandatory): | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| TOTAL | \$ 35,415.00 | \$ - | \$ 35,415.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 35,415.00

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

\$ (0.00)

Budget Form

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

Child and Family Services of New Hampshire -
Bidder/Program Name: Manchester

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services
(Name of RFP)

July 1, 2013 - June 30, 2014 - MCH-CFHS-
Budget Period: 5190/\$24,185

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|----------------|---------------------|---|
| 1. Total Salary/Wages | \$ 20,393.31 | \$ - | \$ 20,393.31 | |
| 2. Employee Benefits | \$ 1,559.85 | \$ - | \$ 1,559.85 | |
| 3. Consultants | | \$ - | \$ - | |
| 4. Equipment: | | \$ - | \$ - | |
| Rental | | \$ - | \$ - | |
| Repair and Maintenance | | \$ - | \$ - | |
| Purchase/Depreciation | | \$ - | \$ - | |
| 5. Supplies: | | \$ - | \$ - | |
| Educational | | \$ - | \$ - | |
| Lab | | \$ - | \$ - | |
| Pharmacy | | \$ - | \$ - | |
| Medical | | \$ - | \$ - | |
| Office | | \$ - | \$ - | |
| 6. Travel | \$ 1,217.37 | \$ - | \$ 1,217.37 | |
| 7. Occupancy | \$ 1,014.47 | \$ - | \$ 1,014.47 | |
| 8. Current Expenses | | \$ - | \$ - | |
| Telephone | | \$ - | \$ - | |
| Postage | | \$ - | \$ - | |
| Subscriptions | | \$ - | \$ - | |
| Audit and Legal | | \$ - | \$ - | |
| Insurance | | \$ - | \$ - | |
| Board Expenses | | \$ - | \$ - | |
| 9. Software | | \$ - | \$ - | |
| 10. Marketing/Communications | | \$ - | \$ - | |
| 11. Staff Education and Training | | \$ - | \$ - | |
| 12. Subcontracts/Agreements | | \$ - | \$ - | |
| 13. Other (specific details mandatory): | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| TOTAL | \$ 24,185.00 | \$ - | \$ 24,185.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

| | |
|---|--------------|
| Maximum Funds Available - (DPHS program to enter total funds available) | \$ 24,185.00 |
| Reconciliation - (this line must be equal to or greater than \$0) | \$ (0.00) |

Budget Form

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

Child and Family Services of New Hampshire -
Bidder/Program Name: Manchester

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services
(Name of RFP)

July 1, 2013 - June 30, 2014 - HV/TANF-
Budget Period: 6146/\$35,415

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|----------------|---------------------|---|
| 1. Total Salary/Wages | \$ 29,862.69 | \$ - | \$ 29,862.69 | |
| 2. Employee Benefits | \$ 2,284.15 | \$ - | \$ 2,284.15 | |
| 3. Consultants | | \$ - | \$ - | |
| 4. Equipment: | | \$ - | \$ - | |
| Rental | | \$ - | \$ - | |
| Repair and Maintenance | | \$ - | \$ - | |
| Purchase/Depreciation | | \$ - | \$ - | |
| 5. Supplies: | | \$ - | \$ - | |
| Educational | | \$ - | \$ - | |
| Lab | | \$ - | \$ - | |
| Pharmacy | | \$ - | \$ - | |
| Medical | | \$ - | \$ - | |
| Office | | \$ - | \$ - | |
| 6. Travel | \$ 1,782.63 | \$ - | \$ 1,782.63 | |
| 7. Occupancy | \$ 1,485.53 | \$ - | \$ 1,485.53 | |
| 8. Current Expenses | | \$ - | \$ - | |
| Telephone | | \$ - | \$ - | |
| Postage | | \$ - | \$ - | |
| Subscriptions | | \$ - | \$ - | |
| Audit and Legal | | \$ - | \$ - | |
| Insurance | | \$ - | \$ - | |
| Board Expenses | | \$ - | \$ - | |
| 9. Software | | \$ - | \$ - | |
| 10. Marketing/Communications | | \$ - | \$ - | |
| 11. Staff Education and Training | | \$ - | \$ - | |
| 12. Subcontracts/Agreements | | \$ - | \$ - | |
| 13. Other (specific details mandatory): | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| TOTAL | \$ 35,415.00 | \$ - | \$ 35,415.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

| | |
|---|--------------|
| Maximum Funds Available - (DPHS program to enter total funds available) | \$ 35,415.00 |
| Reconciliation - (this line must be equal to or greater than \$0) | \$ (0.00) |

Budget Form

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

Child and Family Services of New Hampshire -
Bidder/Program Name: Seacoast

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services

(Name of RFP)

July 1, 2013 - June 30, 2014 - MCH-CFHS-
Budget Period: 5190/\$24,185

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|----------------|---------------------|---|
| 1. Total Salary/Wages | \$ - | \$ - | \$ - | |
| 2. Employee Benefits | \$ - | \$ - | \$ - | |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ - | \$ - | |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ - | \$ - | |
| 6. Travel | \$ - | \$ - | \$ - | |
| 7. Occupancy | \$ - | \$ - | \$ - | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ 24,185.00 | \$ - | \$ 24,185.00 | |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 24,185.00 | \$ - | \$ 24,185.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 24,185.00

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

\$ -

Budget Form

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

Child and Family Services of New Hampshire -
Bidder/Program Name: Seacoast

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services
(Name of RFP)

July 1, 2013 - June 30, 2014 - HV/TANF-
Budget Period: 6146/\$35,415

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|----------------|---------------------|---|
| 1. Total Salary/Wages | \$ 25,000.00 | \$ - | \$ 25,000.00 | |
| 2. Employee Benefits | \$ 1,415.00 | \$ - | \$ 1,415.00 | |
| 3. Consultants | | \$ - | \$ - | |
| 4. Equipment: | | \$ - | \$ - | |
| Rental | | \$ - | \$ - | |
| Repair and Maintenance | | \$ - | \$ - | |
| Purchase/Depreciation | | \$ - | \$ - | |
| 5. Supplies: | | \$ - | \$ - | |
| Educational | | \$ - | \$ - | |
| Lab | | \$ - | \$ - | |
| Pharmacy | | \$ - | \$ - | |
| Medical | | \$ - | \$ - | |
| Office | | \$ - | \$ - | |
| 6. Travel | \$ 6,000.00 | \$ - | \$ 6,000.00 | |
| 7. Occupancy | \$ 3,000.00 | \$ - | \$ 3,000.00 | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ - | \$ - | \$ - | |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 35,415.00 | \$ - | \$ 35,415.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 35,415.00

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

\$ -

Budget Form

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

Child and Family Services of New Hampshire -
Bidder/Program Name: Southern DO

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services
(Name of RFP)

July 1, 2013 - June 30, 2014 - MCH-CFHS-
Budget Period: 5190/\$24,185

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|----------------|---------------------|---|
| 1. Total Salary/Wages | \$ 13,421.46 | \$ - | \$ 13,421.46 | |
| 2. Employee Benefits | \$ 1,024.62 | \$ - | \$ 1,024.62 | |
| 3. Consultants | | \$ - | \$ - | |
| 4. Equipment: | | \$ - | \$ - | |
| Rental | | \$ - | \$ - | |
| Repair and Maintenance | | \$ - | \$ - | |
| Purchase/Depreciation | | \$ - | \$ - | |
| 5. Supplies: | | \$ - | \$ - | |
| Educational | | \$ - | \$ - | |
| Lab | | \$ - | \$ - | |
| Pharmacy | | \$ - | \$ - | |
| Medical | | \$ - | \$ - | |
| Office | | \$ - | \$ - | |
| 6. Travel | \$ 811.58 | \$ - | \$ 811.58 | |
| 7. Occupancy | \$ 811.58 | \$ - | \$ 811.58 | |
| 8. Current Expenses | | \$ - | \$ - | |
| Telephone | | \$ - | \$ - | |
| Postage | | \$ - | \$ - | |
| Subscriptions | | \$ - | \$ - | |
| Audit and Legal | | \$ - | \$ - | |
| Insurance | | \$ - | \$ - | |
| Board Expenses | | \$ - | \$ - | |
| 9. Software | | \$ - | \$ - | |
| 10. Marketing/Communications | | \$ - | \$ - | |
| 11. Staff Education and Training | | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ 8,115.77 | \$ - | \$ 8,115.77 | |
| 13. Other (specific details mandatory): | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| TOTAL | \$ 24,185.00 | \$ - | \$ 24,185.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

| | |
|---|--------------|
| Maximum Funds Available - (DPHS program to enter total funds available) | \$ 24,185.00 |
| Reconciliation - (this line must be equal to or greater than \$0) | \$ 0.00 |

Budget Form

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

Child and Family Services of New Hampshire -
Bidder/Program Name: Southern DO

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services
(Name of RFP)

July 1, 2013 - June 30, 2014 - HV/TANF-
Budget Period: 6146/\$35,415

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|----------------|---------------------|---|
| 1. Total Salary/Wages | \$ 19,653.54 | \$ - | \$ 19,653.54 | |
| 2. Employee Benefits | \$ 1,500.38 | \$ - | \$ 1,500.38 | |
| 3. Consultants | | \$ - | \$ - | |
| 4. Equipment: | | \$ - | \$ - | |
| Rental | | \$ - | \$ - | |
| Repair and Maintenance | | \$ - | \$ - | |
| Purchase/Depreciation | | \$ - | \$ - | |
| 5. Supplies: | | \$ - | \$ - | |
| Educational | | \$ - | \$ - | |
| Lab | | \$ - | \$ - | |
| Pharmacy | | \$ - | \$ - | |
| Medical | | \$ - | \$ - | |
| Office | | \$ - | \$ - | |
| 6. Travel | \$ 1,188.42 | \$ - | \$ 1,188.42 | |
| 7. Occupancy | \$ 1,188.42 | \$ - | \$ 1,188.42 | |
| 8. Current Expenses | | \$ - | \$ - | |
| Telephone | | \$ - | \$ - | |
| Postage | | \$ - | \$ - | |
| Subscriptions | | \$ - | \$ - | |
| Audit and Legal | | \$ - | \$ - | |
| Insurance | | \$ - | \$ - | |
| Board Expenses | | \$ - | \$ - | |
| 9. Software | | \$ - | \$ - | |
| 10. Marketing/Communications | | \$ - | \$ - | |
| 11. Staff Education and Training | | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ 11,884.23 | \$ - | \$ 11,884.23 | |
| 13. Other (specific details mandatory): | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| | | \$ - | \$ - | |
| TOTAL | \$ 35,415.00 | \$ - | \$ 35,415.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 35,415.00

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

\$ 0.00



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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



August 8, 2012

G&C Approval Date: 9/19/2012

G&C Item # 67

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Child and Family Services of New Hampshire (Vendor #177166-B002), PO Box 448, 464 Chestnut Street, Manchester, NH 03105, in an amount not to exceed \$238,400.00, to provide home visiting services effective July 1, 2012, or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for SFY 2013.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,
MATERNAL AND CHILD HEALTH

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|--------------------------------|------------|--------------|
| SFY 2013 | 102-500731 | Contracts for Program Services | 90004009 | \$21,740 |
| | | | Sub-Total | \$21,740 |

05-95-45-450010-6146 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, TEMPORARY ASSISTANCE TO
NEEDY FAMILIES

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|----------------------|------------|--------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$141,660 |
| | | | Sub-Total | \$141,660 |

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,
MATERNAL AND CHILD HEALTH

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|--------------------------------|------------|--------------|
| SFY 2013 | 102-500731 | Contracts for Program Services | 90004105 | \$75,000 |
| | | | Subtotal | \$75,000 |
| | | | Total | \$238,400 |

EXPLANATION

Funds in this agreement will be used to support home visiting services in the Concord, Manchester, Southern and Seacoast areas for Medicaid-eligible pregnant women and children and low-income families with children at risk for poor health outcomes and child maltreatment. Through this new agreement, the Child and Family Services of New Hampshire will partner with families to identify one of two different home visiting programs, Home Visiting New Hampshire or Child and Family Health Support, as appropriate for a family's needs.

Home Visiting New Hampshire offers an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home Visiting New Hampshire programs provide services to pregnant women and their infants that include activities to promote self-sufficiency and strengthen family life. In addition, home visitors provide family support and educate families about prenatal health, child development, and health and safety issues. This family focused and child centered program uses a multi-disciplinary team to provide service throughout a woman's pregnancy until her child is 12 months old.

Child and Family Health Support is a more flexible, tailored service designed to help families meet short-term goals. In each program, home visitors provide support and education to families in their homes. Each family receives an individual assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors may discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and/or smoking cessation. Child Family Health Support Services focus on short-term goals developed with the family on topics such as parenting education, health and safety issues, and accessing needed resources, such as a primary care provider or social services.

Should Governor and Executive Council not authorize this Request, 275 low-income, at-risk pregnant women and their infants, and other low-income children, from the Concord, Manchester, Southern and Seacoast communities, will not receive these services, many of which have been proven to improve health outcomes.

Child and Family Services of New Hampshire was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 10, 2012 through March 23, 2012. In addition, the current Home Visiting New Hampshire grantees and the current Child and Family Health Support Service grantees were sent an email on February 10, 2012, and a bidder's conference was held February 24, 2012 to alert them to this bid.

In response to the Request for Proposals for Home Visiting New Hampshire/Child and Family Health Support Services to be provided in ten geographic areas, ten proposals were submitted. One of the designated areas had two bidders; another had no bidders. A committee of twelve reviewers evaluated the proposals, including nine Department of Health and Human Services personnel and three external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education; WIC Nutrition Services; Maternal and Child Health; Healthy Homes; Tobacco Cessation; Alcohol and Drug Abuse; Child Abuse Prevention; programs to improve the lives of women and girls; and Family Support. Each reviewer had between two and four proposals to read and score. Proposals were scored taking an average of the reviewers' scores. Reviewers recommended funding nine proposals to serve nine of the ten geographic areas.

The proposals from Child and Family Services of New Hampshire were the sole applicants for each of the Concord, Manchester, Southern and Seacoast areas. They each received a score out of 100 points as follows: Concord: 95, Manchester: 86; Southern: 89; Seacoast: 85, and were selected to serve the Concord, Manchester, Southern and Seacoast areas. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is a new agreement for Child and Family Services that represents the addition of Child and Family Health Support services and the combination of multiple programs into one agency contract. Prior to this agreement, Child and Family Services provided *only* Home Visiting New Hampshire in these areas. In addition, 1 (one) other agency provided Home Visiting New Hampshire and 1 (one) provided Child and Family Health Support. The total funds in these areas for SFY 12 were \$128,437.50 to Child and Family Services and \$59,487.50 to the other two agencies for a total of \$187,925. Although this agreement represents an increase of \$50,475, the total statewide dollar amount for SFY 13 Home Visiting New Hampshire and Child and Family Health Support programs has decreased from \$597,913.60 in SFY 12 to \$536,400 in SFY 13 for an overall savings of \$61,513.60.

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

- Percent of eligible pregnant women, infants, and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program who are enrolled in Medicaid
- Percent of eligible pregnant and postpartum women, infants and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program that has client record documentation of enrollment in Women, Infant and Children Supplemental Nutrition Program
- Percent of pregnant women enrolled in the Home Visiting New Hampshire/Child Family Health Support program identified as cigarette smokers that are referred to QuitWorks-New Hampshire
- Percent of women enrolled in the Home Visiting New Hampshire/Child Family Health Support program that received further evaluation/treatment for perinatal depression, following identification by a formal validated depression screening
- Percent of postpartum women who report they are not pregnant at the exit of the program

Area served: Concord, Manchester, Southern and Seacoast areas (See attached list of communities).

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
August 8, 2012
Page 4

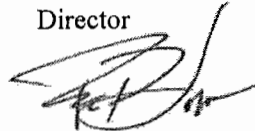
Source of Funds: 68.54% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, and United States Department of Health and Human Services, Administration for Children and Families, and 31.46% general funds.

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

Respectfully submitted,

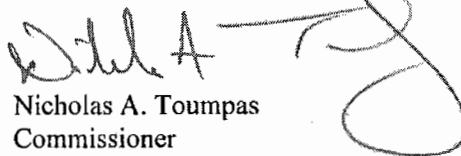


José Thier Montero, MD
Director



Terry Smith
Director
Division of Family Assistance

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/PMT/AK/DD/sc

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

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

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

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

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

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

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The remainder of this page is intentionally left blank.



EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 10th day of April, 2013 and by between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and The Family Resource Center at Gorham, Purchase Order Number 1025794, a corporation organized under the laws of the State of New Hampshire, with a place of business at 123 Main Street, Gorham, New Hampshire 03581 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated September 19, 2012, Item #66, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of one additional year, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Council;

WHEREAS, the Contractor and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. **Exercise Of Option To Renew and Amend For One Additional Year:**

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2014.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$59,600 from \$59,600 to \$119,200.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A and any subsequent amendments remain(s) in effect unless expressly revoked by this agreement.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$59,600 for SFY 2014. The contract shall total \$119,200 for the contract term.

Funding in the amount of \$7,932 is available from 05-95-90-902010-5190-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.994.

Funding in the amount of \$51,668 is available from 05-95-45-450010-6146-502-500891, 100% Federal Funds from the US Department of Health and Human Services, Administration for Children and Families, CFDA #93.558.

2. **Effective Date of Renew and Amend:**

This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

3. **Continuance of Renewal Agreement:**

Except as specifically amended and modified by the terms and conditions of this Renew and Amend, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE
Division of Public Health Services

By: Broad Degen 5/22/13
Lisa L. Bujno, APRN Broad Degen Date
Bureau Chief

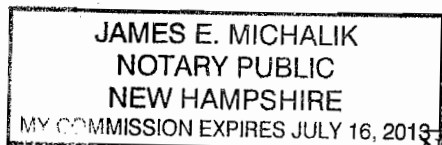
By: Andre F. Caron 4/10/13
Andre F. Caron, Board Presidents Date

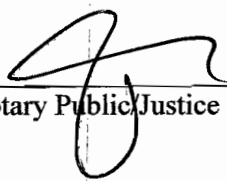
The Family Resource Center at Gorham
Legal Name of Agency

STATE OF NEW HAMPSHIRE
COUNTY OF COOS

On this the 10th day of April 2043, before me, James E. Michalik,
the undersigned officer, Andre F Carron personally appeared who acknowledged him/herself
to be the Board President of the Family Resource Center at Gorham,
a corporation, and that he/she, as such Board President, being authorized so to do,
executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by him/herself as Board President of the Family Resource Center at Gorham.

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




Notary Public/Justice of the Peace

My Commission expires:

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: 

Assistant Attorney General

Date: 21 May 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of
New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

By: _____

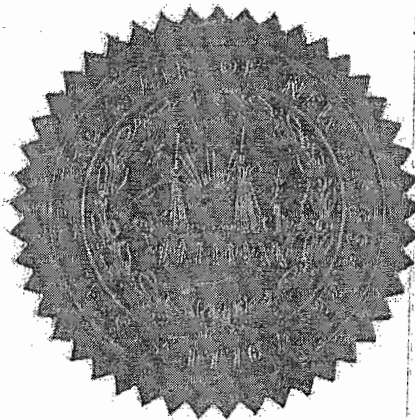
Title: _____

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE FAMILY RESOURCE CENTER AT GORHAM is a New Hampshire nonprofit corporation formed April 3, 1997. 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 9th day of April A.D. 2013

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

William M. Gardner
Secretary of State

WITHOUT SEAL

CERTIFICATE OF VOTE

I, Katherine Baublis, of The Family Resource Center at Gorham, do hereby certify that:

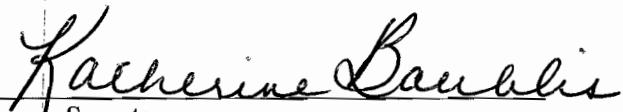
1. I am the duly elected Secretary/Treasurer of the Family Resource Center at Gorham Board of Directors
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on April 10, 2013

RESOLVED: That this corporation enters into a contracts with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services.

RESOLVED: That the President of the Family Resource Center at Gorham Board of Directors is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Andre F. Caron is the duly elected President of the corporation.

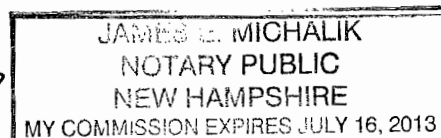
3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 10, 2013

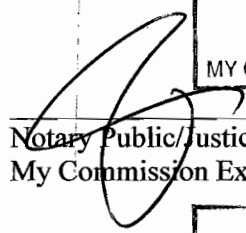
IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 10th day of April, 2013.

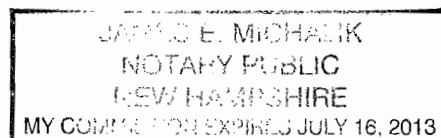

Secretary

STATE OF NEW HAMPSHIRE
COUNTY OF COOS

The foregoing instrument was acknowledged before me this 10th day of April, 2013 by Katherine Baublis




Notary Public/Justice of the Peace
My Commission Expires:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/24/2013

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).

| | | | |
|---|--|---|--|
| PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425 | | CONTACT NAME: Fairley Kenneally PHONE (A/C No. Ext.): (603) 293-2791 E-MAIL ADDRESS: fairley@esinsurance.com FAX (A/C No.): (603) 293-7188 | |
| INSURED Family Resource Center at Gorham 123 Main Street Gorham NH 03581 | | INSURER(S) AFFORDING COVERAGE INSURER A: Great American Ins Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES CERTIFICATE NUMBER: 2013-14 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | MAC3793560-07 | 5/10/2013 | 5/10/2014 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | |
| | A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | MAC3793560-07 | 05/10/2013 | 05/10/2014 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | WC STATUTORY LIMITS OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$ | |

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

| | |
|--|---|
| CERTIFICATE HOLDER Director, Div of Public Health Services NH Dept of Health & Human Services 29 Hazen Drive Concord, NH 03301-6504 | CANCELLATION 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 F Kenneally/FAIRLE <i>Fairley Kenneally</i> |
|--|---|

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/02/2013

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).

| PRODUCER USI Insurance Services LLC-SCL PO Box 406 Portland, ME 04112-0406 | CONTACT NAME: PHONE (A/C, No, Ext): 800 723-2873 FAX (A/C, No): 603-625-1100 E-MAIL ADDRESS: | | | | | | | | | | | | | | |
|--|---|-------------------------------|--------|---|-------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURED The Family Resource Center 123 Main Street Gorham, NH 03581-0225 | <table border="1"> <tr> <th data-bbox="803 441 1404 472">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1404 441 1528 472">NAIC #</th> </tr> <tr> <td data-bbox="803 472 1404 504">INSURER A: Travelers Property Cas. Co.</td> <td data-bbox="1404 472 1528 504">25674</td> </tr> <tr> <td data-bbox="803 504 1404 535">INSURER B:</td> <td data-bbox="1404 504 1528 535"></td> </tr> <tr> <td data-bbox="803 535 1404 567">INSURER C:</td> <td data-bbox="1404 535 1528 567"></td> </tr> <tr> <td data-bbox="803 567 1404 598">INSURER D:</td> <td data-bbox="1404 567 1528 598"></td> </tr> <tr> <td data-bbox="803 598 1404 630">INSURER E:</td> <td data-bbox="1404 598 1528 630"></td> </tr> <tr> <td data-bbox="803 630 1404 653">INSURER F:</td> <td data-bbox="1404 630 1528 653"></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Travelers Property Cas. Co. | 25674 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Travelers Property Cas. Co. | 25674 | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|---------------|-------------------------|-------------------------|---|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | 6KUB9866L683 | 01/01/2013 | 01/01/2014 | X WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$100,000 |


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

2013-2014 Workers Compensation

Evidence of Insurance is issued as a matter of information only and confers no rights upon the holder and does not amend, extend or alter the coverage afforded by policies designated on the certificate.

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|---|
| The Director, Div. of Public Health Services NHDHHS 29 Hazen Drive Concord, NH 03301 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|---|

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FAMILY RESOURCE CENTER AT GORHAM

**FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2011 AND 2010
AND
INDEPENDENT AUDITORS' REPORT**

**Leone,
McDonnell
& Roberts**

PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS

WOLFEBORO • NORTH CONWAY
DOVER • PEMBROKE
STRAITHAM

To the Members of the Board of Directors
Family Resource Center at Gorham
Gorham, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying statements of financial position of Family Resource Center at Gorham, (a nonprofit organization) as of June 30, 2011 and 2010, and the related statements of cash flows for the years then ended and the related statements of activities and functional expenses for the year ended June 30, 2011. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits. The prior year summarized comparative information has been derived from the Organization's 2010 financial statements and, in our report dated October 22, 2010, we expressed an unqualified opinion on those financial statements.

We conducted our audits in accordance with auditing standards that are generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, and assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position and cash flows of the Family Resource Center at Gorham, as of and for the year ended June 30, 2011, and the changes in its net assets, and functional expenses for the year ended June 30, 2011, in conformity with accounting principles generally accepted in the United States of America.

*Leone, McDonnell & Roberts,
Professional Association*

October 17, 2011
North Conway, New Hampshire

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2011 AND 2010**

| | <u>2011</u> | <u>2010</u> |
|---|-------------------|-------------------|
| <u>ASSETS</u> | | |
| CURRENT ASSETS | | |
| Cash and cash equivalents | \$ 91,508 | \$ 70,807 |
| Certificates of deposit | 156,428 | 155,155 |
| Investments | 162,648 | 149,507 |
| Grants receivable | 86,577 | 46,723 |
| Prepaid expenses | 7,446 | 9,356 |
| Total current assets | 504,607 | 431,548 |
| PROPERTY AND EQUIPMENT, net | 50,181 | 51,282 |
| Total assets | <u>\$ 554,788</u> | <u>\$ 482,830</u> |
| <u>LIABILITIES AND NET ASSETS</u> | | |
| CURRENT LIABILITIES | | |
| Accounts payable | \$ 6,099 | \$ 372 |
| Accrued expenses | 892 | |
| Agency deposits | 22,167 | 22,156 |
| Refundable advances | 82,274 | 78,380 |
| Total current liabilities | 111,432 | 100,908 |
| NET ASSETS | | |
| Unrestricted | | |
| Designated for long-term building maintenance | 6,643 | 4,229 |
| Undesignated | 253,570 | 224,640 |
| Permanently restricted - endowment | 183,143 | 153,053 |
| Total net assets | 443,356 | 381,922 |
| Total liabilities and net assets | <u>\$ 554,788</u> | <u>\$ 482,830</u> |

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2011
WITH COMPARATIVE TOTALS FOR 2010**

| | 2011 | | | 2010 |
|---|--------------|------------------------|------------------------|------------|
| | Unrestricted | Temporarily Restricted | Permanently Restricted | Total |
| REVENUE AND SUPPORT | | | | |
| Grants | | \$ 891,761 | | \$ 891,761 |
| Donations | \$ 26,122 | | \$ 3,840 | 29,962 |
| Agency rents | 26,666 | | | 26,666 |
| Investment income | | | 3,679 | 3,679 |
| Interest income | 1,933 | | | 1,933 |
| Net unrealized investment gain | | | 19,586 | 19,586 |
| Net realized investment gain | | | 5,535 | 5,535 |
| Net assets released from restrictions | 891,761 | (891,761) | | |
| Total revenues, support and net assets released from restrictions | 946,482 | | 32,640 | 979,122 |
| EXPENSES | | | | |
| Program services | 769,387 | | | 769,387 |
| Management and general | 145,751 | | 2,550 | 148,301 |
| Net realized investment loss | | | | 716 |
| Total expenses | 915,138 | | 2,550 | 917,688 |
| INCREASE IN NET ASSETS | 31,344 | | 30,090 | 61,434 |
| NET ASSETS - BEGINNING OF YEAR | 228,869 | | 153,053 | 381,922 |
| NET ASSETS - END OF YEAR | \$ 260,213 | \$ | \$ 183,143 | \$ 443,356 |

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

| | <u>2011</u> | <u>2010</u> |
|--|------------------|------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Increase in net assets | \$ 61,434 | \$ 77,068 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: | | |
| Unrealized gain on investments | (19,586) | (12,349) |
| Depreciation | 2,978 | 2,766 |
| (Increase) decrease in assets | | |
| Grants receivable | (39,854) | (8,050) |
| Prepaid expenses | 1,910 | (872) |
| (Decrease) increase in liabilities | | |
| Accounts payable | 5,727 | (24) |
| Accrued expenses | 892 | |
| Agency deposits | 11 | 268 |
| Refundable advances | 3,894 | (175,441) |
| NET CASH USED IN (PROVIDED BY) OPERATING ACTIVITIES | <u>17,406</u> | <u>(116,634)</u> |
| CASH FLOWS FROM INVESTING ACTIVITIES | | |
| Additions to property and equipment | (1,877) | (48,302) |
| Purchase of investments and certificates of deposit | (10,316) | (64,511) |
| Proceeds from sale of investments | 15,488 | 27,658 |
| NET CASH USED IN (PROVIDED BY) INVESTING ACTIVITIES | <u>3,295</u> | <u>(85,155)</u> |
| NET INCREASE (DECREASE) IN CASH AND EQUIVALENTS | 20,701 | (201,789) |
| CASH AND EQUIVALENTS - BEGINNING OF YEAR | <u>70,807</u> | <u>272,596</u> |
| CASH AND EQUIVALENTS - END OF YEAR | <u>\$ 91,508</u> | <u>\$ 70,807</u> |

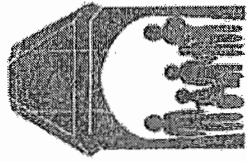
See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2011
WITH COMPARATIVE TOTALS FOR 2010**

| | 2011 | | | 2010 |
|------------------------------------|---------------------|------------------------------|-------------------|---------------------|
| | Program Services | Management and General | Total | Total |
| Personnel Costs | | | | |
| Salaries and wages | \$ 431,232 | \$ 101,153 | \$ 532,385 | \$ 550,271 |
| Payroll taxes | 33,922 | 7,611 | 41,533 | 42,122 |
| Employee benefits | 37,943 | 24,258 | 62,201 | 55,436 |
| Contractors and consultants | 93,487 | 323 | 93,810 | 156,788 |
| Program activities | 34,023 | | 34,023 | 37,835 |
| Program travel | 26,675 | | 26,675 | 37,878 |
| Food and supplies | 20,933 | 3,407 | 24,340 | 18,493 |
| Heat and utilities | 19,325 | | 19,325 | 16,769 |
| Conferences and meetings | 16,227 | 1,546 | 17,773 | 7,983 |
| Telephone, internet, fax and cable | 13,136 | 130 | 13,266 | 15,822 |
| Accounting fees | | 7,409 | 7,409 | 7,600 |
| Office supplies and expenses | 6,000 | 896 | 6,896 | 3,705 |
| Liability insurance | 6,173 | 70 | 6,243 | 6,190 |
| Cleaning | 6,211 | | 6,211 | 6,243 |
| Maintenance and inspections | 6,190 | | 6,190 | 5,877 |
| Printing | 4,000 | 1,333 | 5,333 | 4,768 |
| Technology | 3,500 | | 3,500 | 8,128 |
| Depreciation | 2,978 | | 2,978 | 2,766 |
| Postage and shipping | 1,488 | 165 | 1,653 | 1,938 |
| Rent | 1,500 | | 1,500 | 1,093 |
| Training | 1,344 | | 1,344 | |
| Property insurance | 900 | | 900 | 880 |
| Advertising and promotion | 450 | | 450 | |
| Parking | 250 | | 250 | 2,000 |
| Program materials | | | | 6,831 |
| Other | 1,500 | | 1,500 | 4,720 |
| Total | \$ 769,387 | \$ 148,301 | \$ 917,688 | \$ 1,002,136 |

See Notes to Financial Statements



Family Resource Center Mission Statement

*To build healthier families and stronger
communities through positive relationships,
programs, and collaborations in the North
Country.*



The Family Resource Center

123 Main Street
Gorham, NH 03581
603-466-5190 (T)
603-466-9022 (F)

Satellite Offices in Lancaster, Colebrook and Littleton, NH

Hon. James E. Michalik, *Retired*
Executive Director
www.frc123.org

2012-2013

| Board of Directors | Title | Term |
|--------------------|----------------------|------|
| Andre Caron | President | 2011 |
| Patti Stolte | Vice President | 2011 |
| Katherine Baublis | Secretary/ Treasurer | 2009 |
| Scott Gregory | | 2011 |
| Eric Lapointe | | 2011 |
| Linda Pivin | | 2012 |
| Nathan Morin | | 2013 |

*Strengthening Families... Building Communities
Serving the North Country for 15 years*



Selected as 2012 Winner



KEY ADMINISTRATIVE PERSONNEL

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

Agency Name:

The Family Resource Center at Gorham

Name of Bureau/Section:

BPHCS, Maternal and Child Health - HV-CFHS

| BUDGET PERIOD: | | SFY 2014 | 7/1/13 - 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 |
| James Michalik, Executive Director | \$60,005 | 0.00% | \$0.00 |
| Susan Watson, Director Family Support Services | \$36,618 | 0.00% | \$0.00 |
| Gina Belanger, Administrator MCH Program | \$30,103 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request) | | | \$0.00 |

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

Hon. James E. Michalik, Retired
Curriculum Vitae

Professional Experience

Executive Director, Family Resource Center
Gorham, New Hampshire 2010 – Present
Presiding Judge, Coos County Family Division
New Hampshire Judicial Branch 2006 - 2010
Special Justice, District Court
New Hampshire Judicial Branch 1999 - 2010
Practicing Attorney
Berlin, New Hampshire 1988 - Present
Law Clerk, Zuckert, Scoutt, Rasenberger & Johnson
Washington, D.C. 1986 - 1987
Legislative Assistant, Office of Congressman Martin A. Russo, (IL)
Washington, D.C. 1983 - 1986
Adjunct Instructor, White Mountains Community College
Berlin, New Hampshire 2002-2006
Adjunct Instructor, Granite State College f/k/a School for Life Long Learning
Berlin, New Hampshire 1997-2004
Adjunct Instructor, National Judicial College
Reno, Nevada 2009

Education

Doctor of Jurisprudence, 1987
The Catholic University of America - Columbus School of Law
Washington, D. C.
Bachelors Degree, 1982
DePaul University
Chicago, Illinois
Master's of Science Degree - Organizational Management and Leadership
Springfield College - School of Human Services
St. Johnsbury, Vermont (Anticipated Graduation – 2013)

Memberships

Member, United States Supreme Court Bar Association
Member, New Hampshire Bar Association
Member, National Council of Juvenile and Family Court Judges

Susan N. Watson

- OBJECTIVE:** To utilize my education and job experience to service youth and families.
- EDUCATION:** **BS Human Services/ Counseling**
May 1997
Lyndon State College
Lyndonville, Vermont
- CERTIFICATION:** **Center for Credentialing and Education, Inc.**
Sept 13, 2010-
Sept 30, 2015
Human Services Board Practitioner (HS-BCP)
- WORK EXPERIENCE:**
- Family Resource Center**
June 2004- Present
Director Family Support Services
To manage home visiting programs and services to families at risk of abuse and neglect in Coos County. Responsibilities include managing and writing budgets, supervising staff, setting up and providing staff development and training, completing monthly, quarterly and yearly reports, statistics and attending state wide meetings with funders and service providers. Running and coordinating parenting workshops and a toddler play group.
- NFI Davenport School**
Aug. 1999- June 2004
Assistant Program Director
To provided structure to 34 staff and 15 adjudicated youth in a residential school program. Responsibilities includes hiring employees, controlling a budget, petty cash, scheduling for 15 counselors, payroll, direct supervision of line staff, attending juvenile court hearings, providing individual and family counseling/mediation, working with DJJS/DCYF workers, food ordering, menu planning, and schedule weekly transportation to therapy for residents. Participate and facilitate weekly management, staff meeting, treatment team meetings, and on a rotational on call system.
- North Country Shelter**
Dec. 1997- Aug. 1999
Family Service Worker
To provided support and information for families of adjudicated youth. Responsibilities include completing a family assessment, having weekly contact with each family, providing mediation, weekly contact with Juvenile Service Officers, 30 days of after care for each client and family, meeting with clients on a daily basis, completing placement summaries of the clients for court. Participate in the weekly management team meeting and on a rotational on call system

Gina Belanger

Experience

September 2012-present Family Resource Center Gorham NH

LPN Home Visiting Nurse

- Administration and coordination of nursing home visits for the HVNH and HFA programs
- Resource and referral for clients enrolled in the HVNH and HFA program for the Berlin/Gorham area
- Pre and post natal visits for clients for screening, assessment and identification
- Tracking and documentation of the 4 performance measures
- Supervision and auditing of the 2 Nurse Home visitors in Lancaster and Littleton NH

April 2008-present Family Resource Center Gorham NH

Maternal and Child Health Programs Administrator

- Administration and management of the NH State Maternal and Child Health funded programs including the Home Visiting NH for Berlin/Gorham and Child and Family Health Support Programs in the Berlin/Gorham and Colebrook area
- Supervision of 3 home visitors
- Coordination of services with collaborating partners and oversight of budgets and Medicaid billing
- Current to 2014 Licensed Practical Nurse

Substance Abuse Prevention Coordinator

- Community Coordinator implementing family strengthening programs,
- Coordinator for youth leadership and training programs
- Participant in Coos County Coalition Activities and community awareness events
- Community Coordinator for the Frameworks Youth Suicide Prevention Project
- Family Readiness Lead for the New Hampshire National Guard

1990-2000

Coos County Nursing Home

Berlin NH

Licensed Practical Nurse, Charge Nurse

- Charge Nurse for a 50 bed geriatric unit
- Staffing and management of 6-10 Licensed Nursing Assistants daily
- Medication Administration, Daily nursing assessments, implementation of physicians orders

- Accurate documentation resident care records, physician awareness reports
- Working with an interdisciplinary team for quarterly reporting, Minimum Data Set Assessment
- Comprehensive Plans of Care for residents
- Resident and Staff advocate
- NH Practical Nurse License in effect until 2014 with renewal status ongoing

1987-1989 Gorham School District Gorham NH
School Lunch Program Assistant

- Preparation and administration of 200 youth meals daily

1977-1980 St. Vincent de Paul Nursing Home Berlin NH
Licensed Practical Nurse

- Medication Administration, Daily nursing assessments, implementation of physicians orders
- Accurate documentation resident care records, physician awareness reports
- Working with an interdisciplinary team for quarterly reporting
- Comprehensive Plans of Care for residents
- Resident and Staff advocate

Education

1976-1977 New Hampshire Vocational College Berlin NH

- Diploma Nursing Degree

1971-1975 Gorham High School, Gorham NH Diploma

Interests

Past president of Local Union 3421, Berlin NH. Executive Board member for the Coos County Coalition, Board Director for Northern NH United Way. Member of the Berlin Area Health Consortium, Executive Board member for the Androscoggin Valley Community Partners, Androscoggin Valley Ambassadors Committee member. Board member for the Androscoggin Valley Cancer Fund. Advisory Board Member for UNH Coop Extension

Accomplishments

Completed the Dare to Be You Train the Trainers Series in 2000

Completed the Strengthening Families Trainer series in 2003

Successfully implemented, planned and ran 12 Dare to Be You Programs here in the North Country and 10 Strengthening Families Programs

Participated and Completed the North Country Leadership Program

Participated in the Family Support Unit for the NH National Guard

Completed the Frameworks Youth Suicide Prevention Program as a Master Trainer

American Heart Association Basic Life Saver Coordinator/Instructor

Activities

Crafting in different mediums, painting, stained glass and floral arranging.

Enthusiastic about camping, outdoor activities and spending time with family and friends.

Budget Form

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

Bidder/Program Name: The Family Resource Center at Gorham

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services

(Name of RFP)

July 1, 2013 - June 30, 2014 - MCH-CFHS-
Budget Period: 5190/\$7,932

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|----------------------------------|--------------------|------------------|--------------------|--|
| 1. Total Salary/Wages | \$ 5,960.48 | \$ 612.33 | \$ 6,572.81 | Indirect funds are allocated to each department at the FRC based on the overall FRC budget and the amount of money each department has in funds each year. |
| 2. Employee Benefits | \$ 1,198.52 | \$ 160.67 | \$ 1,359.19 | |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ - | \$ - | |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ - | \$ - | |
| 6. Travel | \$ - | \$ - | \$ - | |
| 7. Occupancy | \$ - | \$ - | \$ - | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ - | \$ - | \$ - | |
| 13. Other: | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 7,159.00 | \$ 773.00 | \$ 7,932.00 | |

Indirect As A Percent of Direct

10.8%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 7,932.00

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

\$ -

Budget Form

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

Bidder/Program Name: The Family Resource Center at Gorham

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services
(Name of RFP)

July 1, 2013 - June 30, 2014 - HV-TANF-
Budget Period: 6146/\$51,668

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|----------------------------------|-----------------------|--------------------|---------------------|--|
| 1. Total Salary/Wages | \$ 38,853.00 | \$ 4,000.00 | \$ 42,853.00 | Indirect funds are allocated to each department at the FRC based on the overall FRC budget and the amount of money each department has in funds each year. |
| 2. Employee Benefits | \$ 7,834.00 | \$ 981.00 | \$ 8,815.00 | |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ - | \$ - | |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ - | \$ - | |
| 6. Travel | \$ - | \$ - | \$ - | |
| 7. Occupancy | \$ - | \$ - | \$ - | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ - | \$ - | \$ - | |
| 13. Other (Administrative cost): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 46,687.00 | \$ 4,981.00 | \$ 51,668.00 | |

Indirect As A Percent of Direct

10.7%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 51,668.00

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

\$ -



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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



July 26, 2012

G&C Approval Date: 9/19/2012

G&C Item # 66

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with The Family Resource Center at Gorham (Vendor #162412-B001), 123 Main Street, Gorham, NH 03581, in an amount not to exceed \$59,600.00, to provide home visiting services effective July 1, 2012, or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for SFY 2013.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,
MATERNAL AND CHILD HEALTH

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|--------------------------------|------------|--------------|
| SFY 2013 | 102-500731 | Contracts for Program Services | 90004009 | \$7,932 |
| | | | Sub-Total | \$7,932 |

05-95-45-450010-6146 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, TEMPORARY ASSISTANCE TO
NEEDY FAMILIES

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|----------------------|------------|--------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 |
| | | | Sub-Total | \$51,668 |
| | | | Total | \$59,600 |

EXPLANATION

Funds in this agreement will be used to support home visiting services in the Berlin/Littleton area for Medicaid-eligible pregnant women and children and low-income families with children at risk for poor health outcomes and child maltreatment. Through this new agreement, The Family Resource Center at Gorham will partner with families to identify one of two different home visiting programs, Home Visiting New Hampshire or Child and Family Health Support, as appropriate for a family's needs.

Home Visiting New Hampshire offers an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home Visiting New Hampshire programs provide services to pregnant women and their infants that include activities to promote self-sufficiency and strengthen family life. In addition, home visitors provide family support and educate families about prenatal health, child development, and health and safety issues. This family focused and child centered program uses a multi-disciplinary team to provide service throughout a woman's pregnancy until her child is 12 months old.

Child and Family Health Support is a more flexible, tailored service designed to help families meet short-term goals. In each program, home visitors provide support and education to families in their homes. Each family receives an individual assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors may discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and/or smoking cessation. Child Family Health Support Services focus on short-term goals developed with the family on topics such as parenting education, health and safety issues, and accessing needed resources, such as a primary care provider or social services.

Should Governor and Executive Council not authorize this Request, 85 low-income, at-risk pregnant women and their infants, and other low-income children, from the Berlin/Littleton community, will not receive these services, many of which have been proven to improve health outcomes.

The Family Resource Center at Gorham was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 10, 2012 through March 23, 2012. In addition, the current Home Visiting New Hampshire grantees and the current Child and Family Health Support Service grantees were sent an email on February 10, 2012, and a bidder's conference was held February 24, 2012 to alert them to this bid.

In response to the Request for Proposals for Home Visiting New Hampshire/Child and Family Health Support Services to be provided in ten geographic areas, ten proposals were submitted. One of the designated areas had two bidders; another had no bidders. A committee of twelve reviewers evaluated the proposals, including nine Department of Health and Human Services personnel and three external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education; WIC Nutrition Services; Maternal and Child Health; Healthy Homes; Tobacco Cessation; Alcohol and Drug Abuse; Child Abuse Prevention; programs to improve the lives of women and girls; and Family Support. Each reviewer had between two and four proposals to read and score. Proposals were scored taking an average of the reviewers' scores. Reviewers recommended funding nine proposals to serve nine of the ten geographic areas.

The proposal from The Family Resource Center at Gorham was one of two proposals for the Berlin/Littleton area. The Family Resource Center at Gorham received a score of 97 out of 100 points and was selected to serve the Berlin/Littleton area, compared with a score of 72 for the other applicant, North Country Home Health and Hospice agency. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is a new agreement for this agency, representing the combination of three (3) Home Visiting New Hampshire and two (2) Child and Family Health Support programs that were previously bid and funded separately. In SFY 2012, the three (3) Home Visiting New Hampshire contracts totaled \$74,062.50 and three (3) Child and Family Health Support contracts totaled \$38,625.60 in this area. This agreement represents a decrease of \$53,088.10.

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

- Percent of eligible pregnant women, infants, and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program who are enrolled in Medicaid
- Percent of eligible pregnant and postpartum women, infants and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program that has client record documentation of enrollment in Women, Infant and Children Supplemental Nutrition Program
- Percent of pregnant women enrolled in the Home Visiting New Hampshire/Child Family Health Support program identified as cigarette smokers that are referred to QuitWorks-New Hampshire
- Percent of women enrolled in the Home Visiting New Hampshire/Child Family Health Support program that received further evaluation/treatment for perinatal depression, following identification by a formal validated depression screening
- Percent of postpartum women who report they are not pregnant at the exit of the program

Area served: Berlin and Littleton areas (See attached list of communities).

Source of Funds: 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, and United States Department of Health and Human Services, Administration for Children and Families.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
July 26, 2012
Page 4

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

Respectfully submitted,

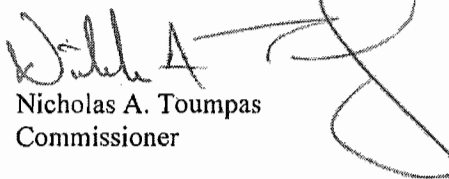


José Thier Montero, MD
Director



Terry Smith
Director
Division of Family Assistance

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/PMT/AK/DD/sc

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

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

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

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

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

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

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The remainder of this page is intentionally left blank.

EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 11th day of April, 2013 by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Lakes Region Community Services Council, Purchase Order Number 1025795, a corporation organized under the laws of the State of New Hampshire, with a place of business at 67 Communication Drive, Laconia, New Hampshire 03247 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated September 19, 2012, Item #68, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of one additional year, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Council;

WHEREAS, the Contractor and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. **Exercise Of Option To Renew and Amend For One Additional Year:**

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2014.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$59,600 from \$59,600 to \$119,200.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A and any subsequent amendments remain(s) in effect unless expressly revoked by this agreement.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$59,600 for SFY 2014. The contract shall total \$119,200 for the contract term.

Funding in the amount of \$7,932 is available from 05-95-90-902010-5190-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.994.

Funding in the amount of \$51,668 is available from 05-95-45-450010-6146-502-500891, 100% Federal Funds from the US Department of Health and Human Services, Administration for Children and Families, CFDA #93.558.

2. **Effective Date of Renew and Amend:**


This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

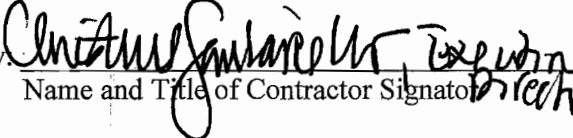
3. **Continuance of Renewal Agreement:**

Except as specifically amended and modified by the terms and conditions of this Renew and Amend, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE
Division of Public Health Services

By:  5/2/17
~~Lisa E. Bujno, APRN~~ Brook S. Dwyer Date
Bureau Chief

By:  4-11-13
Name and Title of Contractor Signatory Dwyer Date
Lakes Region Community Services Council
Legal Name of Agency

STATE OF NEW HAMPSHIRE
COUNTY OF BEKNAPE

On this the 11th day of April, 2013, before me, Rebecca L. Bryant,
(name of notary)
the undersigned officer Christine Santaniello personally appeared who acknowledged him/herself
(contract signatory)
to be the Executive Director of the LAKES REGION Community Services Council,
(signatory's title) (legal name of agency)
a corporation, and that he/she, as such Executive Director, being authorized so to do,
(signatory's title)
executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by him/herself as Executive Director of the LAKES REGION Community Services Council,
(signatory's title) (legal name of agency)
In witness whereof I hereunto set my hand and official seal.

Rebecca L. Bryant
Notary Public/Justice of the Peace

My Commission expires:

REBECCA L. BRYANT Justice of the Peace
My Commission Expires April 1, 2014

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Jeanne A. Herrick
Assistant Attorney General

Date: 21 May 2013



I hereby certify that the foregoing contract was approved by the Governor and Council of the State of
New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

By: _____

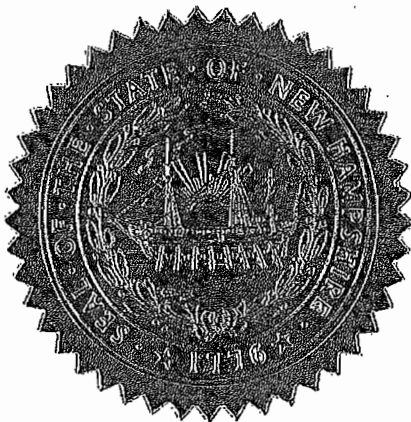
Title: _____

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 Lakes Region Community Services Council is a New Hampshire nonprofit corporation formed July 29, 1975. 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 17th day of April A.D. 2013

A handwritten signature in cursive script, reading "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE
(Corporation without Seal)

I, Debra Laliberte, do hereby certify that:

1. I am the duly elected Clerk of Lakes Region Community Services Council.
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on February 20, 2013:

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section.

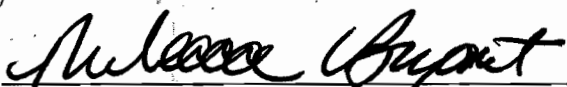
RESOLVED: That the Executive Director is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as she may deem necessary, desirable,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

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of the 11th of April, 2013.
4. Christine Santaniello is the duly elected Executive Director of the Corporation.


(Signature of Clerk of the Corporation)

State of New Hampshire
County of Belknap

The foregoing instrument was acknowledged before me this 11th day of April, 2013, by Debra Laliberte.
(Name of Clerk of the Corporation)


(Notary Public or Justice of the Peace)

Commission Expires: April 1, 2014

REBECCA L. BRYANT, Justice of the Peace
My Commission Expires April 1, 2014





CERTIFICATE OF LIABILITY INSURANCE

LAKES65

OP ID: BP

DATE (MM/DD/YYYY)

04/09/13

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

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

| | | | |
|---|--------------|---|-----------------------|
| PRODUCER Melcher & Prescott-Laconia 426 Main Street Laconia, NH 03246 | 603-524-4535 | CONTACT NAME: | |
| | 603-528-4442 | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | | E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A : Citizen Insurance Company | 31534 |
| | | INSURER B : Granite State Work Comp Manuf | |
| | | INSURER C : | |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |

INSURED LR Community Services Council
Rebecca L. Bryant
67 Communications Drive
Laconia, NH 03246

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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | | ZBV8974270-02 | 12/01/12 | 12/01/13 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrences) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 20,000 |
| | <input checked="" type="checkbox"/> Professional Liab | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE \$ 3,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| | | | | | | Emp Ben. \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY | | ABV8928387 | 12/01/12 | 12/01/13 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | WC01121119 | 12/31/12 | 12/31/13 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input checked="" type="checkbox"/> N | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

NHDCON2

Director, Div. Of Public
Health Svcs, NH DHHS
29 Hazen Drive
Concord, NH 03301-6504

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

Financial Statements

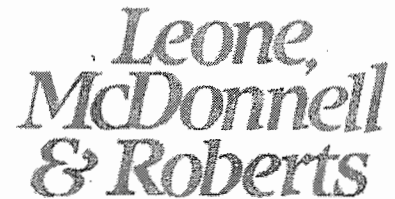
LAKES REGION COMMUNITY SERVICES
COUNCIL, INC.

**FOR THE YEARS ENDED
JUNE 30, 2012 AND 2011
AND
INDEPENDENT AUDITORS' REPORT**

*Leone,
McDonnell
& Roberts*

PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS



Professional Association
CERTIFIED PUBLIC ACCOUNTANTS
WOLFEBORO • NORTH CONWAY
DOVER • CONCORD
STRATHAM

To the Board of Directors of
Lakes Region Community Services Council, Inc.
Laconia, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying statements of financial position of Lakes Region Community Services Council, Inc. (a nonprofit organization) as of June 30, 2012 and 2011, and the related statements of cash flows for the years then ended, and the related statements of activities and functional expenses for the year ended June 30, 2012. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits. The prior year summarized comparative information has been derived from the Organization's 2011 financial statements and, in our report dated September 7, 2011, we expressed an unqualified opinion on those financial statements.

We conducted our audit for the year ended June 30, 2012 in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. The financial statements of the Organization were not audited in accordance with *Government Auditing Standards* for the year ended June 30, 2011. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

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

In accordance with *Government Auditing Standards*, we have also issued our report dated October 1, 2012, on our consideration of Lakes Region Community Services Council, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards*, and should be considered in assessing the results of our audit.

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

Leone, McDonnell & Roberts
Professional Association

Wolfeboro, New Hampshire
October 1, 2012

LAKES REGION COMMUNITY SERVICES COUNCIL, INC.

**STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2012 AND 2011**

ASSETS

| | <u>2012</u> | <u>2011</u> |
|--|---------------------|---------------------|
| CURRENT ASSETS | | |
| Cash and equivalents: | | |
| Cash in bank | \$ 41,768 | \$ 1,546,947 |
| Certificates of deposits | 207,678 | 513,224 |
| Federated managed funds | 5,520 | 155,362 |
| Accounts receivable: | | |
| Medicaid | 1,346,705 | 853,676 |
| Other, net of allowance for doubtful accounts of \$50,000 at June 30, 2012 and 2011, respectively | 731,517 | 192,490 |
| Prepaid expenses | <u>235,896</u> | <u>579,516</u> |
| Total current assets | <u>2,569,084</u> | <u>3,841,215</u> |
| PROPERTY AND EQUIPMENT, NET | <u>4,225,517</u> | <u>198,940</u> |
| OTHER ASSETS | | |
| Deposits | <u>53,354</u> | <u>53,354</u> |
| Total assets | <u>\$ 6,847,955</u> | <u>\$ 4,093,509</u> |

LIABILITIES AND NET ASSETS

| | | |
|--|---------------------|---------------------|
| CURRENT LIABILITIES | | |
| Current portion of long term debt | \$ 45,853 | \$ - |
| Accounts payable | 527,345 | 592,845 |
| Accrued salaries, wages, and related expenses | 277,235 | 188,088 |
| Accrued earned time | 299,388 | 365,100 |
| Refundable advances | 82,679 | 30,262 |
| Other accrued expenses | <u>78,140</u> | <u>45,335</u> |
| Total current liabilities | <u>1,310,640</u> | <u>1,221,630</u> |
| LONG TERM LIABILITIES | | |
| Due to affiliates, net | 239,609 | 97,935 |
| Long term debt, less current portion shown above | <u>442,826</u> | <u>-</u> |
| Total long term liabilities | <u>682,435</u> | <u>97,935</u> |
| Total liabilities | <u>1,993,075</u> | <u>1,319,565</u> |
| NET ASSETS | | |
| Unrestricted | 3,197,780 | 2,773,944 |
| Temporarily restricted | <u>1,657,100</u> | <u>-</u> |
| Total net assets | <u>4,854,880</u> | <u>2,773,944</u> |
| Total liabilities and net assets | <u>\$ 6,847,955</u> | <u>\$ 4,093,509</u> |

See Notes to Financial Statements

LAKES REGION COMMUNITY SERVICES COUNCIL, INC.

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2012
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION**

| | <u>Unrestricted</u> | <u>Temporarily Restricted</u> | <u>2012 Total</u> | <u>2011 Total</u> |
|--|---------------------|-----------------------------------|-----------------------|-----------------------|
| CHANGES IN NET ASSETS | | | | |
| Revenues | | | | |
| Program fees | \$ 1,179,361 | \$ - | \$ 1,179,361 | \$ 1,112,151 |
| Medicaid | 17,739,766 | - | 17,739,766 | 16,692,991 |
| Client resources | 72,667 | - | 72,667 | 70,280 |
| Other third party payers | 34,761 | - | 34,761 | 167,502 |
| Public support | 273,287 | 1,657,100 | 1,930,387 | 258,096 |
| Private foundations | 25,257 | - | 25,257 | 4,399 |
| Production/service income | 253,611 | - | 253,611 | 270,304 |
| Investment | 6,162 | - | 6,162 | 9,263 |
| In-kind donations | 65,000 | - | 65,000 | 65,000 |
| State of New Hampshire - DDS | 1,078,033 | - | 1,078,033 | 1,043,672 |
| Management fees | 20,568 | - | 20,568 | 21,206 |
| Other | 471,691 | - | 471,691 | 194,782 |
| Total revenues | <u>21,220,164</u> | <u>1,657,100</u> | <u>22,877,264</u> | <u>19,909,646</u> |
| Expenses | | | | |
| Program services | | | | |
| Service coordination | 966,460 | - | 966,460 | 1,006,851 |
| Day programs | 4,080,565 | - | 4,080,565 | 4,169,025 |
| Early intervention | 614,288 | - | 614,288 | 605,780 |
| Enhanced family care | 3,270,253 | - | 3,270,253 | 2,953,399 |
| Community options | 227,190 | - | 227,190 | 185,803 |
| Community residences | 6,105,485 | - | 6,105,485 | 6,130,839 |
| Transportation | 143,420 | - | 143,420 | 139,950 |
| Family support | 2,750,035 | - | 2,750,035 | 2,662,379 |
| Other DDS | 14,482 | - | 14,482 | 14,617 |
| Other programs | 478,570 | - | 478,570 | 448,935 |
| Supporting activities | | | | |
| General management | 2,135,383 | - | 2,135,383 | 1,760,300 |
| Fundraising | 10,197 | - | 10,197 | 94,108 |
| Total expenses | <u>20,796,328</u> | <u>-</u> | <u>20,796,328</u> | <u>20,171,986</u> |
| INCREASE (DECREASE) IN NET ASSETS | <u>423,836</u> | <u>1,657,100</u> | <u>2,080,936</u> | <u>(262,340)</u> |
| NET ASSETS, BEGINNING OF YEAR | <u>2,773,944</u> | <u>-</u> | <u>2,773,944</u> | <u>3,036,284</u> |
| NET ASSETS, END OF YEAR | <u>\$ 3,197,780</u> | <u>\$ 1,657,100</u> | <u>\$ 4,854,880</u> | <u>\$ 2,773,944</u> |

See Notes to Financial Statements

LAKES REGION COMMUNITY SERVICES COUNCIL, INC.

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011**

| | <u>2012</u> | <u>2011</u> |
|---|---------------------------|----------------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Change in net assets | \$ 2,080,936 | \$ (262,340) |
| Adjustments to reconcile change in net assets to net cash from operating activities: | | |
| Depreciation | 68,083 | 53,506 |
| (Increase) decrease in assets: | | |
| Accounts receivable | (1,032,056) | 333,149 |
| Prepaid expenses | 343,620 | (269,418) |
| Deposits | - | 15,321 |
| Increase (decrease) in liabilities: | | |
| Accounts payable | (65,500) | 70,859 |
| Accrued salaries, wages, and related expenses | 89,147 | (348,399) |
| Accrued earned time | (65,712) | 25,157 |
| Refundable advances | 52,417 | (75,011) |
| Other accrued expenses | 32,805 | 5,150 |
| NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES | <u>1,503,740</u> | <u>(452,026)</u> |
| CASH FLOWS FROM INVESTING ACTIVITIES | | |
| Additions to property and equipment | <u>(4,094,660)</u> | <u>(24,187)</u> |
| NET CASH USED IN INVESTING ACTIVITIES | <u>(4,094,660)</u> | <u>(24,187)</u> |
| CASH FLOWS FROM FINANCING ACTIVITIES | | |
| Proceeds from long term borrowings | 500,000 | - |
| Repayment of long term debt | (11,321) | - |
| Increase (decrease) in due to affiliates | <u>141,674</u> | <u>(507,324)</u> |
| NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES | <u>630,353</u> | <u>(507,324)</u> |
| NET DECREASE IN CASH AND EQUIVALENTS | (1,960,567) | (983,537) |
| CASH AND EQUIVALENTS, BEGINNING OF YEAR | <u>2,215,533</u> | <u>3,199,070</u> |
| CASH AND EQUIVALENTS, END OF YEAR | <u>\$ 254,966</u> | <u>\$ 2,215,533</u> |
| SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION | | |
| Cash paid during the year for interest | \$ - | \$ - |

See Notes to Financial Statements

LAKE REGION COMMUNITY SERVICES COUNCIL, INC.

**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2012
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION**

| | Service Coordination | Day Programs | Early Intervention | Enhanced Family Care | Community Options | Community Residences | Transportation | Family Support | Other DDS | General Management | Fundraising | Total DDS Funded | Total Non-DDS Funded | 2012 Totals | 2011 Totals |
|--|-------------------------|---------------------|-----------------------|-------------------------|----------------------|-------------------------|-------------------|---------------------|------------------|-----------------------|------------------|------------------------|----------------------------|----------------------|----------------------|
| PERSONNEL COSTS | | | | | | | | | | | | | | | |
| Salaries and wages | \$ 592,226 | \$ 2,347,261 | \$ 399,145 | \$ 139,950 | \$ 142,193 | \$ 3,013,692 | \$ 16,360 | \$ 1,078,087 | | \$ 912,990 | | \$ 8,641,904 | \$ 288,531 | \$ 8,930,435 | \$ 8,946,997 |
| Employee benefits | 214,956 | 838,563 | 123,815 | 51,269 | 49,868 | 1,052,427 | 6,026 | 317,989 | | 288,444 | | 2,949,357 | 103,227 | 3,052,584 | 2,945,613 |
| Payroll taxes | 42,760 | 184,676 | 28,563 | 9,912 | 9,456 | 235,369 | 1,326 | 78,525 | | 75,139 | | 663,726 | 25,806 | 689,532 | 667,393 |
| PROFESSIONAL FEES AND CONSULTATIONS | | | | | | | | | | | | | | | |
| Client treatment & therapies | 41,274 | 316 | | 2,949,001 | | 231,276 | | 846,081 | | | | 4,067,948 | | 4,067,948 | 3,677,025 |
| Accounting/auditing | 9,203 | 75 | | | | | | | | 114,375 | | 114,375 | | 114,375 | 117,389 |
| Subcontract services | | | | 69,138 | | 897,191 | | 147,679 | | 21,063 | | 30,341 | | 30,341 | 43,741 |
| Other professional fees | 6,965 | 13,945 | 107 | 829 | 8,330 | 7,012 | | 11,560 | 11,314 | 72,391 | | 1,194,729 | 9,395 | 1,204,124 | 1,030,644 |
| STAFF DEVELOPMENT AND TRAINING | | | | | | | | | | | | 97,650 | 7,784 | 105,434 | 177,099 |
| Journals and publications | | 36 | | | | | | 28 | | 1,295 | | 1,359 | 37 | 1,396 | 2,780 |
| Conference/conventions | 320 | 2,935 | 240 | 330 | | | | 3,041 | | 10,144 | 150 | 17,160 | 979 | 18,139 | 34,135 |
| Other staff development | 297 | 5,845 | 6,119 | 1,839 | | 17,664 | | 1,321 | | 15,502 | | 48,587 | 136 | 48,723 | 56,159 |
| OCCUPANCY COSTS | | | | | | | | | | | | | | | |
| Rent | 8,700 | 53,347 | 12,685 | | | 194,413 | | 22,700 | | (300) | 450 | 291,995 | 7,715 | 298,710 | 330,183 |
| Mortgage payments | | | | | | 9,889 | | | | | | 9,889 | | 9,889 | 9,417 |
| Utilities | 1,524 | 10,380 | 825 | | | 92,228 | | 1,549 | | 46,986 | | 153,513 | | 153,513 | 144,200 |
| Repairs and maintenance | 491 | 4,272 | | | | 21,860 | | 1,139 | | 31,076 | | 58,843 | | 58,843 | 67,668 |
| Other occupancy costs | 80 | 486 | | 396 | | 4,947 | | 404 | | 22,284 | | 28,597 | 372 | 28,969 | 4,756 |
| CONSUMABLE SUPPLIES | | | | | | | | | | | | | | | |
| Office supplies and equipment | 529 | 5,631 | 3,810 | | | 3,110 | | 1,736 | | 38,559 | 207 | 53,582 | 8,152 | 61,734 | 50,822 |
| under \$1,000 | 227 | 1,022 | | | | 21,330 | | 214 | | 618 | | 23,411 | 95 | 23,506 | 29,819 |
| Building/household | 13,852 | 10,861 | 176 | 20,246 | | 12,747 | | 3,581 | | 10,439 | 2,776 | 189,209 | 3,992 | 193,201 | 213,894 |
| Client | 657 | 10 | | 574 | | 2,875 | | 27,774 | | | | 8,097 | | 8,097 | 16,424 |
| ASSISTANCE TO INDIVIDUALS | | | | | | | | | | | | | | | |
| PRODUCT SALES | 3,653 | 690 | | | | 904 | | | | | | 33,021 | 3,265 | 36,286 | 70,975 |
| EQUIPMENT RENTAL | 1,909 | 6,695 | | | | | | | | | | 23,349 | | 23,349 | 20,910 |
| EQUIPMENT MAINTENANCE | | 115 | | | | | | 8,822 | | 4,002 | | 21,428 | 1,754 | 23,182 | 43,431 |
| DEPRECIATION | | 4,586 | 1,298 | 2,245 | | 3,223 | | 150 | | 83,675 | | 90,706 | | 90,706 | 47,127 |
| ADVERTISING | | 2,833 | 2,008 | | | 25,406 | | | | 36,083 | | 68,083 | | 68,083 | 53,506 |
| PRINTING | 459 | 370 | 314 | 294 | | 1,326 | | 2,213 | | 7,615 | | 17,409 | 3,774 | 21,183 | 10,842 |
| TELEPHONE | 3,893 | 8,115 | 372 | 1,506 | | 9,532 | | 5,532 | | 3,855 | 2,814 | 14,352 | 1,886 | 16,238 | 16,899 |
| POSTAGE | 162 | 174 | 1,241 | 42 | | 7,952 | | 3,996 | | 25,057 | | 50,296 | 1,684 | 51,980 | 57,773 |
| TRANSPORTATION | 20,661 | 405,009 | 22,231 | 21,523 | | 121,826 | | 632 | 21 | 16,914 | 10 | 17,944 | 93 | 18,037 | 20,047 |
| INSURANCE | | | | | 17,343 | | 98,688 | 122,299 | 3,147 | 7,007 | | 839,734 | 8,970 | 846,704 | 786,133 |
| MEMBERSHIP DUES | | 80 | 300 | | | 1,547 | | | | 53,489 | | 74,509 | | 74,509 | 104,029 |
| IN-KIND DONATIONS | | | | | | | 21,020 | 59,239 | | 35,319 | | 95,485 | 615 | 96,100 | 78,101 |
| CLIENT PAYMENTS | 673 | 146,716 | 6,029 | 199 | | 8,385 | | 198 | | 65,000 | | 65,000 | | 65,000 | 65,000 |
| INTEREST | | | | | | | | | | 8,869 | | 171,069 | 69 | 171,138 | 182,420 |
| OTHER | 989 | 2,362 | 1,010 | 955 | | 2,023 | | 565 | | 2,481 | | 88,520 | 239 | 86,759 | 28,635 |
| TOTAL FUNCTIONAL EXPENSES | \$ 986,460 | \$ 4,080,565 | \$ 514,288 | \$ 3,270,253 | \$ 227,190 | \$ 6,105,485 | \$ 143,420 | \$ 2,750,035 | \$ 14,482 | \$ 2,135,383 | \$ 10,197 | \$ 20,317,758 | \$ 478,570 | \$ 20,796,328 | \$ 20,171,886 |

See Notes to Financial Statements



Engage. Empower. Inspire.

Mission Statement

Dedicated to serving the community by promoting independence, dignity and opportunity.

Value Statements

As individuals and as a community agency, we:

- Value all people;
- Value a team approach in all we do;
- Value and respect one another;
- Value our relationships in the communities in which we live and work;
- Value our role as facilitators of relationships; and
- Value and recognize that our relationships evolve, grow, and change over time.



Board of Directors ~ 2012- 2013

✓*Gary Lemay, President

✓*Susan Gunther, Vice President

✓*R. Stuart Wallace, Treasurer

✓Debra Laliberte, Secretary

✓Margaret Plumer

✓Margaret Selig

✓*Carrie Chase

✓*Randy Perkins

*Benjamin Phillips

J. Allan Gauthier

*Cynthia Mathews

*Virginia Donaldson

KEY ADMINISTRATIVE PERSONNEL

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

Agency Name:

Lakes Region Community Services Council

Name of Bureau/Section:

BPHCS, Maternal and Child Health - HV-CFHS

| BUDGET PERIOD: | | SFY 2014 | 7/1/13 - 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 |
| Christine Santaniello, Executive Director | \$112,124 | 0.00% | \$0.00 |
| Rebecca Bryant, Director of Finance | \$82,000 | 0.00% | \$0.00 |
| Karen Welford, Director, Family Resource Center | \$52,000 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request) | | | \$0.00 |

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

**PROFESSIONAL
EXPERIENCE:**

Executive Director

Lakes Region Community Services Council
May 1, 2006 to present

Chief Operating Officer of Community Based Not-for-Profit Corporation. Responsible for overall administration of agency whose responsibility is to provide for the health and well-being of the individuals and families served. Provide leadership, fiscal management, and sound decision making to ensure that all of the duties and responsibilities of the organization are carried out in accordance with state law, regulation, and rules. Report to and work closely with the Board of Directors.

Assistant Executive Director

Lakes Region Community Services Council
May 2004 to April 30, 2006

Additional responsibilities to those of Director of Family Support, including responsibility for the Shared Family Living and Specialized Supports Departments. Responsible for the Consumer Operations aspect of the organization. Work closely with the Executive Director and Director of Finance for management of the overall organization. Review of agency programs, formal and informal is a central focus of this position. Development of new LRCSC programs and supports are inherent with this role. Liaison with Board of Directors, Department of Health and Human Services, and community.

Director of Family Support

Lakes Region Community Services Council
January 2001 to May 2004

Responsible for the programmatic and fiscal management of programs supporting families. Supervision of professional staff and responsible for the Early Intervention, Step Ahead, and Family Support Programs. Work with the Family Support Advisory Council, responsible for community collaboration, grant writing, and other management functions.

Project Director

Community Support Network, Inc.
November 1999 to January 2001

Responsible for administration and implementation of Federal Grant received by the State of New Hampshire to develop supports to aging parents caring for adult children with disabilities living at home.

Director of Resource Coordination

Greater Laconia Community Services Inc., Laconia, NH
July 1997 to November 1999

Responsible for management of Case Management and Family Support Services Departments of affiliate agency of Lakes Region Community Services Council. Provide support to middle management who supervise professional staff

responsible for over 500 individuals and families. Fiscal development and community activities are also an integral component of job.

Director of Family Support Services

Lakes Region Community Services Council, Laconia, NH
August 1995 to July 1997

Responsible for management and development of a department that serves two hundred and fifty families. Provide direct support and supervision to professional staff. Active on agency and community committees. Financial responsibility, Family Advisory Council, grant writing, and program development.

Family Support Services Coordinator

Lakes Region Community Services Council, Laconia, NH
July 1992 to August 1995

Responsible for daily management of Family Support Services Department. Responsible for 19 staff including direct supervision of 9, monitoring of budgets, development of new programs, crisis intervention, and public relations. Developed Family Aide Program.

Family Support Advocate

Lakes Region Community Services Council, Laconia, NH
June 1989 to July 1992

Worked with families who have members with developmental disabilities. Served as a direct support for the families. Emphasis was to assist the families to make and carry through their own decisions while stressing they be less system-dependent through involvement with the community. Developed Intensive Family Support Model and Futures Planning Guide.

EDUCATION:

Kent School of Social Work, University of Louisville
Louisville, KY
Master of Science in Social Work, August 1991.

University of New Hampshire, Durham, NH
Bachelor of Arts in Social Work, May 1989

INTERESTS:

Treasurer, Community Support Network
Vice President, Lakes Region Partnership for Public Health
Board Member, Breakwater Condominium Association

REFERENCES WILL BE FURNISHED UPON REQUEST

B

Rebecca L. Bryant

April 2007 – Present

Lakes Region Community Services Council
Director of Finance

Chief Financial Officer of Community Based Not-For-Profit Corporation. Oversee financial and personnel administration for private non-profit human services agency with a budget of \$18 million and 300 employees. Prepare and monitor annual budgets. Negotiate funding requests with the New Hampshire Department of Health and Human Services. Prepare and manage contracts with funding sources and vendors. Administer the agency's compensation and benefits plans. Ensure compliance with applicable state and federal labor regulations. Oversee the installation and support of agency computer systems and networks. Report to and work closely with the Board of Directors and Executive Director.

Aug 2000 – April 2007

Wilcom, Inc., Laconia, NH
Controller, Acting General Manager

Controller for Telecommunications Manufacturer celebrating 40 years in business in 2007. Direct report to the Vice President/Chief Financial Officer and President, Chief Operating Officer in New York. Responsible for all functions and employees in: Accounting, Sales, MIS, Customer Service, Human Resources and Facilities. As Acting General Manager responsible for NH Operations in the absence of the President and Vice President.

During tenure with this company successes included; writing and negotiating GSA proposal to obtain GSA Schedule Award, creating and maintaining multiple government registrations including CCR, JCP, ORCA and AES Direct, maintaining 100% in-house collections for receivables, and supervision of office renovation project.

As part of accounting function maintained two day month end close with a manual closing system. In fulfilling MIS supervisory role, led MIS through major web site overhaul with outside vendor, MRP system upgrade, and phone system upgrade. Led Sales Department through transition from reliance on outside sales and manufacturer's reps to 100% inside sales through restructuring, hiring and daily oversight of Sales Department.

Oct 1997 – Aug 2000

Freudenberg-NOK General Partnership, Bristol, NH

*Hyperion Administrator**Jul 2000 – Aug 2000**Assistant Hyperion Administrator**Jan 1999 – Jul 2000**Assistant Treasury Manager**Oct 1997 – Jan 1999*

Responsible for compiling monthly data feeds from 16 locations throughout the United States, Mexico and Brazil and producing consolidated financial statements. Assisted the Hyperion Administrator, maintained all aspects of financial database, wrote logic for the financial statements, administered system security, troubleshoot for end users of database, and wrote reports for financial analysts. Prepared a multitude of comprehensive financial reports for the parent company in Germany. Communicated daily with the controllers and financial analysts in the United States and Europe to ensure timely collection and distribution of financial data.

As Assistant Treasury Manager managed day-to-day activities of the Treasury Department including cash management, debt management, risk management (insurance and foreign currency hedging,) worker's compensation, corporate centralized accounts payable, intra-company accounts payable and receivable, as well as reconciliations of all general ledger accounts relating to treasury. Fulfilled all duties of both the Treasury Manager and Assistant Treasury Manager For nine months in the absence of the Treasury Manager.

Certifications

- Justice of the Peace – State of New Hampshire
- Notary Public – State of New Hampshire

Continuing Education

- U.S. Notary Course in Notary Public Law
- ADP Reportsmith Class
- CompuMaster "Getting the Most from Microsoft Office"
- Skillpath Seminar "The Conference for Women"
- International Trade Resource Center
 - Export Documentation
 - Foreign Credit & Collection
 - AES Direct Training
- NH PTAP
 - Doing Business With the Government – Procurement Basics
 - Contract Basics
 - U.S. General Services Administration (GSA) – Training: How to Obtain a GSA Schedules Contract
- Project Management Training
- Auditing Staff Level I
- Business Process Kaizen
- Distinctions Customer Service Training

Education

May 1995

KEENE STATE COLLEGE, Keene, New Hampshire
Bachelor of Science Degree in Business Management
Accounting Concentration

Community Service

- Den Leader, Cub Scout Pack 369, Moultonborough, NH
- Advancements Chair, Cub Scout Pack 369, Moultonborough, NH
- Chair, Recreation Advisory Board, Town of Moultonborough
- Sunday School Teacher, Moultonborough United Methodist Church
- Nursery Coordinator, Moultonborough United Methodist Church

References

Professional

Christopher Carrier
Product Manager
Equallogic, Inc.
Nashua, NH 03063
(603) 512-8683

Jenn Dorr, CPA
Audit Manager
Vachon, Clukay & Co., PC
Manchester, NH 03101
(603) 622-7070

John Helenek
Partner
Wilcom, Inc.
Laconia, NH 03246
(631) 738-9475

David Detscher
Vice President
Wilcom, Inc.
Laconia, NH 03246
(603) 273-0412

Personal

Donna Keuthe
Recreation Director
Town of Moultonborough
(603) 476-8868

Crystal Finefrock
Director of Financial Aid
Plymouth State College
(603) 535-2359

Christine Roman
15 Year Teacher
Winnisquam Regional School District
(603) 707-0963

Rebecca Forrestall
Director of Special Education
John Stark Regional HS
(603) 340-2916

Karen Welford

Professional Experience

| | |
|---|---|
| Lakes Region Community Service, Laconia NH Director, Family Support Director, Family Resource Center of Central NH | Aug 2006 – Oct 2010 Mar 2009 – Present |
| Plymouth State University Adjunct Professor, Department of Education | Jan 2007 - present |
| Region 1 Head Start Quality Initiative Donahue Institute – University of Massachusetts Technical Assistance Specialist | Nov 2003 - Aug 2006 |
| Lakes Region Community Services Council Coordinator, <i>Quality Matters: A Lakes Region Early Childhood Initiative</i> | Oct 2002 - Nov 2003 |
| NH Department Health and Human Services, Concord NH Director – Professional Development and Quality Family-Centered Early Supports and Services (NH Early Intervention System) | 2000 - 2002 |
| MA Department of Public Health, Boston MA Director, Early Intervention Field Services. | 1993-2000 |
| New England Memorial Hospital, Stoneham MA Director, Early Intervention Program | 1985-1993 |

Education

| | |
|--|--|
| Fitchburg State College, Fitchburg MA Bachelor of Science in Nursing | |
| McCormack Institute of Public Policy - University of Massachusetts Master of Science in Public Affairs (Salutatorian) Recipient of <i>Outstanding Achievement Award</i> as voted by program's faculty | |

Additional Relevant Professional Experiences

| | |
|---|--------------|
| New Hampshire Interagency Coordinating Council Member | 2009-present |
| New Hampshire Child Care Advisory Council Non-voting member | 2008-present |
| New Hampshire Early Education and Intervention Network President, 2007-2009 | 2006-2009 |

Budget Form

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

Bidder/Program Name: Lakes Region Community Services Council

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services
(Name of RFP)

July 1, 2013 - June 30, 2014 - HV-TANF-
Budget Period: 6146/\$51,668

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|----------------|---------------------|---|
| 1. Total Salary/Wages | \$ 38,610.00 | \$ - | \$ 38,610.00 | |
| 2. Employee Benefits | \$ 13,058.00 | \$ - | \$ 13,058.00 | |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ - | \$ - | |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ - | \$ - | |
| 6. Travel | \$ - | \$ - | \$ - | |
| 7. Occupancy | \$ - | \$ - | \$ - | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ - | \$ - | \$ - | |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 51,668.00 | \$ - | \$ 51,668.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

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

\$ 51,668.00
\$ -

Budget Form

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

Bidder/Program Name: Lakes Region Community Services Council

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services

(Name of RFP)

July 1, 2013 - June 30, 2014 - MCH-CFHS-
Budget Period: 5190/\$7,932

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|-----------------------|-------------------|--------------------|--|
| 1. Total Salary/Wages | \$ - | \$ - | \$ - | |
| 2. Employee Benefits | \$ - | \$ - | \$ - | |
| 3. Consultants | \$ 5,850.00 | \$ - | \$ 5,850.00 | |
| 4. Equipment: | \$ - | \$ - | \$ - | |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ - | \$ - | |
| 6. Travel | \$ 2,082.00 | \$ - | \$ 2,082.00 | |
| 7. Occupancy | \$ - | \$ - | \$ - | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ - | \$ - | \$ - | |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 7,932.00 | \$ - | \$ 7,932.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 7,932.00

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

\$ -

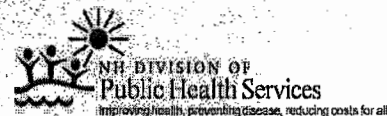


Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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



July 27, 2012

G&C Approval Date: 9/19/2012

G&C Item # 68

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Lakes Region Community Services Council (Vendor #177251-B002), 67 Communication Drive, Laconia, New Hampshire 03247, in an amount not to exceed \$59,600.00, to provide home visiting services effective July 1, 2012, or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for SFY 2013.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,
MATERNAL AND CHILD HEALTH

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|--------------------------------|------------|--------------|
| SFY 2013 | 102-500731 | Contracts for Program Services | 90004009 | \$7,932 |
| | | | Sub-Total | \$7,932 |

05-95-45-450010-6146 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, TEMPORARY ASSISTANCE TO
NEEDY FAMILIES

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|----------------------|------------|--------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 |
| | | | Sub-Total | \$51,668 |
| | | | Total | \$59,600 |

EXPLANATION

Funds in this agreement will be used to support home visiting services in the Laconia area for Medicaid-eligible pregnant women and children and low-income families of children birth through age 18 at risk for poor health outcomes and child maltreatment. Through this new agreement, the Lakes Region Community Services Council will partner with families to identify one of two different home visiting programs, Home Visiting New Hampshire or Child and Family Health Support, as appropriate for a family's needs.

Home Visiting New Hampshire offers an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home Visiting New Hampshire programs provide services to pregnant women and their infants that include activities to promote self-sufficiency and strengthen family life. In addition, home visitors provide family support and educate families about prenatal health, child development, and health and safety issues. This family focused and child centered program uses a multi-disciplinary team to provide service throughout a woman's pregnancy until her child is 12 months old.

Child and Family Health Support is a more flexible, tailored service designed to help families meet short-term goals. In each program, home visitors provide support and education to families in their homes. Each family receives an individual assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors may discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and/or smoking cessation. Child Family Health Support Services focus on short-term goals developed with the family on topics such as parenting education, health and safety issues, and accessing needed resources, such as a primary care provider or social services.

Should Governor and Executive Council not authorize this Request, 100 low-income, at-risk pregnant women and their infants, and other low-income children, from the Laconia community, will not receive these services, many of which have been proven to improve health outcomes.

The Lakes Region Community Services Council was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 10, 2012 through March 23, 2012. In addition, the current Home Visiting New Hampshire grantees and the current Child and Family Health Support Service grantees were sent an email on February 10, 2012, and a bidder's conference was held February 24, 2012 to alert them to this bid.

In response to the Request for Proposals for Home Visiting New Hampshire/Child and Family Health Support Services to be provided in ten geographic areas, ten proposals were submitted. One of the designated catchment areas had two bidders; another had no bidders. A committee of twelve reviewers evaluated the proposals, including nine Department of Health and Human Services personnel and three external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education; WIC Nutrition Services; Maternal and Child Health; Healthy Homes; Tobacco Cessation; Alcohol and Drug Abuse; Child Abuse Prevention; programs to improve the lives of women and girls; and Family Support. Each reviewer had between two and four proposals to read and score. Proposals were scored taking an average of the reviewers' scores. Reviewers recommended funding nine proposals to serve nine of the ten geographic areas.

The proposal from Lakes Region Community Services Council was the sole applicant for the Laconia area and received a score of 74 out of 100 points and was selected to serve the Laconia area. Because the initial score was less than optimal Maternal and Child Health required the applicant to supply additional information, such as more detail on the Plan of Operation and roles/responsibility of key staff, as well as to provide two missing resumes. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is a new agreement for this agency.

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

- Percent of eligible pregnant women, infants, and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program who are enrolled in Medicaid
- Percent of eligible pregnant and postpartum women, infants and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program that has client record documentation of enrollment in Women, Infant and Children Supplemental Nutrition Program
- Percent of pregnant women enrolled in the Home Visiting New Hampshire/Child Family Health Support program identified as cigarette smokers that are referred to QuitWorks-New Hampshire
- Percent of women enrolled in the Home Visiting New Hampshire/Child Family Health Support program that received further evaluation/treatment for perinatal depression, following identification by a formal validated depression screening
- Percent of postpartum women who report they are not pregnant at the exit of the program

Area served: Laconia area (See attached list of communities.)

Source of Funds: 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, and United States Department of Health and Human Services, Administration for Children and Families.

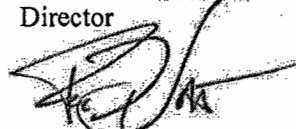
His Excellency, Governor John H. Lynch
and the Honorable Executive Council
July 27, 2012
Page 4

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

Respectfully submitted,

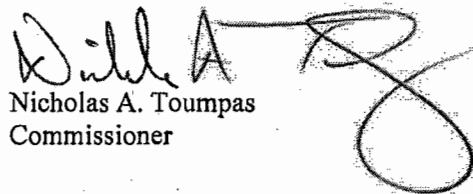


José Thier Montero, MD
Director



Terry Smith
Director
Division of Family Assistance

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/PMT/AK/DD/sc

EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 15th day of April, 2013 by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Central New Hampshire VNA & Hospice, Purchase Order Number 1025786, a corporation organized under the laws of the State of New Hampshire, with a place of business at 780 North Main Street, Laconia, New Hampshire 03246 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated September 19, 2012, Item #65, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of one additional year, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Council;

WHEREAS, the Contractor and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. **Exercise Of Option To Renew and Amend For One Additional Year:**

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2014.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$59,600 from \$59,600 to \$119,200.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A and any subsequent amendments remain(s) in effect unless expressly revoked by this agreement.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$59,600 for SFY 2014. The contract shall total \$119,200 for the contract term.

Funding in the amount of \$7,932 is available from 05-95-90-902010-5190-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.994.

Funding in the amount of \$51,668 is available from 05-95-45-450010-6146-502-500891, 100% Federal Funds from the US Department of Health and Human Services, Administration for Children and Families, CFDA #93.558.

2. **Effective Date of Renew and Amend:**

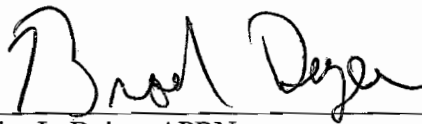
This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

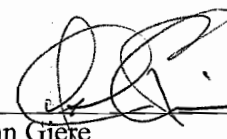
3. **Continuance of Renewal Agreement:**

Except as specifically amended and modified by the terms and conditions of this Renew and Amend, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE
Division of Public Health Services

By:  Apr 22, 2013
Lisa L. Bujno, APRN Date
Bureau Chief

By:  4/15/2013
John Giere Date
President of the Board of Trustees

Central New Hampshire VNA & Hospice
Legal Name of Agency

STATE OF NEW HAMPSHIRE

COUNTY OF Belknap

On this the 15 day of April 2013 before me, Elizabeth Long,
(name of notary)
the undersigned officer, John Giere personally appeared who acknowledged him/herself
(contract signatory)
to be the President of the Central New Hampshire VNA Hospice
(signatory's title) (legal name of agency)
a corporation, and that he/she, as such President, being authorized so to do,
(signatory's title)
executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by him/herself as President of the Central New Hampshire VNA Hospice
(signatory's title) (legal name of agency)
In witness whereof I hereunto set my hand and official seal.

Elizabeth Long
Notary Public/~~Justice of the Peace~~

My Commission expires: 9-9-14

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Janet R. Herrick
Assistant Attorney General

Date: 21 May 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of
New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

By: _____

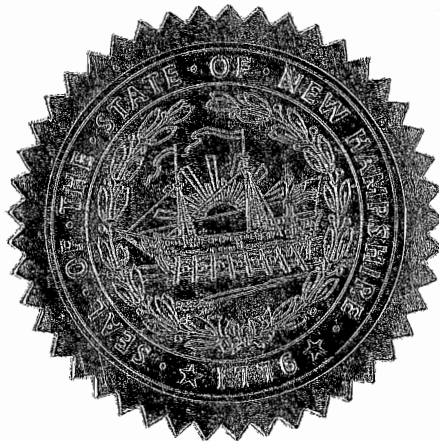
Title: _____

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 Central New Hampshire VNA & Hospice is a New Hampshire nonprofit corporation formed November 3, 1975. 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 4th day of April 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, Sylvia Countway, of Central New Hampshire VNA & Hospice do hereby certify that:

1. I am duly elected Secretary of the Board of Trustees at Central New Hampshire VNA & Hospice
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Trustees of Central New Hampshire VNA & Hospice held on February 22, 2011.

RESOLVED: That this Corporation enter into contracts with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services,

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

John Giere, President
Susan Dagoumas, Treasurer

Headley "Lee" White, Vice President

Are the duly elected officers of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 15, 20 13.

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 15 day of April, 20 13

Sylvia Countway
Signature of Secretary of the Corporation

(corporate seal)

STATE OF NH
COUNTY OF BELKNAP

The foregoing instrument was acknowledged before me this 15 day of April, 20 13 by Sylvia Countway

Elizabeth C. Long
Notary Public/Justice of the Peace
My commission expires: 9-9-14



CERTIFICATE OF LIABILITY INSURANCE

CENTR01

OP ID: BP

DATE (MM/DD/YYYY)

04/08/13

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

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

| | | | |
|--|--------------|---|-----------------------|
| PRODUCER Melcher&Prescott-Moultonboro PO Box 1125 Moultonboro, NH 03254-1125 | 603-476-8000 | CONTACT NAME: | |
| | 603-476-5785 | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | | E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A: American Alternative Ins. Co. | 19720 |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

INSURED
Central NH VNA & Hospice
dba Community Health & Hospice
and VNA Hospice of Southern
Carroll County & Vicinity Inc
Rick Wolff,
780 North Main Street
Laconia, NH 03246

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 | | | VHHHHHG305394400 | 10/15/12 | 10/15/13 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 | | | | |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | MED EXP (Any one person) \$ 50,000 | | | | |
| | <input checked="" type="checkbox"/> Professional | | PERSONAL & ADV INJURY \$ 1,000,000 | | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ 3,000,000 |
| <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| | | | | | | | Emp Ben. \$ 1,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | BODILY INJURY (Per person) \$ | | | | |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | BODILY INJURY (Per accident) \$ | | | | |
| | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | PROPERTY DAMAGE (Per accident) \$ | | | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | VHHHHU5050851-01 | 10/15/12 | 10/15/13 | EACH OCCURRENCE \$ 2,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input checked="" type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> DED | <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | |
| | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | N/A | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER**CANCELLATION**

The Director
Division of Public Health
Services, NH DHHS
29 Hazen Drive
Concord, NH 03301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/08/2013

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).

| PRODUCER USI Insurance Services LLC PO Box 406 Portland, ME 04112-0406 | CONTACT NAME: PHONE (A/C, No, Ext): 603 625-1100 FAX (A/C, No): E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="812 451 1429 483">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1429 451 1559 483">NAIC #</th> </tr> <tr> <td data-bbox="812 483 1429 514">INSURER A: Technology Insurance Co, Inc.</td> <td data-bbox="1429 483 1559 514">42376</td> </tr> <tr> <td data-bbox="812 514 1429 546">INSURER B:</td> <td data-bbox="1429 514 1559 546"></td> </tr> <tr> <td data-bbox="812 546 1429 577">INSURER C:</td> <td data-bbox="1429 546 1559 577"></td> </tr> <tr> <td data-bbox="812 577 1429 609">INSURER D:</td> <td data-bbox="1429 577 1559 609"></td> </tr> <tr> <td data-bbox="812 609 1429 640">INSURER E:</td> <td data-bbox="1429 609 1559 640"></td> </tr> <tr> <td data-bbox="812 640 1429 669">INSURER F:</td> <td data-bbox="1429 640 1559 669"></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Technology Insurance Co, Inc. | 42376 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
|--|--|-------------------------------|--------|---|--------------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Technology Insurance Co, Inc. | 42376 | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |
| INSURED Central New Hampshire VNA & Hospice 780 North Main Street Laconia, NH 03246 | | | | | | | | | | | | | | | |

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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | TWC3323903 | 07/01/2012 | 07/01/2013 | X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000 |

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

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

CERTIFICATE HOLDER

CANCELLATION

NH DHHS
 Attn: Director
 Division of Public Health Service
 29 Hazen Drive
 Concord, NH 03301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

W. P. Carroll

BRAD BORRIDGE, P.A.

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

TELEPHONE 603/224-0849
TELEFAX 603/224-2397

INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS

Board of Directors
Central New Hampshire VNA & Hospice
Laconia, New Hampshire

We have audited the accompanying balance sheets of Central New Hampshire VNA & Hospice as of March 31, 2012 and 2011, and the related statements of operations, changes in net assets, and cash flows for the year ended March 31, 2012 and the five-months and seventeen days ended March 31, 2011. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Central New Hampshire VNA & Hospice as of the year ended March 31, 2012 and the five-months and seventeen days ended March 31, 2011, and the changes in its net assets and its cash flows for the periods then ended in conformity with generally accepted accounting principles in the United States of America.



Concord, New Hampshire
June 11, 2012

CENTRAL NEW HAMPSHIRE VNA & HOSPICE

BALANCE SHEETS

MARCH 31, 2012 AND MARCH 31, 2011

ASSETS

| | 2012 | 2011 |
|--|---------------------|---------------------|
| Current Assets | | |
| Cash and cash equivalents | \$ 1,175,407 | \$ 1,310,888 |
| Investments | 998,459 | 746,756 |
| Patient accounts receivable, less an allowance for uncollectible accounts of \$85,000 at March 31, 2012 and March 31, 2011 | 906,427 | 734,212 |
| Other receivables | 441,559 | 365,210 |
| Other current assets | 64,965 | 108,223 |
| Total Current Assets | 3,586,817 | 3,265,289 |
| Assets Limited As To Use | 3,358,722 | 2,763,313 |
| Beneficial Interest in Perpetual Trust | 124,576 | 127,560 |
| Property and Equipment, Net | 719,019 | 805,062 |
| TOTAL ASSETS | <u>\$ 7,789,134</u> | <u>\$ 6,961,224</u> |

LIABILITIES AND NET ASSETS

| | | |
|---|---------------------|---------------------|
| Current Liabilities | | |
| Accounts payable and accrued expenses | \$ 185,930 | \$ 76,218 |
| Accrued payroll and related expenses | 484,579 | 465,235 |
| Deferred revenue | 699,633 | 551,297 |
| Current maturities of long-term debt | 22,011 | 21,391 |
| Total Current Liabilities | 1,392,153 | 1,114,141 |
| Long-Term Debt, Less Current Maturities | 22,599 | 44,644 |
| Total Liabilities | 1,414,752 | 1,158,785 |
| Net Assets | | |
| Unrestricted | 6,216,798 | 5,644,194 |
| Temporarily restricted | 33,008 | 30,685 |
| Permanently restricted | 124,576 | 127,560 |
| Total Net Assets | 6,374,382 | 5,802,439 |
| TOTAL LIABILITIES AND NET ASSETS | <u>\$ 7,789,134</u> | <u>\$ 6,961,224</u> |

(See accompanying notes to these financial statements)

CENTRAL NEW HAMPSHIRE VNA & HOSPICE
STATEMENTS OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2012
AND THE FIVE MONTHS AND SEVENTEEN DAYS ENDED MARCH 31, 2011

| | 2012 | 2011 |
|--|-------------------|-------------------|
| Operating Revenue | | |
| Net patient service revenue | \$ 7,208,979 | \$ 3,128,106 |
| Other operating revenue | 757,918 | 384,438 |
| Net assets released from restrictions for operations | 4,566 | 685 |
| Total Operating Revenue | <u>7,971,463</u> | <u>3,513,229</u> |
| Operating Expenses | | |
| Salaries and benefits | 6,169,413 | 2,835,439 |
| Other operating expenses | 1,526,347 | 673,265 |
| Depreciation | 222,037 | 108,134 |
| Interest expense | 1,565 | 996 |
| Bad debt expense | 35,751 | 89,041 |
| Total Operating Expenses | <u>7,955,113</u> | <u>3,706,875</u> |
| OPERATING INCOME (LOSS) | <u>16,350</u> | <u>(193,646)</u> |
| Other Revenue and Gains | | |
| Contributions and fundraising, net | 455,719 | 377,646 |
| Investment income | 73,920 | 45,150 |
| Recognized change in fair value of investments | 26,615 | 243,715 |
| Total Other Revenue and Gains, Net | <u>556,254</u> | <u>666,511</u> |
| EXCESS OF REVENUE OVER EXPENSES | <u>\$ 572,604</u> | <u>\$ 472,865</u> |

(See accompanying notes to these financial statements)

CENTRAL NEW HAMPSHIRE VNA & HOSPICE
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2012
AND THE FIVE MONTHS AND SEVENTEEN DAYS ENDED MARCH 31, 2011

| | <u>2012</u> | <u>2011</u> |
|--|---------------------|---------------------|
| Change in Unrestricted Net Assets | \$ 572,604 | \$ 472,865 |
| Temporarily Restricted Net Assets: | | |
| Contributions | 6,889 | 1,350 |
| Net assets released from restriction for health care services | <u>(4,566)</u> | <u>(685)</u> |
| Change in Temporarily Restricted Net Assets | <u>2,323</u> | <u>665</u> |
| Permanently Restricted Net Assets: | | |
| Change in market value in beneficial interest in perpetual trust held by others | <u>(2,984)</u> | <u>6,015</u> |
| Change in Permanently Restricted Net Assets | <u>(2,984)</u> | <u>6,015</u> |
| Change in Net Assets | 571,943 | 479,545 |
| Net assets, beginning of year | <u>5,802,439</u> | <u>5,322,894</u> |
| NET ASSETS, END OF YEAR | <u>\$ 6,374,382</u> | <u>\$ 5,802,439</u> |

(See accompanying notes to these financial statements)

COMMUNITY HEALTH AND HOSPICE, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2012

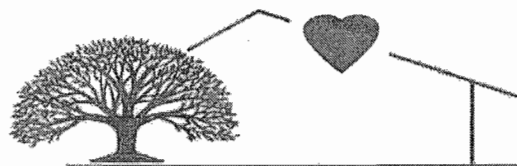
AND THE FIVE MONTHS AND SEVENTEEN DAYS ENDED MARCH 31, 2011

| | 2012 | 2011 |
|---|--------------|--------------|
| Cash Flows From Operating Activities | | |
| Change in net assets | \$ 571,943 | \$ 479,545 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities | | |
| Depreciation | 222,037 | 108,134 |
| Bad debt expense | 35,751 | 89,041 |
| Recognized change in fair value of investments | (26,615) | (243,715) |
| Restricted contributions | (6,889) | (1,350) |
| Change in beneficial interest in perpetual trust | 2,984 | (6,015) |
| (Increase) decrease in the following assets: | | |
| Patient accounts receivable | (207,966) | (15,213) |
| Other receivables | (76,349) | 216,690 |
| Other current assets | 43,258 | (26,503) |
| Increase (decrease) in the following liabilities: | | |
| Accounts payable | 109,712 | (99,913) |
| Accrued payroll and related expenses | 19,344 | (10,499) |
| Deferred revenue | 148,336 | (218,511) |
| Net Cash Provided By Operating Activities | 835,546 | 271,691 |
| Cash Flows From Investing Activities | | |
| Purchase of investments | (251,703) | (19,025) |
| Change in assets limited as to use | (568,794) | (321,785) |
| Capital expenditures, net | (135,994) | (26,956) |
| Net Cash Used By Investing Activities | (956,491) | (367,766) |
| Cash Flows From Financing Activities | | |
| Restricted contributions | 6,889 | 1,350 |
| Net repayment of long term debt | (21,425) | (10,498) |
| Net Cash Used By Financing Activities | (14,536) | (9,148) |
| Net Decrease In Cash and Cash Equivalents | (135,481) | (105,223) |
| Cash and Cash Equivalents, Beginning of Year | 1,310,888 | 1,416,111 |
| CASH AND CASH EQUIVALENTS, END OF YEAR | \$ 1,175,407 | \$ 1,310,888 |
| Supplemental Disclosures of Cash Flow Information: | | |
| Cash expended for interest | \$ 1,565 | \$ 996 |

(See accompanying notes to these financial statements)

Mission Statement
Central New Hampshire VNA & Hospice

Promoting dignity, independence and well-being through the delivery of quality home health, hospice and community-based care services.



Central New Hampshire
VNA & Hospice

CENTRAL NEW HAMPSHIRE VNA & HOSPICE
BOARD OF TRUSTEES 2012-2013

| | |
|-------------------------------------|------------------------|
| John Giere, President | Term: 9/2010 – 9/2013 |
| Headley "Lee" White, Vice President | Term: 9/2010 – 9/2013 |
| Susan Dagoumas, Treasurer | Term: 9/2010 – 9/2013 |
| Sylvia Countway, Secretary | Term: 9/2010 – 9/2013 |
| David Booth | Term: 9/2010 – 9/2013 |
| Pamela Clemons-Keith | Term: 9/2010 – 9/2013 |
| Rev. Gina Finocchiaro | Term: 9/2012 – 9/2015 |
| Lisa Garcia | Term: 10/2010 – 9/2013 |
| Teresa Haley | Term: 9/2012 – 9/2015 |
| Eric Lewis | Term: 10/2010 – 9/2013 |
| Barbara Lobdell | Term: 9/2012 – 9/2015 |
| Marilyn Lynch | Term: 10/2010 – 9/2013 |
| Fredda Osman | Term: 9/2012 – 9/2015 |
| Jared Price | Term: 9/2012 – 9/2015 |
| William "Bill" Schwidder | Term: 9/2012 – 9/2015 |

Corporate Office
780 N Main Street
Laconia, NH 03246
Tel: 603-524-8444 / 800-244-8549
Fax: 603-524-8217

Wolfeboro Branch
240 S Main Street
PO Box 1620
Wolfeboro, NH 03894
Tel: 603-569-2729 / 888-242-0655
Fax: 603-569-2409

KEY ADMINISTRATIVE PERSONNEL

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

Agency Name:

Central New Hampshire VNA & Hospice

Name of Bureau/Section:

BPHCS, Maternal and Child Health - HV-CFHS

| BUDGET PERIOD: | | SFY 2014 | 7/1/13 - 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 |
| Margaret Franckhauser, Chief Executive Officer | \$156,000 | 0.00% | \$0.00 |
| David Emberly, Chief Financial Officer | \$83,500 | 0.00% | \$0.00 |
| Bette Coffey, Branch Director | \$74,880 | 3.50% | \$2,620.80 |
| Schellee Rondeau, MCH Coordinator/Pediatric Program Manager | \$59,051 | 23.00% | \$13,581.73 |
| | \$0 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request) | | | \$16,202.53 |

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.

VITAE

Name: Margaret Franckhauser

Education

| Institution | Degree | Major | Year |
|---|---------------|--------------------------------|-------------|
| University of North Carolina at Chapel Hill | MPH | Health Policy & Administration | 1996 |
| University of Maryland, Baltimore | MS | Primary Care Nursing (NP) | 1983 |
| Catholic University | BSN | Nursing | 1978 |

Present Position: Chief Executive Officer, Central New Hampshire VNA & Hospice, Laconia, NH 1996 – present (formerly known as Community Health & Hospice)

Previous Experience

Associate Director, Community Health & Hospice, Inc., Laconia, NH, September 1996 - October 1997.

Nurse Practitioner, Belknap Family Health Center/LRGHealthcare Practice Affiliates, September 1985 - 2005.

Director of Ambulatory Programs, Lakes Region General Hospital, Laconia, NH, August 1990 - February 1995.

Program Chief and TB Control Officer, Communicable Disease, Epidemiology/District Epidemiology, NH Division of Public Health Services, Bureau of Disease Control, April 1988 - August 1990.

Nurse Consultant, NH Division of Public Health Services, Bureau of Maternal and Child Health, March 1986 - April 1988.

Nurse Practitioner/Clinic Administrator, US Public Health Service, National Health Service Corps, assigned to Swan Quarter, NC, October 1983 - August, 1985.

Nurse Practitioner, Gynecology Associates, P.A., Anderson, SC, August 1982 - August 1983.

Registered Nurse, Home Visiting, Baltimore Home Health, Timonium, MD, February 1981 - July 1982 (part-time).

Registered Nurse, Home Visiting, VNA of Metropolitan Washington, Washington, DC,
September 1979 - August 1980.

Registered Nurse, Children's Hospital National Medical Center, Washington, DC, August 1978
- September 1979.

Lectures/Seminars (examples):

- *Overview of VRE/MRSA* – delivered to professional audience, May 6, 1997 & sponsored by the State of NH, Bureau of Disease Control.
- *Women and Heart Disease*, March 1995, Mud Symposium, Laconia, NH.
- *Tuberculosis Update*, October 1995, University of NH Nursing Seminar.
- *Communicable Disease Update*, November 1995, NH Technical Institute Nursing Seminar, Concord, NH.
- *Tuberculosis Update for the 90s*, November 1994, St. Anselm College Seminar, Lincoln, NH.
- *Tuberculosis in the 90s*, October 1992, NH Society of Physicians' Assistants' Seminar, Portsmouth, NH.
- *Tuberculosis in the 1990s*, New England College Health Association Seminar, October 1992, Providence, RI.

Professional Organizations/Affiliations:

- NH Nurse Practitioner Association
- Sigma Theta Tau (National Honor Society of Nursing)
- American Public Health Association

Committees and Boards:

- Endowment for Health, Board Member & Board Secretary, 2009 - present
- NH Board of Nursing, Vice Chair, 1996 – 2004
- Joint Health Council (statutory committee determining nurse practitioner prescribing in the state of NH), 1996-2000
- Adult Coverage Committee (Health Insurance research committee), 2000 – present
- NH Tuberculosis Advisory Committee, 1996 – present
- NH Family Planning Advisory Committee, 1992-1996
- Governor's Task Force on Adult Health Insurance Coverage, 2000 – present
- Newborn Metabolic Screening Committee, October 2002 – present
- Foundation for Healthy Communities Board of Directors, November 2002 - 2011

License:

Licensed as a Registered Nurse and as a Nurse Practitioner in the state of NH.

Publications:

- *Tuberculosis in the 1990s*, *Nurse Practitioner Forum*, 4(1), March 1993.

David Emberley, CPA
Central New Hampshire VNA & Hospice
780 N. Main Street
Laconia, NH 03246

Certification

Certified Public Accountant (State of New Hampshire)

Employment

| | |
|--|-----------------|
| Chief Financial Officer Central NH VNA & Hospice – Laconia, NH Recommends the financial policy and direction of the organizations overall strategy, and leads all financial administration, business planning and budgeting. | 2012 to present |
| Vice President of Finance New Hampshire Healthy Kids – Concord, NH Responsible for strategic leadership of the organizations financial and IT functions. | 2008 to 2012 |
| CFO/Controller (20 hours per week) Second Start – Concord, NH Key member of the senior management team; overseeing financial and IT systems. | 2007 to 2012 |
| Manager/Certified Public Accountant Apple Tree Business Services, LLC – Londonderry, NH Managed consulting services for closely-held businesses. | 2006 to 2007 |
| Manager/Certified Public Accountant Dineen & Crane, PLLC – Lancaster, NH Managed engagements for a full service certified public accounting firm. | 2003 to 2006 |
| Manager of Accounting & Reporting Heidelberg Print Finance – Dover, NH Managed the finance division of an international printing systems company. | 2001 to 2003 |
| Senior Staff Accountant/Certified Public Accountant D'Agnese, Keeler & Co. – Concord, NH Provided tax planning and controllership services for area businesses. | 1998 – 2001 |
| Self-employed – Concord, NH Owner, operator, and investor in several small businesses. | 1985 to 1998 |

Education

University of Vermont
New Hampshire College
Degree: Bachelor of Science in Accounting

Bette Coffey
Central New Hampshire VNA&Hospice
bcoffey@centralvna.org

BRANCH DIRECTOR 10/2010-PRESENT
CENTRAL NH VNA AND HOSPICE
RESPONSIBLE FOR BRANCH ADMINISTRATION OF LICENSED HOME HEALTH AGENCY

EXECUTIVE DIRECTOR 4/2009-CURRENT
VNA-HOSPICE OF SOUTHERN CARROLL COUNTY AND VICINITY
RESPONSIBLE FOR ADMINISTRATION OF LICENSED HOME HEALTH AGENCY ON AN INTERIM BASIS

MCH Coordinator 1985-current
VNA-HOSPICE OF SOUTHERN CARROLL COUNTY AND VICINITY

Responsible for overall administration of maternal child health department including fiscal management, staff supervision, coordination of clinics, management of home visiting programs, grant writing, program planning, child care consulting, development of school- based dental program.

Assistant Clinical Coordinator for Home Care
VNA-Hospice of Southern Carroll County and Vicinity
2006 – 2009
Responsible to assist clinical director with management of home care department.

STAFF NURSE 1983-85
VNA-Hospice of Southern Carroll County Wolfeboro, NH
Home Health Care and work in well child and WIC clinics.

Staff Nurse 1977-83
Concord Hospital

Concord, NH

Medical-surgical unit, charge nurse responsibilities
EDUCATION

1974-77
Nursing
Mary Hitchcock Memorial Hospital School of Nursing
Hanover, NH

Bachelor of Science 1990-94
New England College Henniker, NH

Professional License
Registered Nurse- State of New Hampshire

Schelley Rondeau

Central New Hampshire VNA and Hospice
srondeau@centralvna.org

EXPERIENCE

MCH Coordinator/Pediatric Program Manager *Central NH VNA and Hospice*

2010-current

Responsible for pediatric program administration and coordination as well as case management and home visiting according to MCH contract guidelines.

Home Health Nurse/Maternal Child Health Nurse 1997-current *VNA-Hospice of Southern Carroll County and Vicinity, Inc. Wolfeboro, NH 03894*

Responsible for primary client care for home health patients, maternal-newborn visits, home visiting for Good Beginnings program, Child Health Program, collaborates with parent educator and community resources.

Responsible for Children's and adults immunization clinics

Intake Nurse 1995 - 97 *VNA-Hospice of Southern Carroll County and Vicinity Wolfeboro, NH*

Responsible for intake of new referrals, staff scheduling, case management and supervision of staff nurses

Staff Nurse

*Gorgas Army Community Hospital
Republic of Panama*

1991-95

Supervision and staff nurse on a Pediatric and Orthopedic ward

EDUCATION

BACHELOR OF SCIENCE IN NURSING 1982 -86
Vermont College Norwich, Vermont

Commander's Award for Public Service- June 1995

Superior Performance Award from Gorgas Army Community Hospital 1994

Certified as Lactation Counselor -current

Certified in Parents As Teachers program 2003-current

Budget Form

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

Bidder/Program Name: Central New Hampshire VNA & Hospice

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services

(Name of RFP)

July 1, 2013 - June 30, 2014 - HV-TANF-
Budget Period: 6146/\$51,668

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|-----------------------|--------------------|---------------------|--|
| 1. Total Salary/Wages | \$ 27,848.00 | \$ 3,477.00 | \$ 31,325.00 | proportional to revenue |
| 2. Employee Benefits | \$ 6,962.00 | \$ 837.00 | \$ 7,799.00 | proportional to revenue |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ 322.00 | \$ 322.00 | proportional to revenue |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ 1,159.00 | \$ 1,159.00 | proportional to revenue |
| 6. Travel | \$ 1,730.00 | \$ - | \$ 1,730.00 | |
| 7. Occupancy | \$ - | \$ 129.00 | \$ 129.00 | proportional to revenue |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ 8,690.00 | \$ 514.00 | \$ 9,204.00 | proportional to revenue |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 45,230.00 | \$ 6,438.00 | \$ 51,668.00 | |

Indirect As A Percent of Direct

14.2%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available) \$ 51,668.00
Reconciliation - (this line must be equal to or greater than \$0) \$ -

Budget Form

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

Bidder/Program Name: Central New Hampshire VNA & Hospice

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services

(Name of RFP)

July 1, 2013 - June 30, 2014 - MCH-CFHS-
Budget Period: 5190/\$7,932

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|-----------------------|-------------------|--------------------|--|
| 1. Total Salary/Wages | \$ 4,293.00 | \$ 519.00 | \$ 4,812.00 | proportional to revenue |
| 2. Employee Benefits | \$ 1,073.00 | \$ 125.00 | \$ 1,198.00 | proportional to revenue |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ 48.00 | \$ 48.00 | proportional to revenue |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ 173.00 | \$ 173.00 | proportional to revenue |
| 6. Travel | \$ 270.00 | \$ - | \$ 270.00 | |
| 7. Occupancy | \$ - | \$ 19.00 | \$ 19.00 | proportional to revenue |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ 1,334.00 | \$ 78.00 | \$ 1,412.00 | proportional to revenue |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 6,970.00 | \$ 962.00 | \$ 7,932.00 | |

Indirect As A Percent of Direct

13.8%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 7,932.00

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

\$ -



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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



August 8, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

G&C Approval Date: 9/19/2012
G&C Item # 65

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Central New Hampshire VNA & Hospice (Vendor #177244-B002), 780 North Main Street, Laconia, New Hampshire 03246, in an amount not to exceed \$59,600.00, to provide home visiting services effective July 1, 2012, or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for SFY 2013.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,
MATERNAL AND CHILD HEALTH

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|--------------------------------|------------|--------------|
| SFY 2013 | 102-500731 | Contracts for Program Services | 90004009 | \$7,932 |
| | | | Sub-Total | \$7,932 |

05-95-45-450010-6146 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, TEMPORARY ASSISTANCE TO
NEEDY FAMILIES

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|----------------------|------------|--------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 |
| | | | Sub-Total | \$51,668 |
| | | | Total | \$59,600 |

EXPLANATION

Funds in this agreement will be used to support home visiting services in the Conway area for Medicaid-eligible pregnant women and children and low-income families of children at risk for poor health outcomes and child maltreatment. Through this new agreement, the Central New Hampshire VNA & Hospice will partner with families to identify one of two different home visiting programs, Home Visiting New Hampshire or Child and Family Health Support, as appropriate for a family's needs.

Home Visiting New Hampshire offers an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home Visiting New Hampshire programs provide services to pregnant women and their infants that include activities to promote self-sufficiency and strengthen family life. In addition, home visitors provide family support and educate families about prenatal health, child development, and health and safety issues. This family focused and child centered program uses a multi-disciplinary team to provide service throughout a woman's pregnancy until her child is 12 months old.

Child and Family Health Support is a more flexible, tailored service designed to help families meet short-term goals. In each program, home visitors provide support and education to families in their homes. Each family receives an individual assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors may discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and/or smoking cessation. Child Family Health Support Services focus on short-term goals developed with the family on topics such as parenting education, health and safety issues, and accessing needed resources, such as a primary care provider or social services.

Should Governor and Executive Council not authorize this Request, 40 low-income, at-risk pregnant women and their infants, and other low-income children, from the Conway community, will not receive these services, many of which have been proven to improve health outcomes.

Central New Hampshire VNA & Hospice was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 10, 2012 through March 23, 2012. In addition, the current Home Visiting New Hampshire grantees and the current Child and Family Health Support Service grantees were sent an email on February 10, 2012, and a bidder's conference was held February 24, 2012 to alert them to this bid.

In response to the Request for Proposals for Home Visiting New Hampshire/Child and Family Health Support Services to be provided in ten geographic areas, ten proposals were submitted. One of the designated areas had two bidders; another had no bidders. A committee of twelve reviewers evaluated the proposals, including nine Department of Health and Human Services personnel and three external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education; WIC Nutrition Services; Maternal and Child Health; Healthy Homes; Tobacco Cessation; Alcohol and Drug Abuse; Child Abuse Prevention; programs to improve the lives of women and girls; and Family Support. Each reviewer had between two and four proposals to read and score. Proposals were scored taking an average of the reviewers' scores. Reviewers recommended funding nine proposals to serve nine of the ten geographic areas.

The proposal from Central New Hampshire VNA & Hospice was the sole applicant for the Conway area and received a score of 82 out of 100 points and was selected to serve the Conway area. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is a new agreement for this agency that combines two (2) programs for a savings of \$39,775.

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

- Percent of eligible pregnant women, infants, and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program who are enrolled in Medicaid
- Percent of eligible pregnant and postpartum women, infants and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program that has client record documentation of enrollment in Women, Infant and Children Supplemental Nutrition Program
- Percent of pregnant women enrolled in the Home Visiting New Hampshire/Child Family Health Support program identified as cigarette smokers that are referred to QuitWorks-New Hampshire
- Percent of women enrolled in the Home Visiting New Hampshire/Child Family Health Support program that received further evaluation/treatment for perinatal depression, following identification by a formal validated depression screening
- Percent of postpartum women who report they are not pregnant at the exit of the program

Area served: Conway area (see attached list of communities).

Source of Funds: 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, and United States Department of Health and Human Services, Administration for Children and Families.

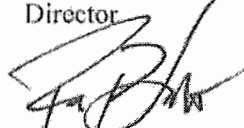
His Excellency, Governor John H. Lynch
and the Honorable Executive Council
August 8, 2012
Page 4

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

Respectfully submitted,

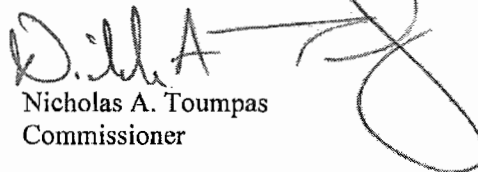


José Thier Montero, MD
Director



Terry Smith
Director
Division of Family Assistance

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/PMT/AK/DD/sc

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

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

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

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

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

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

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The remainder of this page is intentionally left blank.

EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 9th day of April, 2013 by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Community Action Partnership of Strafford County, Purchase Order Number 1025793, a corporation organized under the laws of the State of New Hampshire, with a place of business at 270 County Farm Road, Dover, New Hampshire 03821-0160 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated September 19, 2012, Item #63, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of one additional year, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Council;

WHEREAS, the Contractor and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. **Exercise Of Option To Renew and Amend For One Additional Year:**

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2014.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$59,600 from \$59,600 to \$119,200.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A and any subsequent amendments remain(s) in effect unless expressly revoked by this agreement.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$59,600 for SFY 2014. The contract shall total \$119,200 for the contract term.

Funding in the amount of \$7,932 is available from 05-95-90-902010-5190-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.994.

Funding in the amount of \$51,668 is available from 05-95-45-450010-6146-502-500891, 100% Federal Funds from the US Department of Health and Human Services, Administration for Children and Families, CFDA #93.558.

2. **Effective Date of Renew and Amend:**

This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.


3. **Continuance of Renewal Agreement:**

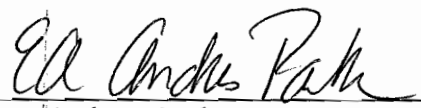
Except as specifically amended and modified by the terms and conditions of this Renew and Amend, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.



IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE
Division of Public Health Services

By:  5/22/13
Lisa L. Bujno, APRN Bureau Chief Date
Bureau Chief

By:  4/9/2013
Betsey Andrews Parker Date
Executive Director

Community Action Partnership of Strafford County
Legal Name of Agency

STATE OF NEW HAMPSHIRE

COUNTY OF STRAFFORD

On this the 9th day of April 2013, before me, Jennifer L. Letson,
(name of notary)
the undersigned officer, Betsy Andrews Parker personally appeared who acknowledged him/herself
(contract signatory)
to be the Executive Director of the Community Action Partnership of Strafford
(signatory's title) (legal name of agency) County,
a corporation, and that he/she, as such Executive Director, being authorized so to do,
(signatory's title)
executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by him/herself as Executive Director of the Community Action Partnership
(signatory's title) (legal name of agency) of Strafford County.

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

My Commission expires: 9/9/2014

Jennifer L. Letson
Notary Public Justice of the Peace



Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: John P. Herrick
John P. Herrick
Assistant Attorney General

Date: 21 May 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of
New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

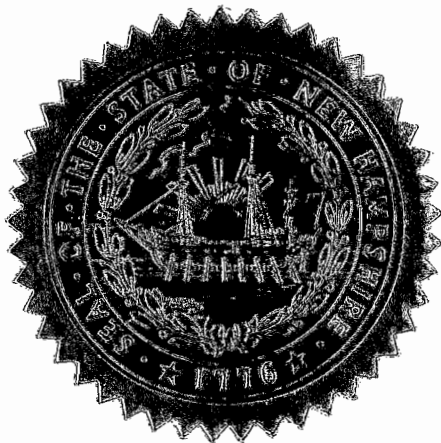
By: _____

Title: _____

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Community Action Partnership of Strafford County is a New Hampshire nonprofit corporation formed May 25, 1965. 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 3rd day of April A.D. 2013

A handwritten signature in cursive script, reading "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE
(Corporate Authority)

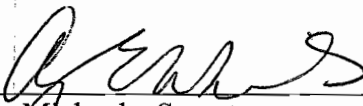
I, Amy Michaels, Secretary of Community Action Partnership of Strafford County (hereinafter the "Corporation"), a New Hampshire corporation, hereby certify that: (1) I am the duly elected and acting Chair of the Corporation; (2) I maintain and have custody and am familiar with the minute books of the Corporation; (3) I am duly authorized to issue certificates with respect to the contents of such books; (4) that the Board of Directors of the Corporation have authorized, on November 20, 2012, such authority to be in force and effect until the end of the contract.

The person(s) holding the below listed position(s) are authorized to execute and deliver contracts on behalf of the Corporation any contract or other instrument for the sale of products and services:

Betsey Andrews Parker, Executive Director

(5) the meeting of the Board of Directors was held in accordance with NH law and the by-laws of the Corporation; and (6) said authorization has not been modified, amended or rescinded and continues in full force and effect as of the date hereof. Excerpt of dated minutes or copy of article or section of authorizing by-law must be attached.

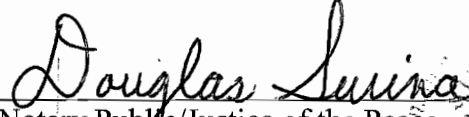
IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 22 day of May 2013



Amy Michaels, Secretary

STATE OF NH, COUNTY OF STRAFFORD

The foregoing instrument was acknowledged before me this 22 day of May 2013 by Amy Michaels.



Notary Public/Justice of the Peace
My Commission Expires:

DOUGLAS S. SURINA, Notary Public
My Commission Expires April 28, 2015

IN

Community Action Partnership of Strafford County
Board of Directors Meeting Minutes
November 20, 2012
8:30 am
First Parish Church, West High St., Somersworth, NH

1. Board meeting was called to order at 8:37am. **Board Members Present:** Mark Rideout, Carol Garlough, Dave Terlemezian, Jeni Mosca, Lori Hults, Timothea Smith, Kim Alty **Staff Present-** Betsey Andrews Parker and Susan Geier

2. **Consent Agenda**

Dave made a motion to accept the consent agenda including the Executive Director report and timeline of events as presented noting the agency minutes for September were tabled to the next board meeting. Jeni seconded the motion. Motion passed 7-0.

3. **Finance Report**

Jeni, Board Treasurer, presented the fiscal committee report which included the agency profit and loss comparing budget verses actual and the balance sheet. The committee met for the first time on the 2nd with Betsey and Doug at the SAU office. The committee discussed the reports presented and reviewed fiscal policy and procedures at the agency since the members were new to the finance committee.

Timothea asked why worker's comp was so high. Betsey explained that the agency had unmanaged worker's comp claims which she addressed with the insurance provider when she came onboard. Establishing a standard reporting process with HR has improved our reporting and claims. However, the claims from 2, 3 or 4 years ago impact rates now. Staff did a significant amount of work to reduce our current rates. The agency has never re-bid their insurance broker for better rates and service. Management re-bid our insurance broker and will have the new broker attend the January board meeting to review terms, policies, etc.

Lori requested an accompanying sheet with a brief description of variances to help the board understand the expenses and revenue. Betsey will provide with each finance report.

Timothea asked for a report that compares this year to last year actuals. Betsey explained that the report may not be in the system to generate due to Cougar Mountain limitations but would need to be created on an excel spreadsheet. The board agreed to have this quarterly.

Lori made a motion to approve the report as presented, Timothea seconded. Motion passed 7-0.

4. **Head Start Report**

The board reviewed the Head Start report which consisted of the:

- Credit card statement
- USDA
- Enrollment
- Employee status

A member asked what items were purchased on Amazon.Com and why there appeared to be so many. Betsey explained the charges were for books which totaled \$407 but were broken into separate charges on the card.

Betsey reminded the board about the enrollment levels at Head Start should be no less than 85%. Rochester had experienced a decrease due to family turnover at the start of the year but we were fully enrolled as of the meeting.

The board members present signed the head start report for our records.

XXX made a motion to approve the report as presented, XXX seconded. Motion passed 7-0.

5. Old Business

- Board Committee- the following board members joined the following board committees:
 - Human Resource- Dave and Carol
 - Investment-Dave and Timothea
 - Fiscal- Jeni and Don
 - Executive- Mark, Carol, Jeni and Amy
 - Fundraising-Lori
 - Audit-Kim
 - Policy Council rep-Arianna

The fundraising committee needs additional members. The board needs additional members representing elected/appointed and consumers.

- 2011 Audit status- the auditor's single audit report, management letter and retirement audit were presented to the board for review. The auditor sent the complete package via USPS and was opened by the Audit Committee Chair, Kim Alty, at the meeting. Prior to the completion of the audit, Kim and Mark met with Ron Beaulieu, CPA on September 20th at the CAP offices to review the audit status, company operations, etc. The draft 990 was review by the fiscal committee on November 2nd and by Kim the weekend of November 9th. All board members did not have any additional comments or questions about the 990. Kim made a motion to approve the audit reports as presented, Dave seconded. Motion passed 7-0.
- A reminder about the annual meeting on December 13th at Frisbie Memorial Hospital. Check starts at 8:00am with breakfast. Program starts at 8:30am. Meeting should conclude by 10:00am.

6. New Business

- Bank of NH Food Fundraiser- CAP teamed with Shaw's and Bank of NH to raise awareness about the countywide food pantries along with money and food in a month long initiative. People were able to purchase food at Shaw's to fill the conference room at Bank of NH. A total of nine food pantries benefited from this coordinated program with each pantry receiving 2 large shopping carts full of food.
- The PY 2013 CSBG Workplan was presented by Susan Geier for board review and approval. The workplan outlined the upcoming milestones for the agency for PY2013 that we are agreeing to meet with our CSBG funding and leveraged funds. Kim made a motion to approve the audit reports as presented, Lori seconded. Motion passed 7-0.
- As part of our contract requirements for the state of NH, the board must authorize the Executive Director to enter into contracts with the State. The request to authorize the Executive Director and Board chair for a specific period of time is due to the large volume of contracts and the timing of board meetings. Based on the schedule from last August, the board would need to meet weekly. Betsey asked that the board chair position also be designated so if she is absent, the contracts will not be delayed until her return. Kim made a motion to authorize the Executive Director and Board Chair to enter into contracts on behalf of the agency from December 1, 2012 to November 30, 2013. Lori seconded the motion. The motion passed 7-0.
- Mark and Betsey met with Jason Shute-Consumer Representative to BOD on October 15 at Café on the Corner. The purpose of the meeting was to review the board requirements, agency mission, purpose and vision, learn more about Jason and determine if he would be interested in the position after hearing about the agency's vision. Jason was recommended by Tammy LaBonte, Manager of the Farmington Children's Center. Jason is the Assistant Director at the Waban School in Berwick, ME. He has extensive experience in disability and early childhood education. Mark noted that he would make an excellent resource for our Head Start and childcare programs. Carol made a motion to accept Jason Shute as a new board member. Jeni seconded. Motion passed 7-0.
- 2013 Agency Budget- the agency budget for fiscal year 2013 was presented for review and approval. The budget is based on actual grant approved budgets and shows a \$6,000 surplus if all funding comes in. This budget also reflects the following:
 - i. Assumes level funding for all programs based on last year due to the federal budget discussions currently happening
 - ii. Any grant that ended during our fiscal year had a projected budget created for the remaining fiscal year based on current year (if there is a budget that carried over) or projected funding. For example, the transportation grant runs from July 1 to June 30. This is 6 months in each fiscal year. The agency based the budget on the grant for 6 months plus a projection for an additional 6 months.

- iii. The budget will be changed to reflect actual or approved budgets once the grants have been renewed.
- iv. The budget has an aggressive turnaround plan for Farmington Child Care. The childcare program has lost significant money, over \$75,000, each year for the last 3-5 years. The agency made a deliberate decision not to underwrite the shortfall to truly determine the loss this past fiscal year. The result was a significant change to the childcare structure to bring it out of the hole including: aligning 6 salaries with the current wage by reducing 6 staff salaries between \$1 and \$3 per hour, changing the sibling discount from 20% per kid to 10%, changing the late fee to go directly to the agency plus increasing the fee every 5 minute increment, contracting with a new food vendor, creating a sliding scale tuition for those who qualify for free/reduced lunch.

The board accepted the budget with the above items. Kim made a motion to accept the FY2013 budget as presented, Jeni seconded. Motion passed 7-0.

- Joint Head Start and Board training-January 16th- per our agency timeline, the Board and Policy Council will hold a joint board meeting on January 16th, starting at 9am at the Rochester Community Center. This is the regularly schedule policy council meeting. Betsey was asked if she could ask the policy council to attend the board meeting on the 15th (the day prior) which is the regularly scheduled bi-monthly meeting time. This would generate greater participation for the board who have conflicts on the 16th. Betsey will get back to the board members.
- Heartwood Media-tabled
- Strategic Plan –accepted in the consent agenda. Not enough time in the meeting to review in detail.
- Executive Director review-the executive committee thanks the board members for their input for the Executive Director's annual review. The committee is meeting with Betsey on December 6th at First Parish Church, 1pm.

A motion was made to adjourn the meeting by Carol, seconded by Kim. Meeting adjourned at 10:35am.

The next meeting will be December 13th, FMH for the annual meeting.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/8/2013

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).

| PRODUCER CGI Insurance PO Box 1260 North Hampton NH 03862 | CONTACT NAME: Kathleen M. Flibotte, CISR PHONE (A/C, No, Ext): 603.898.6500 FAX (A/C, No): 603.870.9444 E-MAIL ADDRESS: kflibotte@dbwarlick.com PRODUCER CUSTOMER ID #: | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|--------|------------|----------------------------|--|------------|------------------------|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| INSURED Community Action Partnership of Strafford County & CAP of Strafford County Head Start, PO Box 160 Dover NH 038211060 | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Peerless Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td>Travelers Indemnity Co</td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Peerless Insurance Company | | INSURER B: | Travelers Indemnity Co | | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | Peerless Insurance Company | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | Travelers Indemnity Co | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 12/13 Master

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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | CBP8935364 | 12/31/2012 | 12/31/2013 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COM/PROP AGG \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY | | BA8938564 | 12/31/2012 | 12/31/2013 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Par person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | BODILY INJURY (Par accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | \$ |
| A | UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | CU8939364 | 12/31/2012 | 12/31/2013 | EACH OCCURRENCE \$ 2,000,000 |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ 2,000,000 |
| | DEDUCTIBLE | | | | | \$ |
| | <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> Y/N | 6K0B5B34239-1-12 | 12/31/2012 | 12/31/2013 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> N/A | | | | E.L. EACH ACCIDENT \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Errors & Omissions Liability | | CBP8935364 | 12/31/2012 | 12/31/2013 | Limit: \$1,000,000/\$1,000,000 Deductible: 1000 |

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

Workers Compensation Coverage - STATUTORY STATE: NH The following Officers have not elected coverage under the Workers Compensation: Mark Rideout President, Carol Carlough VP, Jennifer Soldati Treas

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| The Director, Div. of Public Health Svcs. NH DHHS 29 Hazen Drive Concord, NH 03301-6504 | 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 Edward Young/KF |
|--|--|



Outreach Offices

61 Locust Street
Dover
603-516-8126

527 Main Street
Farmington
603-516-8191

1 Wakefield Street
Rochester
603-516-8131

Head Start Centers

62A Whittier Street
Dover
603-742-1732

120 Main Street
Farmington
603-755-2883

55 Industrial Drive
Milton
603-652-0990

150 Wakefield Street
Rochester
603-335-3611

9 Bartlett Avenue
Somersworth
603-692-6367

**Administrative &
Weatherization Office**

270 County Farm Road
Dover, NH
603-516-8130

Mailing Address

P.O. Box 160
Dover, NH 03821-0160

Bobbie Aversa, BS
Contracts Administrator State of NH, DHHS
129 Pleasant Street
Concord, NH 03301

Ms. Aversa:

Community Action Partnership of Strafford County's audited financial statements for FYE 12/31/12 is in draft. Our auditors anticipate that it will be available no later than 09/30/2013.

A copy will be sent via email as soon as we receive it.

Please contact me if you would like to discuss this further or have any concerns.

Thank you,

A handwritten signature in cursive script that reads "Jen Rhode".

Jen Rhode
Executive Assistant
Community Action Partnership of Strafford County

**Community Action Partnership
of Strafford County**

Single Audit Reports

December 31, 2011

Ron L. Beaulieu & Company

CERTIFIED PUBLIC ACCOUNTANTS

Ron L. Beaulieu & Company

CERTIFIED PUBLIC ACCOUNTANTS

www.rlbco.com
accting@rlbco.com

41 Bates Street
Portland, Maine 04103

Tel: (207) 775-1717
Fax: (207) 775-7103

INDEPENDENT AUDITORS' REPORT ON SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

September 27, 2012

To the Board of Directors of
Community Action Partnership of Strafford County
Dover, New Hampshire

We have audited the financial statements of Community Action Partnership of Strafford County as of and for the year ended December 31, 2011, and have issued our report thereon dated September 27, 2012, which contained an unqualified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

Ron L. Beaulieu & Co.

Certified Public Accountants

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED DECEMBER 31, 2011**

| Federal Grantor Pass-Through Grantor Program Title or Cluster | Federal CFDA Number | Pass-through Entity Identifying Number | Federal Expenditures |
|--|---------------------------|---|-------------------------|
| U.S. DEPARTMENT OF AGRICULTURE | | | |
| Passed through State of New Hampshire Department of Education Child and Adult Care Food Program | 10.558 | 4300-ZZZZ | 86,966 |
| U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT | | | |
| Passed through City of Dover, New Hampshire Community Development Block Grant / Entitlement Grant | 14.218 | | 33,015 |
| Passed through City of Rochester, New Hampshire Community Development Block Grant / Entitlement Grant | 14.218 | | 10,049 |
| Total Program | | | <u>43,064</u> |
| Passed through State of New Hampshire Department of Health and Human Services: Supportive Housing Program | 14.235 | 010-092-7176-102-0415 | 39,345 |
| Passed through Community Partners/Behavioral Health/Services/Academy St. Supportive Housing Program | 14.235 | | 27,922 |
| Total Program | | | <u>67,267</u> |
| U.S. DEPARTMENT OF LABOR | | | |
| Passed through Southern New Hampshire Services WIA Cluster | | | |
| WIA Adult Program | 17.258 | | 55,120 |
| WIA Dislocated Worker | 17.278 | | 100,272 |
| Total Program | | | <u>155,392</u> |
| U.S. DEPARTMENT OF ENERGY | | | |
| Passed through State of New Hampshire Governor's Office of Energy & Community Services | | | |
| Weatherization Assistance ARRA - Weatherization Assistance | 81.042 | 01-02-02-024010-7706-074- 500587 | 56,099 |
| Total Program | 81.042 | 010-002-0851-074-0587 | <u>914,658</u> |
| | | | <u>970,757</u> |

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011**

| Federal Grantor | Federal CFDA Number | Pass-through Entity Identifying Number | Federal Expenditures |
|---|---------------------|--|-------------------------|
| Pass-Through Grantor | | | |
| Program Title or Cluster | | | |
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | |
| Direct Program: | | | |
| Head Start Cluster: | | | |
| Head Start Grant | 93.600 | N/A | 2,231,819 |
| ARRA - Head Start | 93.708 | N/A | 233,178 |
| Total Program | | | <u>2,464,997</u> |
| Passed through State of New Hampshire Division of Elderly and Adult Services | | | |
| Special Programs for the Aging—Title III, Part B- Grants for Supportive Services and Senior Centers | 93.044 | 010-048-7872-512-0352 | 48,386 |
| Passed through Southern New Hampshire Services, Inc. | | | |
| Temporary Assistance for Needy Families | 93.558 | | 122,394 |
| Passed through Administration for Children and Families | | | |
| Temporary Assistance for Needy Families | 93.558 | 010-045-6146-090-0415 | 8,421 |
| Total Program | | | <u>130,815</u> |
| Passed through State of New Hampshire Governor's Office of Energy & Planning | | | |
| Low-Income Home Energy Assistance | 93.568 | 01-02-02-024010-77050000-500587 | 3,238,144 |
| Low-Income Home Energy Assistance | 93.568 | 01-02-02-024010-77050000-074-500587 | 60,051 |
| Total Program | | | <u>3,298,195</u> |
| Passed through Public Utilities of New Hampshire | | | |
| Community Services Block Grant | 93.569 | 010-045-7148-093-0415 | 346,550 |
| TOTAL FEDERAL EXPENDITURES | | | <u><u>7,612,389</u></u> |

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
DECEMBER 31, 2011**

All Federal Award Programs

FINDING 2010-3: All Federal Award Programs

Condition: Management did file single audit reports with the federal government within 9 month reporting window.

Recommendation: Follow compliance requirements of filing needed single audit reports within 9 months of end of audit period.

Current Status: Management is presently on schedule to file within 9 months of end of audit period.

**Community Action Partnership
of Strafford County**

**Independent Auditors' Report and
Management's Financial Statements**

December 31, 2011

Ron L. Beaulieu & Company
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INDEPENDENT AUDITORS' REPORT

September 27, 2012

To the Board of Directors of
Community Action Partnership of Strafford County
Dover, New Hampshire

We have audited the accompanying statement of financial position of Community Action Partnership of Strafford County, as of December 31, 2011, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of Community Action Partnership of Strafford County's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Action Partnership of Strafford County as of December 31, 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated September 27, 2012, on our consideration of Community Action Partnership of Strafford County's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Ron L. Beaulieu & Co.

Certified Public Accountants

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
STATEMENT OF FINANCIAL POSITION
DECEMBER 31,**

| | <u>2011</u> |
|---|----------------------------|
| ASSETS | |
| CURRENT ASSETS | |
| Cash | \$ 279,981 |
| Accounts receivable (net) | 1,147,746 |
| Inventory | 160,373 |
| Prepaid expenses | 35,923 |
| Total current assets | <u>1,624,023</u> |
| FIXED ASSETS | |
| Real estate | 719,429 |
| Vehicles and equipment | 1,217,476 |
| Total fixed assets | <u>1,936,905</u> |
| Less - accumulated depreciation | <u>(1,132,426)</u> |
| Net fixed assets | <u>804,479</u> |
| OTHER ASSETS | |
| Security deposits | 17,171 |
| Total other assets | <u>17,171</u> |
| TOTAL ASSETS | <u><u>\$ 2,445,673</u></u> |
| LIABILITIES AND NET ASSETS | |
| CURRENT LIABILITIES | |
| Accounts payable | 317,684 |
| Accrued payroll | 74,449 |
| Accrued expenses | 242 |
| Accrued compensated absences | 80,000 |
| Deferred revenue | 637,245 |
| Line of credit | 90,000 |
| Security deposits payable | 36,431 |
| Current portion of long-term debt | 43,842 |
| Total current liabilities | <u>1,279,893</u> |
| LONG-TERM DEBT, less current portion | <u>-</u> |
| TOTAL LIABILITIES | <u>1,279,893</u> |
| NET ASSETS | |
| Unrestricted | 1,165,780 |
| TOTAL NET ASSETS | <u>1,165,780</u> |
| TOTAL LIABILITIES AND NET ASSETS | <u><u>\$ 2,445,673</u></u> |

See accompanying independent auditors' report and notes to financial statements.

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31,**

| | <u>2011</u> |
|--|----------------------------|
| REVENUES | |
| Grant and contract support | \$ 7,995,265 |
| Program contributions | 199,269 |
| Rental income | - |
| Interest income | 929 |
| Fees for service | 359,296 |
| Fundraising | 6,050 |
| Other revenue | 202,386 |
| In-kind contributions | 875,710 |
| TOTAL REVENUES | <u>\$ 9,638,905</u> |
| EXPENSES | |
| Program services: | |
| Child services | 3,756,476 |
| Community services | 842,062 |
| Energy assistance | 3,480,874 |
| Housing | 152,811 |
| Weatherization | 1,032,396 |
| Workforce development | 199,784 |
| Total program services | <u>9,464,403</u> |
| Support services: | |
| Management and general | 409,066 |
| TOTAL EXPENSES | <u>9,873,469</u> |
| INCREASE (DECREASE) IN NET ASSETS | (234,564) |
| NET ASSETS - JANUARY 1 | <u>1,400,344</u> |
| NET ASSETS - DECEMBER 31 | <u><u>\$ 1,165,780</u></u> |

See accompanying independent auditors' report and notes to financial statements.

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2011

| | Child Services | Community Services | Program Services | | |
|--|---------------------|-----------------------|----------------------|-------------------|---------------------|
| | | | Energy Assistance | Housing | Weatherization |
| Payroll | \$ 1,937,928 | \$ 305,841 | \$ 290,711 | \$ 29,119 | \$ 273,686 |
| Payroll taxes | 132,661 | 25,865 | 22,501 | 2,700 | 42,652 |
| Fringe benefits | 319,597 | 61,554 | 49,382 | 7,795 | 76,921 |
| Consultants and contract labor | 28,358 | 28,350 | 1,482 | 344 | 2,135 |
| Consumable supplies | 57,527 | 1,963 | 2,519 | 319 | 6,474 |
| Meetings/events/training | 54,891 | 15,597 | 498 | 30 | 9,195 |
| Copying & postage | 9,473 | 1,556 | 14,533 | 11 | 2,847 |
| Space and utilities | 138,008 | 27,362 | 24,751 | 4,968 | 9,396 |
| Equipment lease/rental/computer expense | 13,116 | 2,406 | 7,634 | 322 | 8,639 |
| Repairs and maintenance | 101,172 | 16,990 | 6,384 | 6,104 | 26,899 |
| Travel/transportation | 81,420 | 12,049 | 1,945 | 35 | 4,972 |
| Other/program support | 8,200 | 2,482 | 232 | 46 | 65,641 |
| Weatherization material/fuel and client assistance | 143,400 | 78,463 | 3,053,180 | 90,637 | 373,424 |
| Indirect costs | - | - | - | - | - |
| In-kind expenses | 627,520 | 248,189 | - | - | - |
| Depreciation | 41,129 | 4,293 | - | 1,431 | 43,030 |
| Property taxes | - | - | - | 5,473 | - |
| Insurance | 62,076 | 7,853 | 4,868 | 3,423 | 86,345 |
| Interest expense | - | 1,249 | 254 | 54 | 140 |
| TOTAL | \$ 3,756,476 | \$ 842,062 | \$ 3,480,874 | \$ 152,811 | \$ 1,032,396 |

See accompanying independent auditors' report and notes to financial statements.

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
STATEMENT OF FUNCTIONAL EXPENSES (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

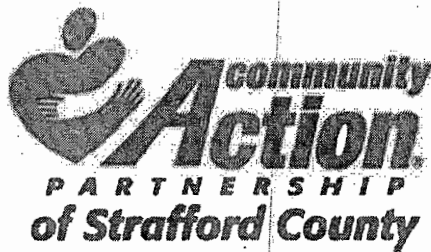
| | Program Services | | Support Services | |
|---|--------------------------|---------------------------|------------------------------|---------------------|
| | Workforce Development | Total Program Services | Management and General | Total Expenses |
| Payroll | \$ 124,665 | \$ 2,961,950 | \$ 190,848 | \$ 3,152,798 |
| Payroll taxes | 9,973 | 236,352 | 16,560 | 252,912 |
| Fringe benefits | 19,008 | 534,257 | 8,022 | 542,279 |
| Consultants and contract labor | 3,449 | 64,118 | 33,903 | 98,021 |
| Consumable supplies | 2,237 | 71,039 | 4,273 | 75,312 |
| Meetings/events/training | 238 | 80,449 | 9,308 | 89,757 |
| Copying & postage | 381 | 28,801 | 2,777 | 31,578 |
| Space and utilities | 23,459 | 227,944 | 21,464 | 249,408 |
| Equipment lease/rental/computer expense | 197 | 32,314 | 7,404 | 39,718 |
| Repairs and maintenance | 634 | 158,183 | 11,617 | 169,800 |
| Travel/transportation | 4,478 | 104,899 | 6,601 | 111,500 |
| Other/program support | 488 | 77,089 | 6,970 | 84,059 |
| Weatherization material/fuel and client assistance | 4,125 | 3,743,229 | 3,370 | 3,746,599 |
| Indirect costs | - | - | 74,279 | 74,279 |
| In-kind expenses | - | 875,709 | - | 875,709 |
| Depreciation | 457 | 90,340 | 5,111 | 95,451 |
| Property taxes | - | 5,473 | - | 5,473 |
| Insurance | 5,928 | 170,493 | 5,343 | 175,836 |
| Interest expense | 67 | 1,764 | 1,216 | 2,980 |
| TOTAL | \$ 199,784 | \$ 9,464,403 | \$ 409,066 | \$ 9,873,469 |

See accompanying independent auditors' report and notes to financial statements.

**COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY
STATEMENT OF CASH FLOWS
YEAR ENDED DECEMBER 31,**

| | <u>2011</u> |
|---|-------------------|
| OPERATING ACTIVITIES | |
| Change in net assets | \$ (234,564) |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: | |
| Depreciation | 95,451 |
| Changes in operating assets and liabilities | |
| (Increase) Decrease in accounts receivable | (193,222) |
| (Increase) Decrease in inventory | (30,644) |
| (Increase) Decrease in prepaid expenses | (25,179) |
| Increase (Decrease) in accounts payable | (67,389) |
| Increase (Decrease) in accrued payroll | 5,661 |
| Increase (Decrease) in accrued expenses | (35,464) |
| Increase (Decrease) in accrued compensated absences | 35,476 |
| Increase (Decrease) in deferred revenue | 77,373 |
| Increase (Decrease) in security deposits payable | 29,770 |
| NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES | <u>(342,731)</u> |
| INVESTING ACTIVITIES | |
| Acquisition of assets | (107,642) |
| Proceeds from sale of assets | - |
| NET CASH PROVIDED BY INVESTING ACTIVITIES | <u>(107,642)</u> |
| FINANCING ACTIVITIES | |
| Advances (payments) on line of credit | (36,195) |
| Principal (payment) on long-term debt | (10,401) |
| NET CASH PROVIDED BY FINANCING ACTIVITIES | <u>(46,596)</u> |
| INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS | (496,969) |
| CASH AND CASH EQUIVALENTS - JULY 1 | <u>794,121</u> |
| CASH AND CASH EQUIVALENTS - JUNE 30 | <u>\$ 297,152</u> |
| RECONCILIATION OF CASH BALANCE TO FINANCIAL POSITION PRESENTATION: | |
| Cash | \$ 279,981 |
| Security deposits | 17,171 |
| Total | <u>\$ 297,152</u> |
| SUPPLEMENTAL DISCLOSURE OF CASH FLOW | |
| Cash paid during the year for: | |
| Interest | <u>\$ 2,980</u> |

See accompanying independent auditors' report and notes to financial statements.



Board of Directors 2012-2013

- Rev. Mark Rideout
Board Chairperson
- Carol Garlough
Vice-Chair
- Amy Michaels
Secretary
- Jeni Mosca
Treasurer
- Timothea Smith
- David A. Terlemezian
- Arianna Adams
- Lori Hults
- Elizabeth Seymour
- Thurman Bryson
- Kimberly Alty
- Don Routhier
- Jason Shute

Community Action Partnership of Strafford County
Administrative & Weatherization Office, 270 County Farm Road, Dover, NH 603-516-8130
Mailing address: P.O. Box 160, Dover, NH 03821-0160

Outreach Offices:

61 Locust Street, Dover 603-516-8126
527 Main Street, Farmington 603-516-8191
1 Wakefield Street, Rochester 603-516-8131

Head Start Centers:

62A Whittier Street, Dover 603-742-1732
120 Main Street, Farmington 603-755-2883
55 Industrial Drive, Milton 603-652-0990
150 Wakefield Street, Rochester 603-335-3611
9 Bartlett Avenue, Somersworth 603-692-6367

KEY ADMINISTRATIVE PERSONNEL

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

Agency Name:

Community Action Partnership of Strafford County

Name of Bureau/Section:

BPHCS, Maternal and Child Health - HV-TANF

| BUDGET PERIOD: | | SFY 2014 | 7/1/13 - 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 |
| Betsey Andrews Parker, Executive Director | \$95,000 | 0.00% | \$0.00 |
| Melissa Adams, Child and Family Services Director | \$65,000 | 2.50% | \$1,625.00 |
| Debra Meader, Family Resources Manager | \$43,000 | 7.50% | \$3,225.00 |
| Denise Lepine, Home Visiting Program Manager | \$39,520 | 47.50% | \$18,772.00 |
| | | | |
| | | | |
| | | | |
| | | | \$0.00 |
| TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request) | | | \$23,622.00 |

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

KEY ADMINISTRATIVE PERSONNEL

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

Agency Name: Community Action Partnership of Strafford County

Name of Bureau/Section: BPHCS, Maternal and Child Health - HV-CFHS

| BUDGET PERIOD: | | SFY 2014 | 7/1/13 - 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 |
| Betsey Andrews Parker, Executive Director | \$95,000 | 0.00% | \$0.00 |
| Melissa Adams, Child and Family Services Director | \$65,000 | 0.00% | \$0.00 |
| Debra Meader, Family Resources Manager | \$43,000 | 2.50% | \$1,075.00 |
| Denise Lepine, Home Visiting Program Manager | \$39,520 | 2.50% | \$988.00 |
| | | | |
| | | | |
| | | | |
| | | | \$0.00 |
| TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request) | | | \$2,063.00 |

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

Community Action Partnership of Strafford County

Betsey Andrews Parker, MPH

Relevant Experience:

- Developed and awarded over \$2 million in state, private and federal grants for municipal emergency planning, drug free community initiatives, public health prevention and after school programs for Strafford County during tenure at Northern Strafford County Health and Safety Council.
- Grew American Red Cross Great Bay Chapter revenue and staff by 50% in two years; raised over \$100,000 a year in special events and major gifts; increased service delivery by 15%; and re-organized fiscal and operations of two failing chapters in the Red Cross system.
- Secured over \$170,000 in new business contracts for URS Corporation and promoted to manager after first year with company.
- Over ten years' experience as a nonprofit professional.

Work Experience:

Executive Director, Strafford County Community Action Committee, Dover, New Hampshire, 2010-present.

- Managed daily operations of a nonprofit organization including: finance, board and staff meetings, public relations, grant writing, staff supervision and program development.
- Responsibilities included: development and management of 9.7 million annual budget, coordination of 133 staff and ten offices, program delivery, development and special events, public relations, and donor management.

Homeland Security Public Health Practice Lead, URS Federal Services Inc., 2008 – 2010.

- Provide project support to develop, execute, and evaluate a series of Senior Action Officer Preparedness Exercises for the U.S. Department of Health and Human Services focusing on international pandemic influenza containment and response effort, anthrax, presidential transition, medical surge and other public health emergencies.
- Provide recommendations to higher-level Health and Human Services officials regarding proposals, actions, and reports relative to emergency preparedness.
- Revised International Pandemic Influenza Playbook, decision and briefing papers based on Pandemic Influenza Exercise series and H1N1 lessons learned.
- Work with complete spectrum of Government agencies and departments associated with Health and Human Services public health response activities.
- Developed Homeland Security compliant Do-It-Yourself training program for U.S. Department of Agriculture focusing on intentional contamination of the national school lunch program.
- Trainer and Public Health Subject Matter Expert, National League of Cities Crisis Management for Elected Officials Training Program.

Executive Director, Northern Strafford County Health & Safety Council, Rochester, NH, 2003 – 2008.

- Created a nonprofit organization with municipal and private partners to coordinate public health initiatives in Northern Strafford County. Organization became a best practice model for public health networks in NH.

Community Action Partnership of Strafford County

- Managed daily operations of a nonprofit organization including: finance, board and staff meetings, public relations, grant writing, staff supervision and program development.
- Grew organization from \$75,000 to over \$425,000 yearly operating budget with five full time staff.
- Awarded and managed Drug Free Communities grant for Rochester Substance Abuse Prevention coalition.
- Awarded and managed 21st Century After School program from the NH Department of Education.
- Developed bio-terrorism, volunteer management, risk communication, mass vaccine distribution and all health hazard emergency response plans for the six municipalities in Northern Strafford County.

Executive Director, American Red Cross Great Bay Chapter, Dover, New Hampshire, 2000-2003.

- Successfully merged Strafford and Seacoast Chapters integrating financial, program service, donors, and volunteers to create largest Chapter (geographic) and third largest fiscal operation in New Hampshire.
- Responsibilities included: development and management of \$580,000 annual budget, coordination of eight staff and two offices, program delivery for health and safety, emergency services, military outreach, and international services, development and special events, public relations, and donor management.
- Managed staff, volunteers, and operations during September 11th crisis including direct service to clients affected by 9/11, processing large-scale donations (in-kind and financial), and management of media.

Health Care Organizer, New Hampshire Citizen Alliance, Concord, NH, 1999-2000.

- Co-facilitator and developer of the Community Health Leaders Project. Responsible for policy analysis, meeting facilitation, preparing and giving testimony before New Hampshire Legislative committees and organizing of New Hampshire consumers to address state policy initiatives.

Consultant, Community Health Institute, Concord, NH, 1998-1999.

- Project Assistant for Turning Point: Collaborating for a New Century in Public Health funded by the Robert Wood Johnson and W.K. Kellogg Foundations. Project Assistant for New England Rural Health Roundtable. Data analysis for New Hampshire Kids Count 1998; assistant editor, designer and contributor of In the Public's Health research and application renewal of Primary Care Health Professional Shortage Area Designations and new Dental Health Professional Shortage Area Designations for the state of New Hampshire.

Education

Masters, Public Health, Boston University, 1998

BS, Health Management and Policy, New Hampshire University, 1995

Professional Societies/Affiliations

Endowment for Health Advisory Board

Rotary Club of Dover, Dover, New Hampshire

Elected to serve on the Dover City Council for Ward One from January 2000 to December 2002

MELISSA ADAMS

270 County Farm Road, Dover, NH 03820

603-516-8130

madams@co.strafford.nh.us

EXECUTIVE SUMMARY

Innovative and results-driven leader experienced in all aspects of non-profit management, program operations, grant writing, and contract management.

CORE COMPETENCIES

Non-profit Management

Event Planning / Fundraising

Contract Writing / Management

Fiscal Accountability

Grant / Proposal Writing

Public Speaking

Partnership Building

Program Development

Strategic Planning

PROFESSIONAL EXPERIENCE

COMMUNITY ACTION PARTNERSHIP OF
STRAFFORD COUNTY, Dover, NH

5/2012 - present

Child and Family Services Director

- * Responsible for administration of Head Start, Early Head Start, childcare, home visiting, and parent education programs in Strafford County.

EASTER SEALS NEW HAMPSHIRE, INC., Manchester, NH

4/2010 - 5/2012

Project Director & Grant Writer

- * Responsible for coordination of services for frail seniors in the community through the *Seniors Count* Coordination Initiative in collaboration with multiple partner agencies.
- * In collaboration with VP of Major Gifts and Planned Giving, conduct thorough research of foundation, corporate and individual donor prospects
- * Develop successful grant proposals and funding requests for programs and services with the majority of awards ranging from \$10,000 - \$50,000. Awaiting decision on recently submitted federal grant to Center for Medicare and Medicaid Innovation in excess of \$3 million.

EARLY LEARNING COALITION OF BREVARD CO., Rockledge, FL

8/2005 - 2/2010

Executive Director (continued as consultant through 6/2010)

- * Led the transition from shared administration with Healthy Start Coalition (see prior employment) to an independent organization in 2005.
- * Provided operational and fiscal management of \$32+ million budget ensuring adequate utilization of funding for subsidized child care and voluntary pre-kindergarten services, home visiting support services, provider training, and administrative costs.

- * Developed proposals and grant requests to secure annual local match funding through United Way, Community Development Block Grants (County and City), and foundations. Secured over \$225,000 in grants for FY 08.09 and \$300,000 for FY 09.10.
- * Ensured all state and federal requirements were adhered to and conducted quality assurance activities of internal programs and contracted agencies in relation to subsidized child care, voluntary pre-kindergarten, home visiting / parent education, and child care provider trainings.
- * Handled all aspects of RFP, contract negotiations, development and management.

HEALTHY START COALITION, FL:

6/2002 – 8/2005

Assistant Director (Brevard County)

- * Assessed the community's maternal and child health needs resulting in a 3-year service delivery plan.
- * Coordinated Annual Healthy Start and Early Intervention Training Conference. Secured national speakers, developed advertisement and maintained registration for attendees. Reached record attendance and funds raised (over \$20,000) in 2005.
- * Developed Invitations to Negotiate, conducted contract negotiations and performed quality assurance monitoring of contracted providers.
- * Hired as Executive Director for Early Learning Coalition upon Board approval to transition organization to independent organization.

Executive Director (Keys Region)

- * Provided fiscal management for organization including development of annual budget, procurement of additional funding sources (grants, contracts and fundraising activities).
- * Assessed the community's maternal and child health needs resulting in a 3-year service delivery plan. Prepared annual and quarterly reports to the Department of Health for all funded programs.
- * Ensured compliance with all program and operational requirements.
- * Led statewide efforts in promoting "Safe Haven for Newborns".

EDUCATION

CAPELLA UNIVERSITY (online)

Enrolled: *Masters in Business Administration*

MADISON UNIVERSITY (online)

Bachelor of Arts in Business Administration

BECKER COLLEGE, Worcester, MA

Associates of Science in Occupational Therapy

Debra S. Meader

270 County Farm Road
Dover, NH 03820

QUALIFICATIONS

- Extensive experience in social services, mostly involving families with young children
- Skilled in leadership, team building and forming positive client & community relations
- Strong communication skills, life-skills counseling and supervisory skills

EDUCATION

M.Ed. Counseling – University of New Hampshire, Durham, NH 1991
B.S.W. – Wheelock College, Boston, MA 1988

EXPERIENCE

Family Resources Manager Community Action Partnership of Strafford County 2/2013-present

Directs, oversees and assists Family Advocates and other staff, as needed and applicable, in outreach to, recruitment, selection of, and enrollment of children and families based on eligibility in the program, including those with special needs and disabilities.

CCR&R Program Manager White Mountain Community Health Center & 2006-2013 Lakes Region Community Services

Currently responsible for all aspects of operations of a child care resource & referral (ccr&r) program. This program serves all of Carroll County, New Hampshire. The contract through State of NH has been with two different agencies though I have remained consistent through both.

- Excel at accomplishing goals and requirements set forth by the contract as well as writing the RFP's required.
- Assist families with child care referrals and information/counseling to help them with important decision of accessing quality child care and financial assistance, if needed.
- Provide child care providers & programs trainings and technical assistance for their professional development requirements.
- Organize and lead a Child Care Directors Group, providing networking as well as leadership trainings.
- Active member of State CCR&R Network, providing leadership in our website committee and other committees and initiatives.

Welfare/General Assistance Director (part time) Town of Madison 2010-2012

- Administered the Town Municipality Welfare program following the State and Town guidelines.
- Met with families as needed seeking assistance and processed applications to determine eligibility.
- Provided limited case management as needed.

Umbrella Project Case Worker White Mountain Community Health Center 2004-2006

- Sought out uninsured children and gave assistance to families to apply for NH Healthy Kids insurance program and did outreach to the community to help decrease the high rate of uninsured children in the Carroll County area. Often met with families in their homes.

- Developed strong working relationships with schools, child care programs, doctors offices and other programs where young children and their families had contact.
- Achieved a significant increase in the numbers of children accessing health insurance

Debra S. Meader

Page 2

Therapeutic Foster Care Parent Casey Family Services 2002-2011

- Provided licensed therapeutic foster care to children ages 11-17 including both short term respite for numerous children and longer term care for two children in our home.
- Met all training and licensing requirements

Pediatric Social Worker White Mountain Community Health Center 2001-2004

- Provided support and resources to families through office and home visits.
- Participated in a multi-disciplinary team of a Physician, Nurse Practitioner, Nurse & Nutritionist
- Counseled children and families on variety of issues that affected their health and overall well- being.
- Implemented developmental screenings with young children and interpreted with parents the results and if needed, gave suggestions for activities to do and developmental milestones to look for as well as referrals to community services if needed
- Collaborated with many other agencies within the community on behalf of families.

Family Support Advocate & Program Director Lakes Region Community Services 1990-2000

- Progressed through a series of promotions, culminating in the responsibility of the coordination of an Early Intervention Program serving families with children birth – age 3 with developmental disabilities or delays.
- Developed strong community alliances with local/state agencies and community members
- Provided direct support services to families through home visits.
- Initiated a new home visiting counseling program to families experiencing difficulties.
- Oversaw a team of Family Aide providers providing in home services to families who were at high risk of abuse and/or neglect or had founded cases of abuse/neglect.
- Supervised team including a Physical, Occupational, and Speech therapist, Early Childhood Educator and Family Support Advocate who provided therapeutic interventions to the children and families in their homes.
- Oversaw the grant requirements and fiscal budget of both Family Aide & Early Intervention programs.
- Served on several community and interagency committees and workgroups.
- Worked closely with NH Division of Children Youth & Family staff as well as several other community agencies involved with families.

ADDITIONAL TRAINING

Granite State College – 2002-2004

Foster Care trainings including Grief & Loss, Guidance & Positive Discipline, Maintain Family Connectedness, Sexual Abuse & Safe Environments; Impact of Trauma on Child Development, Guiding Teens through NH Trails; Adolescent Development; CPR & First Aid Training

Child Care Administration Course 2006

DENISE M. LEPINE

EDUCATION

Bachelor of Arts-Social Work Magna cum Laude University of New Hampshire 1999

PROFESSIONAL EXPERIENCE

Community Action Partnership of Strafford County Dover, NH 2012-present

Home Visiting Program Supervisor

- Provide supervision and support to home visiting staff in prenatal services, early childhood development, family support, nutrition and parenting.
- Establish and maintain effective working relationships with other agency programs, local social service agencies, schools, and state agencies.
- Maintain accurate and up-to-date information about program policies and procedures.
- Ensure that all written and electronic records are complete and up-to-date.
- Maintain a caseload of families servicing prenatal women and their babies, providing case management, support, education, resources and referrals.
- See that all necessary administrative tasks are completed in a timely manner including reports and records.
- Provide input to the composition of grant proposals and annual program budgets.

The HUB Family Resource Center Dover, NH

2007-2012

Manager of Intake & Home Visiting Services

- Oversee three home visiting programs – Family Wellness, Healthy Beginnings, and Family Intervention.
- Responsible for the screening and administration of referrals for each program.
- Collect and complete individual reporting requirements for each program.
- Compose and amend work plans to achieve targeted performance measures.
- Responsible for the supervision of home visiting staff.
- Track funds, access and authorize preventive child care.
- Work with business manager to ensure provisions for home visiting programs.
- Work with Executive Director to write grants and create logic models for programs.

Family Wellness Manager

- Home visit, providing case management, with our most vulnerable population who are at imminent risk for having a child placed in out of home care.
- Educate families in the areas of parenting, community resources, and communication with school systems.
- Responsible for the initial screening of referred families.
- Responsible for the supervision of Family Wellness and Intervention Specialist home visitors.
- Access and authorize payment for preventative child care.
- Update monthly, quarterly, and annual reports to the Department of Health and Human Services.

Family Empowerment Coordinator/Family Intervention Counselor

- Partner with participants to overcome barriers by linking them with resources, maximizing the supports already in place, and developing a success plan based on their needs assessment.

- Work with parents to build the communication skills needed to effectively participate in appointments for welfare services, school meetings, medical and mental health appointments, and scheduling healthy recreational and social activities for their children.
- Participate in community activities that focus on improving the quality of services to families, including the facilitation of parent support groups.

Strafford County Head Start Farmington, NH

2001 - 2006

Early Head Start Manager/Baby's Best Beginnings Coordinator

- Consult regularly with Executive Director, Human Resources Manager, content specialists, and state administrators to assure the meeting of mandated standards. Work in cooperation with management teams to resolve problems impacting efficiency and productivity of the organization.
- Launch the successful introduction and continued implementation of the Baby's Best Beginnings Program, part of the Home Visiting New Hampshire initiative.
- Anticipate program needs and initiate appropriate actions to obtain resources and personnel to meet requirements.
- Hire, train, and supervise the work performance of home visitors and teachers. Coordinate staff training and developmental programs. Participate in the annual performance reviews and long-term career planning.
- Lead the strategic planning and preparation of fiscal budget for the Baby's Best Beginnings Program.
- Draft confidential correspondence, weekly reports, and other communications.

The HUB Family Resource Center Dover, NH

1999- 2001

Family Advocate/Even Start Home Visitor

- Assist parents with obtaining their GED or high school diploma.
- Partner with parents to provide early literacy opportunities in the home.
- Conduct needs assessments, facilitate home visits, and provide parent education.
- Coordinate, refer, and advocate for all eligible services.

Budget Form

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

Bidder/Program Name: Community Action Partnership of Strafford County

Budget Request for: Home Visiting New Hampshire and Child Family Health Support Services

(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014 - HV-TANF-6146/\$51,668

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|--------------------|---------------------|---|
| 1. Total Salary/Wages | \$ 39,647.44 | \$ 1,625.00 | \$ 41,272.44 | staff time allocation to grant 23% of total salary |
| 2. Employee Benefits | \$ 9,118.91 | \$ 373.75 | \$ 9,492.66 | |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ - | \$ - | |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ - | \$ - | |
| 6. Travel | \$ - | \$ - | \$ - | |
| 7. Occupancy | \$ - | \$ 600.00 | \$ 600.00 | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ 302.90 | \$ - | \$ 302.90 | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ - | \$ - | \$ - | |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 49,069.25 | \$ 2,598.75 | \$ 51,668.00 | |

Indirect As A Percent of Direct

5.3%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 51,668.00

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

\$ (0.00)

Budget Form

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

Community Action Partnership of Strafford
Bidder/Program Name: County

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services
(Name of RFP)

July 1, 2013 - June 30, 2014 - MCH-CFHS-
Budget Period: 5190/\$7,932

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|--------------------|----------------|--------------------|---|
| 1. Total Salary/Wages | \$ 6,489.69 | | \$ 6,489.69 | |
| 2. Employee Benefits | \$ 1,442.31 | \$ - | \$ 1,442.31 | |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ - | \$ - | |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ - | \$ - | |
| 6. Travel | \$ - | \$ - | \$ - | |
| 7. Occupancy | \$ - | \$ - | \$ - | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ - | \$ - | \$ - | |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 7,932.00 | \$ - | \$ 7,932.00 | |

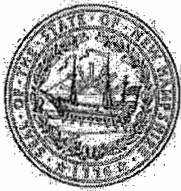
Indirect As A Percent of Direct

0.0%

For DPHS use only

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

\$ 7,932.00
\$ 0.00



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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



July 26, 2012

G&C Approval Date: 9/19/2012

G&C Item # 63

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Community Action Partnership of Strafford County. (Vendor #177200-B004), PO Box 160, 270 County Farm Road, Dover, NH 03821-0160, in an amount not to exceed \$59,600.00, to provide home visiting services effective July 1, 2012, or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for SFY 2013.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,
MATERNAL AND CHILD HEALTH

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|--------------------------------|------------|--------------|
| SFY 2013 | 102-500731 | Contracts for Program Services | 90004009 | \$7,932 |
| | | | Sub-Total | \$7,932 |

05-95-45-450010-6146 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, TEMPORARY ASSISTANCE TO
NEEDY FAMILIES

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|----------------------|------------|--------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 |
| | | | Sub-Total | \$51,668 |
| | | | Total | \$59,600 |

EXPLANATION

Funds in this agreement will be used to support home visiting services in the Rochester area for Medicaid-eligible pregnant women and children and low-income families of children birth through age 18 at risk for poor health outcomes and child maltreatment. Through this new agreement, the Community Action Partnership of Strafford County will partner with families to identify one of two different home visiting programs, Home Visiting New Hampshire or Child and Family Health Support, as appropriate for a family's needs.

Home Visiting New Hampshire offers an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home Visiting New Hampshire programs provide services to pregnant women and their infants that include activities to promote self-sufficiency and strengthen family life. In addition, home visitors provide family support and educate families about prenatal health, child development, and health and safety issues. This family focused and child centered program uses a multi-disciplinary team to provide service throughout a woman's pregnancy until her child is 12 months old.

Child and Family Health Support is a more flexible, tailored service designed to help families meet short-term goals. In each program, home visitors provide support and education to families in their homes. Each family receives an individual assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors may discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and/or smoking cessation. Child Family Health Support Services focus on short-term goals developed with the family on topics such as parenting education, health and safety issues, and accessing needed resources, such as a primary care provider or social services.

Should Governor and Executive Council not authorize this Request, 50 low-income, at-risk pregnant women and their infants, and other low-income children, from the Rochester community, will not receive these services, many of which have been proven to improve health outcomes.

Community Action Partnership of Strafford County was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 10, 2012 through March 23, 2012. In addition, the current Home Visiting New Hampshire grantees and the current Child and Family Health Support Service grantees were sent an email on February 10, 2012, and a bidder's conference was held February 24, 2012 to alert them to this bid.

In response to the Request for Proposals for Home Visiting New Hampshire/Child and Family Health Support Services to be provided in ten geographic areas, ten proposals were submitted. One of the designated catchment areas had two bidders; another had no bidders. A committee of twelve reviewers evaluated the proposals, including nine Department of Health and Human Services personnel and three external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education; WIC Nutrition Services; Maternal and Child Health; Healthy Homes; Tobacco Cessation; Alcohol and Drug Abuse; Child Abuse Prevention; programs to improve the lives of women and girls; and Family Support. Each reviewer had between two and four proposals to read and score. Proposals were scored taking an

average of the reviewers' scores. Reviewers recommended funding nine proposals to serve nine of the ten geographic areas.

The proposal from Community Action Partnership of Strafford County was the sole applicant for the Rochester area and received a score of 91 out of 100 points and was selected to serve the Rochester area. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is a new agreement for this agency.

The following performance measures, as specified in the Request for Proposals, will be used to measure the effectiveness of the agreement.

- Percent of eligible pregnant women, infants, and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program who are enrolled in Medicaid
- Percent of eligible pregnant and postpartum women, infants and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program that has client record documentation of enrollment in Women, Infant and Children Supplemental Nutrition Program
- Percent of pregnant women enrolled in the Home Visiting New Hampshire/Child Family Health Support program identified as cigarette smokers that are referred to QuitWorks-New Hampshire
- Percent of women enrolled in the Home Visiting New Hampshire/Child Family Health Support program that received further evaluation/treatment for perinatal depression, following identification by a formal validated depression screening
- Percent of postpartum women who report they are not pregnant at the exit of the program

Area served: Rochester area (See attached list of communities).

Source of Funds: 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, and United States Department of Health and Human Services, Administration for Children and Families.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
July 26, 2012
Page 4

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

Respectfully submitted,

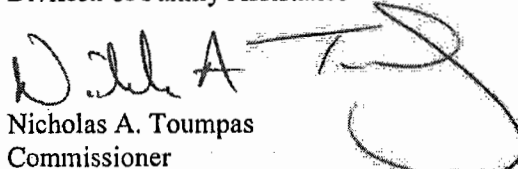


José Thier Montero MD
Director



Terry Smith
Director
Division of Family Assistance

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/PMT/AK/DD/sc

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

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

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

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

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

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

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The remainder of this page is intentionally left blank.

EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 11th day of April, 2013 by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the VNA at HCS, Inc., Purchase Order Number 1025796, a corporation organized under the laws of the State of New Hampshire, with a place of business at 312 Marlboro Street, Keene, New Hampshire 03431 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated September 19, 2012, Item #64, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of one additional year, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Council;

WHEREAS, the Contractor and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. **Exercise Of Option To Renew and Amend For One Additional Year:**

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2014.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$59,600 from \$59,600 to \$119,200.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A and any subsequent amendments remain(s) in effect unless expressly revoked by this agreement.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$59,600 for SFY 2014. The contract shall total \$119,200 for the contract term.

Funding in the amount of \$7,932 is available from 05-95-90-902010-5190-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.994.

Funding in the amount of \$51,668 is available from 05-95-45-450010-6146-502-500891, 100% Federal Funds from the US Department of Health and Human Services, Administration for Children and Families, CFDA #93.558.

2. **Effective Date of Renew and Amend:**

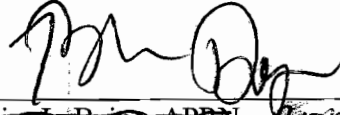
This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

3. **Continuance of Renewal Agreement:**

Except as specifically amended and modified by the terms and conditions of this Renew and Amend, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE
Division of Public Health Services

By:  5/12/13
Lisa L. Bujno, APRN *State & Dept* Date
Bureau Chief

By:  4/11/13
Barbara Duckett, President/CEO Date

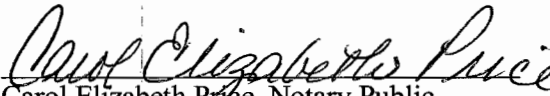
VNA at HCS, Inc.
Legal Name of Agency

STATE OF NEW HAMPSHIRE

COUNTY OF CHESHIRE

On this the 11th day of April, 2013, before me, Carol Price, the undersigned officer, Barbara Duckett personally appeared, who acknowledged herself to be the President/CEO of the VNA at HCS, a corporation, and that she, as such President/CEO, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by herself as President/CEO of the VNA at HCS.


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


Carol Elizabeth Price, Notary Public

My Commission expires: June 3, 2014

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: 
James P. Herrick
Assistant Attorney General

Date: 21 May 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

By: _____

Title: _____

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 VNA AT HCS, INC. is a New Hampshire nonprofit corporation formed November 18, 1981. 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 1st day of April A.D. 2013

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

William M. Gardner
Secretary of State

VNA at HCS

Abstract of Corporate Minutes

The following is a true abstract from an electronic mail vote for which a quorum was polled of the Board of Directors of VNA at HCS, Inc. on April 9, 2013:

"A Motion is duly made and seconded to authorize the President/CEO to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Health and Human Services, Maternal Child Health Section, to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the New Hampshire Department of Health and Human Services, Maternal Child Health Section; this authorization to continue until revoked by vote of this governing board."

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that Barbara Duckett is the President/CEO of this corporation, and is still qualified and serving in such capacity.

April 11, 2013

Date

Betsy Cotter

Betsy Cotter, Board Secretary
VNA at HCS Board of Directors

STATE OF NEW HAMPSHIRE
COUNTY OF CHESHIRE

On April 11, 2013, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Board Secretary of the corporation identified in the foregoing certificate, and acknowledged that she executed the foregoing certificate.

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

Carol Elizabeth Price
Carol Elizabeth Price, Notary Public

April 11, 2013
Date

CAROL ELIZABETH PRICE, Notary Public
My Commission Expires June 3, 2014

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2013

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).

| PRODUCER USI Insurance Services LLC PO Box 406 Portland, ME 04112-0406 | CONTACT NAME: PHONE (A/C, No, Ext): 800 723-2873 FAX (A/C, No): 603-625-1100 E-MAIL ADDRESS: | | | | | | | | | | | | | | |
|---|---|-------------------------------|--------|---|--------------|--------------------|--|--------------------|--|--------------------|--|--------------------|--|--------------------|--|
| INSURED Home Healthcare Hospice & Community Services, Inc./VNA at HCS PO Box 564 Keene, NH 03431 | <table border="1"> <tr> <th data-bbox="812 451 1404 483">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1404 451 1516 483">NAIC #</th> </tr> <tr> <td data-bbox="812 483 1404 514">INSURER A : Arch Insurance Company</td> <td data-bbox="1404 483 1516 514">11150</td> </tr> <tr> <td data-bbox="812 514 1404 546">INSURER B :</td> <td data-bbox="1404 514 1516 546"></td> </tr> <tr> <td data-bbox="812 546 1404 577">INSURER C :</td> <td data-bbox="1404 546 1516 577"></td> </tr> <tr> <td data-bbox="812 577 1404 609">INSURER D :</td> <td data-bbox="1404 577 1516 609"></td> </tr> <tr> <td data-bbox="812 609 1404 640">INSURER E :</td> <td data-bbox="1404 609 1516 640"></td> </tr> <tr> <td data-bbox="812 640 1404 659">INSURER F :</td> <td data-bbox="1404 640 1516 659"></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Arch Insurance Company | 11150 | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Arch Insurance Company | 11150 | | | | | | | | | | | | | | |
| INSURER B : | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | | | |
|--|---|--------------------|---------------------|-------------------------|-------------------------|---|--|--|---|--------------------|------------------------------|-----------------|--------------------------------|--------------------|-------------------|--------------------|------------------------|--------------------|--|-----------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC | | NCPKG0206601 | 01/04/2013 | 01/04/2014 | <table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$20,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$3,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$3,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table> | EACH OCCURRENCE | \$1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 | MED EXP (Any one person) | \$20,000 | PERSONAL & ADV INJURY | \$1,000,000 | GENERAL AGGREGATE | \$3,000,000 | PRODUCTS - COMP/OP AGG | \$3,000,000 | | \$ |
| EACH OCCURRENCE | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| MED EXP (Any one person) | \$20,000 | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$3,000,000 | | | | | | | | | | | | | | | | | | | |
| PRODUCTS - COMP/OP AGG | \$3,000,000 | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | NCAUT0206601 | 01/04/2013 | 01/04/2014 | <table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table> | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | \$ | | | | |
| COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 | | NCFXS0206600 | 01/04/2013 | 01/04/2014 | <table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$4,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$4,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table> | EACH OCCURRENCE | \$4,000,000 | AGGREGATE | \$4,000,000 | | \$ | | | | | | | | |
| EACH OCCURRENCE | \$4,000,000 | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$4,000,000 | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | <table border="1"> <tr> <td><input type="checkbox"/> WC STATU-TORY LIMITS</td> <td><input type="checkbox"/> OTH-ER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr> </table> | <input type="checkbox"/> WC STATU-TORY LIMITS | <input type="checkbox"/> OTH-ER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ | | | | | | |
| <input type="checkbox"/> WC STATU-TORY LIMITS | <input type="checkbox"/> OTH-ER | | | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | \$ | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$ | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$ | | | | | | | | | | | | | | | | | | | |

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

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

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|---|
| NH Dept of Health & Human Svcs Maternal & Child Health Section Bureau of Population Health & Community Svcs 29 Hazen Drive Concord, NH 03301 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>E. David [Signature]</i></p> |
|---|---|



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2013

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).

| | | | |
|---|--|--|--|
| PRODUCER Kennebunk Savings Insurance 50 Portland Road PO Box 770 Kennebunk ME 04043 | | CONTACT NAME: Nancy Wallace PHONE (A/C No, Ext): (207) 985-2941 FAX (A/C No): (207) 985-3122 E-MAIL ADDRESS: nancy.wallace@kennebunksavings.com PRODUCER CUSTOMER ID #: 00015149 | |
| INSURED Home Healthcare Hospice & Community Svcs PO Box 564 312 Marlboro St Keene NH 03431 | | INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Charter Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: CL128101381

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 |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WCA00539800 | 7/1/2012 | 7/1/2013 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

CERTIFICATE HOLDER

(603) 271-4519 dlcampbell@dhhs.state.nh.u

Director, Div. of Public Health Services,
NH DHHA
Maternal Child Health Section
29 Hazen Drive
Concord, NH 03301-6504

CANCELLATION

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

Danny Edgecomb/NW

VNA AT HCS, INC.
AUDITED FINANCIAL STATEMENTS
JUNE 30, 2012 AND 2011

BRAD BORBIDGE, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
197 LOUDON ROAD, SUITE 350
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE 603/224-0849
TELEFAX 603/224-2397

INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS

Board of Directors
VNA at HCS, Inc.
Keene, New Hampshire

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

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

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



Concord, New Hampshire
September 28, 2012

VNA AT HCS, INC.
BALANCE SHEETS
JUNE 30, 2012 AND 2011

ASSETS

| | 2012 | 2011 |
|--|---------------------|---------------------|
| Current Assets | | |
| Cash and cash equivalents | \$ 957,631 | \$ 1,470,766 |
| Temporary investments | 33,457 | 224,557 |
| Patient accounts receivable, less allowances for uncollectible accounts of \$293,046 and \$301,641 at June 30, 2012 and 2011, respectively | 2,000,336 | 1,524,066 |
| Other receivables | 391,605 | 529,809 |
| Prepaid expenses | 27,611 | 28,527 |
| Due from affiliates | 5,279,069 | 5,310,719 |
| Total Current Assets | 8,689,709 | 9,088,444 |
| Assets Limited As To Use | 170,374 | 34,828 |
| Property And Equipment, Net | 362,960 | 273,832 |
| TOTAL ASSETS | <u>\$ 9,223,043</u> | <u>\$ 9,397,104</u> |

LIABILITIES AND NET ASSETS

| | | |
|--------------------------------------|---------------------|---------------------|
| Current Liabilities | | |
| Accounts payable | \$ 153,457 | \$ 153,730 |
| Due to third-party payers | 5,535 | 12,000 |
| Accrued payroll and related expenses | 651,451 | 1,134,372 |
| Deferred revenue | 566,862 | 765,713 |
| Total Current Liabilities | 1,377,305 | 2,065,815 |
| Net Assets | | |
| Unrestricted | 7,675,364 | 7,296,461 |
| Temporarily restricted | 151,716 | 16,170 |
| Permanently restricted | 18,658 | 18,658 |
| Total Net Assets | 7,845,738 | 7,331,289 |
| TOTAL LIABILITIES AND NET ASSETS | <u>\$ 9,223,043</u> | <u>\$ 9,397,104</u> |

(See accompanying notes to these financial statements)

VNA AT HCS, INC.
STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

| | 2012 | 2011 |
|--|-------------------|---------------------|
| Operating Revenue | | |
| Net patient service revenue | \$ 14,904,158 | \$ 15,036,079 |
| Other operating revenue | <u>3,020,600</u> | <u>3,460,916</u> |
| Total Operating Revenue | <u>17,924,758</u> | <u>18,496,995</u> |
| Operating Expenses | | |
| Salaries and benefits | 11,874,598 | 11,776,699 |
| Other operating expenses | 3,005,816 | 2,782,081 |
| Depreciation | 348,770 | 329,262 |
| Bad debt expense | 111,000 | 163,276 |
| Management fees | <u>2,692,832</u> | <u>2,655,865</u> |
| Total Operating Expenses | <u>18,033,016</u> | <u>17,707,183</u> |
| OPERATING (LOSS) INCOME | <u>(108,258)</u> | <u>789,812</u> |
| Other Revenue and Gains | | |
| Contributions | 316,391 | 177,000 |
| Investment income | <u>3,595</u> | <u>6,470</u> |
| Total Other Revenue Gains | <u>319,986</u> | <u>183,470</u> |
| EXCESS OF REVENUE OVER EXPENSES | 211,728 | 973,282 |
| Net assets released from restriction for capital acquisitions | <u>167,175</u> | <u>119,482</u> |
| INCREASE IN UNRESTRICTED NET ASSETS | <u>\$ 378,903</u> | <u>\$ 1,092,764</u> |

(See accompanying notes to these financial statements)

VNA AT HCS, INC.
STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

| | Unrestricted | Temporarily Restricted | Permanent Restricted | Total |
|--|---------------------|---------------------------|-------------------------|---------------------|
| Balance, June 30, 2010 | \$ 6,203,697 | \$ 16,232 | \$ 18,658 | \$ 6,238,587 |
| Excess of revenue over expenses | 973,282 | - | - | 973,282 |
| Contributions | - | 119,482 | - | 119,482 |
| Investment income | - | 23 | - | 23 |
| Net assets released from restriction | - | (85) | - | (85) |
| Net assets released from restriction for capital acquisitions | 119,482 | (119,482) | - | - |
| Change in Net Assets | 1,092,764 | (62) | - | 1,092,702 |
| Balance, June 30, 2011 | 7,296,461 | 16,170 | 18,658 | 7,331,289 |
| Excess of revenue over expenses | 211,728 | - | - | 211,728 |
| Contributions | - | 367,175 | - | 367,175 |
| Investment income | - | 353 | - | 353 |
| Net assets released from restriction | - | (64,807) | - | (64,807) |
| Net assets released from restriction for capital acquisitions | 167,175 | (167,175) | - | - |
| Change in Net Assets | 378,903 | 135,546 | - | 514,449 |
| Balance, June 30, 2012 | <u>\$ 7,675,364</u> | <u>\$ 151,716</u> | <u>\$ 18,658</u> | <u>\$ 7,845,738</u> |

(See accompanying notes to these financial statements)

VNA AT HCS, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

| | 2012 | 2011 |
|--|--------------------------|----------------------------|
| Cash Flows From Operating Activities | | |
| Change in net assets | \$ 514,449 | \$ 1,092,702 |
| Adjustments to reconcile change in net assets to net cash provided (used) by operating activities | | |
| Bad debt expense | 111,000 | 163,276 |
| Depreciation | 348,770 | 329,262 |
| (Increase) decrease in the following assets: | | |
| Temporary investments | 191,100 | (1,635) |
| Patient accounts receivable | (587,270) | (409,994) |
| Other receivables | 138,204 | 118,487 |
| Prepaid expenses | 916 | (22,160) |
| Due from affiliate | 31,650 | (1,350,917) |
| Increase (decrease) in the following liabilities: | | |
| Accounts payable | (273) | 39,956 |
| Due to third-party payers | (6,465) | 7,000 |
| Accrued payroll and related expenses | (482,921) | 94,397 |
| Deferred revenue | (198,851) | (95,835) |
| Net Cash Provided (Used) by Operating Activities | <u>60,309</u> | <u>(35,461)</u> |
| Cash Flows From Investing Activities | | |
| Increase in assets limited as to use | (135,546) | 62 |
| Capital expenditures, net of dispositions | (437,898) | (347,035) |
| Net Cash Used by Investing Activities | <u>(573,444)</u> | <u>(346,973)</u> |
| Net Decrease in Cash and Cash Equivalents | (513,135) | (382,434) |
| Cash and cash equivalents, beginning of year | <u>1,470,766</u> | <u>1,853,200</u> |
| CASH AND CASH EQUIVALENTS, END OF YEAR | <u><u>\$ 957,631</u></u> | <u><u>\$ 1,470,766</u></u> |

(See accompanying notes to these financial statements)

**Home Healthcare, Hospice and Community Services, Inc.
VNA at HCS, Inc.**

VALUES AND MISSION STATEMENT

Because we value:

- ▶ **The worth and dignity of all people and their right to privacy**
- ▶ **The right of people to make informed choices**
- ▶ **A creative, holistic approach to individuals' and families' needs**
- ▶ **Health and wellness throughout life**
- ▶ **Access to health care and support services to encourage maximum independence**
- ▶ **A commitment by all staff to acquire and share knowledge through education and research**
- ▶ **Continuous self and agency improvement to meet the changing needs of individuals and our communities**
- ▶ **Collaboration with other providers**

Our mission is:

To provide services which enable people to function throughout life at their optimal level of health, well-being and independence, according to their personal beliefs and choices.

**Adopted by Board: September 4, 1997
Reaffirmed by Board: September 2, 2010**



**HCS/VNA at HCS, Inc.
Board of Directors
2012 - 2013**

Comfort, care and support
when home is where you want to be . . .

Katherine J. Snow, Chair
2008-2011
2011-2014

Audrey Hadcock
2007-2010
2010-2013

Deborah J. Blanc, Vice-Chair
2009-2012
2012-2015

Jane Larmon
2012-2015

Gregg Tewksbury, Treasurer
2006-2009
2009-2012
2012-2013

Charles Montgomery, MD
2008-2011
2011-2014

Maureen O'Brien
2011-2014

Betsy Cotter, Secretary
2011-2014

Brian Reilly, MD
2012-2015

Janet Ackerman
2012-2015

Joji Robertson
2012-2015

Joe Baute
2006-2009
2009-2012
2012-2013

Ex Officio:

JoAnn Fenton
2009-2012
2012-2015

Barbara R. Duckett, CEO
HCS, VNA at HCS

Richard J. Skeels, CFO
HCS, VNA at HCS

Peter Gosline
2009-2012
2012-2015

KEY ADMINISTRATIVE PERSONNEL

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

Agency Name:

VNA at HCS, Inc.

Name of Bureau/Section:

BPHCS, Maternal and Child Health - HV-CFHS

| BUDGET PERIOD: | | SFY 2014 | 7/1/13 - 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 |
| Mary Davis, RN, VNA Program Director | \$76,596 | 0.00% | \$0.00 |
| Penelope R. Vaine, Maternal & Child Health Program Coordinator | \$45,084 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| | \$0 | 0.00% | \$0.00 |
| TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request) | | | \$0.00 |

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

Mary A. Davis, RN

Education:

Saint Joseph's College, North Windham, ME
Lawrence memorial Hospital School of Nursing, Medford, MA

Experience:

3/2012 – Present: **Home Healthcare, Hospice & Community Services, Keene, NH**
VNA Program Director

Principal Responsibilities: Manages the daily operations of the VNA, including all clinical services and the Maternal Child Health Program. Recruits and assists in the training of program staff; evaluates the program and staff performance. Assists in the interpretation of agency services to the general public and to the referral agencies. Manages the program budget and assists in its preparation and collaboration with the CCOO. Ensures program compliance with legal, regulatory and accreditation requirements.

9/2002 – 3/2012: **Home Healthcare, Hospice & Community Services, Keene, NH**
Associate Director of VNA @ HCS

Principal Responsibilities: assists with the management supervision of the nursing and rehabilitation programs.

1/1997 – 9/2002: **Home Healthcare, Hospice & Community Services, Keene, NH**
Rehabilitation Coordinator

Principal Responsibilities: provides coordination and scheduling of therapy services provided throughout the area. This position is also responsible for regulatory compliance of the Therapy Department, to include OBQI and financial benchmarks.

10/1993 – 1/1997: **Home Healthcare, Hospice & Community Services, Keene, NH**
Staff RN

Principal Responsibilities: Provides and directs the provision of home nursing care, based on agency policy and procedures, through the competent use application of the nursing process.

12/1991 – 11/1992: **Spofford Hall, Spofford, NH**
Charge Nurse

Principal Responsibilities: Responsible for staff assignments, overseeing admissions, treatment and discharge of patients on the unit. Attended and conducted evening group therapy sessions, provided information to the day staff and head nurse at the end of shift. Communicated any changes or concerns in the patients' condition to physicians and/or psychiatrist. Responsible for managing any crisis that arose within the facility.

7/1991 – 12/1991: **Spofford Hall, Spofford, NH**
Staff Nurse and Relief Charge Nurse

Principal Responsibilities: The care of twelve to twenty patients with dual diagnosis. Initiated individualized care plans within twenty-four hours of admission to the unit,

evaluated need for and the side effects of medication, monitored patients vital signs and laboratory test results, provided a safe environment for patients in treatment, assisted in discharge planning.

3/1991 – 7/1991: Spofford Hall, Spofford, NH

Per diem RN

Principal Responsibilities: Admitting and assessing patients, monitoring patients withdrawal, dispensing medication as ordered, planned and implemented individualized patient care plans, attended treatment team meetings.

9/1985 – 11/1990: Day One, Inc., Bar Mills, ME

Nurse Consultant

Principal Responsibilities: Provide nursing service on a part-time and on-call basis to the twelve residents of the Day One substance abuse facility; establish consultative relationships with area physicians; make referrals to health care institutions; provide nutrition counseling; establish health policies; offer classes or individual sessions on health related issues.

9/1984 – 11/1990: Maine School District #6, Buxton, ME

Substitute School Nurse

Principal Responsibilities: Provide nursing services to 1000 students within MSAD #6; respond to sick calls and accidents; administer hearing and vision tests; assist with physicals.

7/1983 – 1/1986: Childbirth Education Association, Portland, ME

Principal Responsibilities: Teach natural/prepared childbirth classes to expectant mothers and their coaches; instruct in the areas of nutrition, exercise, and prenatal care, provide pro bono classes for unwed teenagers in my home.

Penelope R Vaine

| | | |
|-------------------|---|--|
| Objective | To use my knowledge, energy and expertise to provide support and advocacy to those who need it. | |
| Employment | (April 2010 – Present) | Home Healthcare, Hospice and Community Services (VNA at HCS, Inc.) Maternal & Child Health Program Coordinator Coordination of program, supervision and scheduling of home visits. |
| | (March 2009- April 2010) | Home Health Care Hospice and Community Services Social Worker Maternal Child Health Program Responsible for a caseload of 50 children and pregnant women needing parenting education, health care, connection to community resources and developmental screenings. Coordinated and collaborated with other agencies to advocate for each client. Maintained appropriate documentation. |
| | (May 2008 – present) | The United Church of Winchester Director of Christian Education Responsible for designing and implementing a vibrant Christian Education program for the Congregation. |
| | (March 2007– present) | Mobile Home Supply of New England Owner/Manager Self taught to manage, market, and sell supplies for retail mobile home supply shop. |
| | (2000-2007) | The Winchester Learning Center Executive Director From dream to reality, organized a nonprofit community supported Child Care, Preschool and Family Resource Program. Implemented unique, Waldorf-inspired curriculum to meet the needs of the children and their families. Under the direction of a Board of Directors, managed daily operations, programming, staffing, fiscal management, fundraising and grant writing. Developed an extensive parent education and support network for families. |
| | (1999-1999) | Winchester Elementary School Substitute Teacher Provided one on one tutoring care for preschool children with special needs. Coordinated care and educational plans with professional team. |

(1993-2000)

Home Child Care

Director

Created a joyful home child care program which was Licensed by the State of NH and registered with Family Works. Provided a variety of developmentally appropriate activities to promote creativity, confidence and independence. Established support network for parents. Supervised two high school interns.

(1989-1993)

Home Health Care Hospice and Community Services

Director

Responsible for managing and operating the Castle Center for Adult Day Care. Program provided quality care and socialization for elderly and handicapped participants. Supervised team of RN's CNA's and aides; and dozens of volunteers. Secured funding annually from the United Way and the NH Dept of Elderly and Adult Services.

Education

(September 1980- May 1985)

Wheelock College, Boston Mass

Bachelor of Social Work

Budget Form

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

Bidder/Program Name: VNA at HCS, Inc.

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services

(Name of RFP)

July 1, 2013 - June 30, 2014 - HV-TANF-
Budget Period: 6146/\$51,668

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|---------------------|----------------|---------------------|---|
| 1. Total Salary/Wages | \$ 35,678.00 | \$ - | \$ 35,678.00 | |
| 2. Employee Benefits | \$ 9,990.00 | \$ - | \$ 9,990.00 | |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ - | \$ - | |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ - | \$ - | |
| 6. Travel | \$ 6,000.00 | \$ - | \$ 6,000.00 | |
| 7. Occupancy | \$ - | \$ - | \$ - | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ - | \$ - | \$ - | |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 51,668.00 | \$ - | \$ 51,668.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

| | |
|---|--------------|
| Maximum Funds Available - (DPHS program to enter total funds available) | \$ 51,668.00 |
| Reconciliation - (this line must be equal to or greater than \$0) | \$ - |

Budget Form

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

Bidder/Program Name: VNA at HCS, Inc.

Home Visiting New Hampshire and Child
Budget Request for: Family Health Support Services

(Name of RFP)

July 1, 2013 - June 30, 2014 - MCH-CFHS-
Budget Period: 5190/\$7,932

| Line Item | Direct Incremental | Indirect Fixed | Total | Allocation Method for Indirect/Fixed Cost |
|---|-----------------------|-------------------|--------------------|--|
| 1. Total Salary/Wages | \$ 6,611.21 | \$ - | \$ 6,611.21 | |
| 2. Employee Benefits | \$ 1,320.79 | \$ - | \$ 1,320.79 | |
| 3. Consultants | \$ - | \$ - | \$ - | |
| 4. Equipment: | \$ - | \$ - | \$ - | |
| Rental | \$ - | \$ - | \$ - | |
| Repair and Maintenance | \$ - | \$ - | \$ - | |
| Purchase/Depreciation | \$ - | \$ - | \$ - | |
| 5. Supplies: | \$ - | \$ - | \$ - | |
| Educational | \$ - | \$ - | \$ - | |
| Lab | \$ - | \$ - | \$ - | |
| Pharmacy | \$ - | \$ - | \$ - | |
| Medical | \$ - | \$ - | \$ - | |
| Office | \$ - | \$ - | \$ - | |
| 6. Travel | \$ - | \$ - | \$ - | |
| 7. Occupancy | \$ - | \$ - | \$ - | |
| 8. Current Expenses | \$ - | \$ - | \$ - | |
| Telephone | \$ - | \$ - | \$ - | |
| Postage | \$ - | \$ - | \$ - | |
| Subscriptions | \$ - | \$ - | \$ - | |
| Audit and Legal | \$ - | \$ - | \$ - | |
| Insurance | \$ - | \$ - | \$ - | |
| Board Expenses | \$ - | \$ - | \$ - | |
| 9. Software | \$ - | \$ - | \$ - | |
| 10. Marketing/Communications | \$ - | \$ - | \$ - | |
| 11. Staff Education and Training | \$ - | \$ - | \$ - | |
| 12. Subcontracts/Agreements | \$ - | \$ - | \$ - | |
| 13. Other (specific details mandatory): | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| TOTAL | \$ 7,932.00 | \$ - | \$ 7,932.00 | |

Indirect As A Percent of Direct

0.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 7,932.00

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

\$ -

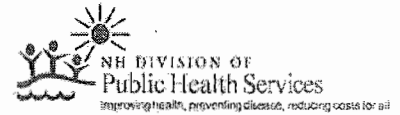


Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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



July 26, 2012

G&C Approval Date: 9/19/2012

G&C Item # 64

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with VNA at HCS, Inc. (Vendor #177274-B002), PO Box 564, 312 Marlboro Street, Keene, New Hampshire 03431, in an amount not to exceed \$59,600.00, to provide home visiting effective July 1, 2012, or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for SFY 2013.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,
MATERNAL AND CHILD HEALTH

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|--------------------------------|------------|--------------|
| SFY 2013 | 102-500731 | Contracts for Program Services | 90004009 | \$7,932 |
| | | | Sub-Total | \$7,932 |

05-95-45-450010-6146 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
TRANSITIONAL ASSISTANCE, DIV OF FAMILY ASSISTANCE, TEMPORARY ASSISTANCE TO
NEEDY FAMILIES

| Fiscal Year | Class/Object | Class Title | Job Number | Total Amount |
|-------------|--------------|----------------------|------------|--------------|
| SFY 2013 | 502-500891 | Payment to Providers | 45130206 | \$51,668 |
| | | | Sub-Total | \$51,668 |
| | | | Total | \$59,600 |

EXPLANATION

Funds in this agreement will be used to support home visiting services in the Keene area for Medicaid-eligible pregnant women and children and low-income families of children at risk for poor health outcomes and child maltreatment. Through this new agreement, the VNA at HCS, Inc. will partner with families to identify one of two different home visiting programs, Home Visiting New Hampshire or Child and Family Health Support, as appropriate for a family's needs.

Home Visiting New Hampshire offers an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home Visiting New Hampshire programs provide services to pregnant women and their infants that include activities to promote self-sufficiency and strengthen family life. In addition, home visitors provide family support and educate families about prenatal health, child development, and health and safety issues. This family focused and child centered program uses a multi-disciplinary team to provide service throughout a woman's pregnancy until her child is 12 months old.

Child and Family Health Support is a more flexible, tailored service designed to help families meet short-term goals. In each program, home visitors provide support and education to families in their homes. Each family receives an individual assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors may discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and/or smoking cessation. Child Family Health Support Services focus on short-term goals developed with the family on topics such as parenting education, health and safety issues, and accessing needed resources, such as a primary care provider or social services.

Should Governor and Executive Council not authorize this Request, 115 low-income, at-risk pregnant women and their infants, and other low-income children, from the Keene community, will not receive these services, many of which have been proven to improve health outcomes.

The VNA at HCS, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 10, 2012 through March 23, 2012. In addition, the current Home Visiting New Hampshire grantees and the current Child and Family Health Support Service grantees were sent an email on February 10, 2012, and a bidder's conference was held February 24, 2012 to alert them to this bid.

In response to the Request for Proposals for Home Visiting New Hampshire/Child and Family Health Support Services to be provided in ten geographic areas, ten proposals were submitted. One of the designated catchment areas had two bidders; another had no bidders. A committee of twelve reviewers evaluated the proposals, including nine Department of Health and Human Services personnel and three external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education; WIC Nutrition Services; Maternal and Child Health; Healthy Homes; Tobacco Cessation; Alcohol and Drug Abuse; Child Abuse Prevention; programs to improve the lives of women and girls; and Family Support. Each reviewer had between two and four proposals to read and score. Proposals were scored taking an average of the reviewers' scores. Reviewers recommended funding nine proposals to serve nine of the ten geographic areas.

The proposal from VNA at HCS, Inc. was the sole applicant for the Keene area and received a score of 91 out of 100 points and was selected to serve the Keene area. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. Previously, MCH funded two (2) Child and Family Health Support and two (2) Home Visiting New Hampshire programs in this area. This new agreement combines those contracts within the area resulting in a decrease from \$99,375 in SFY 2012 to \$59,600 for SFY 2013. The overall dollar savings for this area is \$39,775.

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

- Percent of eligible pregnant women, infants, and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program who are enrolled in Medicaid
- Percent of eligible pregnant and postpartum women, infants and children enrolled in the Home Visiting New Hampshire/Child Family Health Support program that has client record documentation of enrollment in Women, Infant and Children Supplemental Nutrition Program
- Percent of pregnant women enrolled in the Home Visiting New Hampshire/Child Family Health Support program identified as cigarette smokers that are referred to QuitWorks-New Hampshire
- Percent of women enrolled in the Home Visiting New Hampshire/Child Family Health Support program that received further evaluation/treatment for perinatal depression, following identification by a formal validated depression screening
- Percent of postpartum women who report they are not pregnant at the exit of the program

Area served: Keene area (See attached list of communities.)

Source of Funds: 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, and United States Department of Health and Human Services, Administration for Children and Families.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
July 26, 2012
Page 4

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

Respectfully submitted,

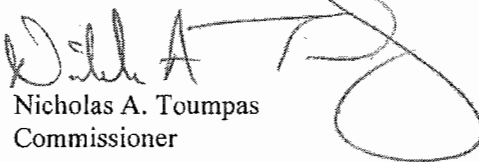


José Thier Montero, MD
Director



Terry Smith
Director
Division of Family Assistance

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/PMT/AK/DD/sc

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

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

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

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

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

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

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for one (1) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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