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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

September 4, 2014

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

REQUESTED ACTION

100% Federal funds

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into an agreement with the University of New Hampshire, Vendor #177867/B046, Office of Sponsored Research, 51 College Road, Room 116, Durham, NH 03824-3546, in an amount not to exceed \$180,000, to develop and implement projects leading to the adoption of tobacco free policies on the 23 campuses of the University System of New Hampshire and Community College System of New Hampshire, to be effective the date of Governor and Council approval, through August 31, 2016.

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

05-95-90-902010-5608 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH & COMMUNITY SERVICES, TOBACCO PREVENTION AND CONTROL PROGRAM

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2015	102-500731	Contracts for Prog Svc	90018000	75,000
SFY 2016	102-500731	Contracts for Prog Svc	90018000	90,000
SFY 2017	102-500731	Contracts for Prog Svc	90018000	15,000
			Total	\$180,000

EXPLANATION

Funds in this agreement will be used to develop and implement projects leading to adoption of tobacco free policies that promote healthy campus norms and optimal learning environments by eliminating tobacco use and exposure to secondhand and thirdhand smoke on the 23 college campuses of the University System of New Hampshire and the Community College System of New Hampshire.

More than 80% of tobacco use begins before the age of 18 with 99% of use occurring by the age of 26. Anecdotal evidence has uncovered a relatively new phenomenon where by youth and

young adults' transition from high school to attend college and in doing so take up smoking and/or vaping (Electronic Nicotine Delivery System use) and develop a "2 or 4-year quit plan." As graduation approaches, students realize that quitting tobacco use is more difficult than they first thought.¹

Increasing the number and types of places that prohibit tobacco use aligns with the *National Prevention Strategy, Tobacco Free Living* and other evidence-based tobacco control policies. Smoke free and tobacco free policies improve indoor air quality, reduce negative health outcomes among nonsmokers, decrease cigarette consumption, encourage smokers to quit, and improve the appearance of college campuses.²

Should Governor and Executive Council not authorize this Request, the opportunity to eliminate tobacco use and exposure to secondhand and thirdhand smoke through adoption of voluntary tobacco-free policies on college campuses, is greatly reduced.

The University 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 June 23, 2014 through July 29, 2014.

Three proposals were received in response to the Request for Proposals. Five reviewers who work internal to the Department reviewed the proposals. The reviewers represent seasoned public health administrators and managers who have from eight to 34 years' experience managing agreements with vendors for various public health programs. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made through consensus scoring. The Bid Summary is attached.

As referenced in the Request for Proposals and in the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire, this competitively procured Agreement may be amended at any time to change the scope, cost, period of performance, specific deliverables or any other part of the Cooperative Project Agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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

- Increase the number of Community Colleges/Universities in New Hampshire adopting voluntary tobacco-free campus policies.

Area served: Statewide.

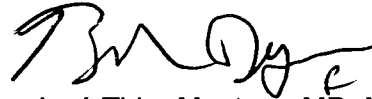
¹ U.S. Department of Health and Human Services, **Surgeon General Report on Preventing Tobacco Use Among Youth and Young Adults, 2012.**, <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>

² National Prevention Council, **National Prevention Strategy, America's Plan for Better Health and Wellness, Priorities: Tobacco Free Living, June 2011, p28**
<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>

Source of Funds: 100% Federal Funds from Centers for Disease Control and Prevention.

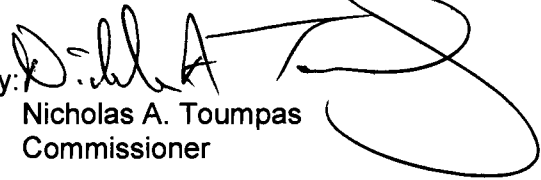
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by:



Nicholas A. Toumpas
Commissioner



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

NH Tobacco Prevention and Control
Program _____
RFP Name _____

#15-DHHS-DPHS-TPCP-04
RFP Number _____

Reviewer Names

1. Donna Fleming, Administrator, 11 Yrs Experience
2. Susan Morrison, Health Promotion Advisor, 8 Yrs Experience
3. Jessica Morton, Health Promotion Advisor, 13 Yrs Experience
4. Dolores Cooper, Financial Manager, 34 Years Experience
5. Shelley Swanson, Administrator, 21 Years Experience

Pass/Fail	Maximum Points	Actual Points	%
	140	54	39%
	140	115	82%
	140	123	88%

1. **K. Kirkwood Consulting, LLC**
2. **Trustees of Dartmouth College**
3. **University System of New Hampshire**

COOPERATIVE PROJECT AGREEMENT

between the

STATE OF NEW HAMPSHIRE, **Department of Health and Human Services**

and the

University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

- A. This Cooperative Project Agreement (hereinafter "Project Agreement") is entered into by the State of New Hampshire, **Department of Health and Human Services**, (hereinafter "State"), and the University System of New Hampshire, acting through **University of New Hampshire**, (hereinafter "Campus"), for the purpose of undertaking a project of mutual interest. This Cooperative Project shall be carried out under the terms and conditions of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified herein.
- B. This Project Agreement and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire approve this Project Agreement ("Effective date") and shall end on **8/31/16**. If the provision of services by Campus precedes the Effective date, all services performed by Campus shall be performed at the sole risk of Campus and in the event that this Project Agreement does not become effective, State shall be under no obligation to pay Campus for costs incurred or services performed; however, if this Project Agreement becomes effective, all costs incurred prior to the Effective date that would otherwise be allowable shall be paid under the terms of this Project Agreement.
- C. The work to be performed under the terms of this Project Agreement is described in the proposal identified below and attached to this document as Exhibit A, the content of which is incorporated herein as a part of this Project Agreement.

Project Title: **Tobacco Prevention and Control Program**

Voluntary Adoption of Tobacco Free Policies on USNH College Campuses

- D. The Following Individuals are designated as Project Administrators. These Project Administrators shall be responsible for the business aspects of this Project Agreement and all invoices, payments, project amendments and related correspondence shall be directed to the individuals so designated.

State Project Administrator

Name: Donna Fleming
 Address: NH DHHS DPHS
Tobacco Prevention & Control Progrm
29 Hazen Drive
Concord, NH 03301-6503
 Phone: 603-271-5898

Campus Project Administrator

Name: Dianne Hall
 Address: University of New Hampshire
Sponsored Programs Administration
51 College Rd. Rm 116
Durham, NH 03824-3546
 Phone: 603-862-1942

- E. The Following Individuals are designated as Project Directors. These Project Directors shall be responsible for the technical leadership and conduct of the project. All progress reports, completion reports and related correspondence shall be directed to the individuals so designated.

State Project Director

Name: Susan Morrison
 Address: NH DHHS DPHS
Tobacco Prevention & Control Progrm
29 Hazen Drive
Concord, NH 03301-6503
 Phone: 603-271-6684

Campus Project Director

Name: Amy Schwartz
 Address: Director, Health Care Cost Containment
University of New Hampshire
10 West Edge Dr., Suite 102Q
Durham, NH 03824-3546
 Phone: 603-862-5099

Campus Authorized Official KS
 Date 9/29/14

F. Total State funds in the amount of \$180,000 have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

Check if applicable

Campus will cost-share _____ % of total costs during the term of this Project Agreement.

Federal funds paid to Campus under this Project Agreement are from Grant/Contract/Cooperative Agreement No. 2U58DP001979-06 from Centers for Disease Control and Prevention under CFDA# 93.283. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

G. Check if applicable

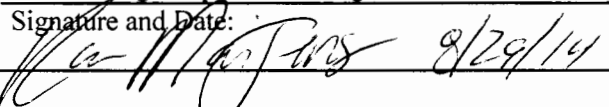
Article(s) _____ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002 is/are hereby amended to read:

H. State has chosen **not to take** possession of equipment purchased under this Project Agreement.
 State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

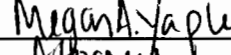
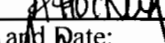
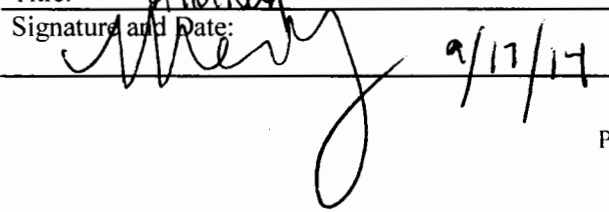
This Project Agreement and the Master Agreement constitute the entire agreement between State and Campus regarding this Cooperative Project, and supersede and replace any previously existing arrangements, oral or written; all changes herein must be made by written amendment and executed for the parties by their authorized officials.

IN WITNESS WHEREOF, the University System of New Hampshire, acting through the **University of New Hampshire** and the State of New Hampshire, **Department of Health and Human Services** have executed this Project Agreement.


**By An Authorized Official of:
University of New Hampshire**

Name: Karen M. Jensen
Title: Manager, Sponsored Programs Administration
Signature and Date:  8/29/14

**By An Authorized Official of: the New
Hampshire Office of the Attorney General**

Name: 
Title: 
Signature and Date:  9/17/14

**By An Authorized Official of:
Department of Health and Human Svcs**

Name: Brook Dupee
Title: Bureau Chief
Signature and Date:  9/16/14

**By An Authorized Official of: the New
Hampshire Governor & Executive Council**

Name: _____
Title: _____
Signature and Date: _____

EXHIBIT A

A. Project Title: TPCP - Voluntary Adoption of Tobacco Free Policies on USNH College Campuses

B. Project Period: Date of Governor and Council Approval through August 31, 2016

C. Objectives:

1. Develop and implement projects leading to adoption of tobacco free policies on the 23 campuses of the University System of New Hampshire (USNH) and Community College System of New Hampshire (CCSNH) to promote healthy campus norms and optimal learning environments by eliminating tobacco use and exposure to secondhand and thirdhand smoke.
2. Improve the health and well-being of people who live, work, play and visit USNH and CCSNH college campuses in New Hampshire.
3. Provide support to stakeholders about the importance of implementing tobacco free policies, strategies and plans.

D. Scope of Work:

1. Required Services

The Campus shall

- 1.1. Develop and implement projects leading to adoption of tobacco-free policies that promote healthy campus norms and optimal learning environments by eliminating tobacco use and exposure to secondhand and thirdhand smoke on the 23 college campuses of the USNH and CCSNH.
- 1.2. Use evidence-based practices to improve the health and well-being of adults who live, work, play and visit college campuses in New Hampshire
- 1.3. Demonstrate evidence based practices for oversight and monitoring of the project;
- 1.4. Provide support to stakeholders about the importance of implementing tobacco free policies, strategies and plans.
- 1.5. Ensure plans include communication about local tobacco-use treatment resources and 1-800-QUIT-NOW
- 1.6. Work with TPCP to finalize the year one (1) work plan within 30 days of the contract effective date.
- 1.7. The populations served by this RFP include people who live, work, play, and visit university/college campuses in New Hampshire (USNH and CCSNH).
- 1.8. Meet with TPCP staff as needed.

E. Deliverables Schedule:

1. Compliance Requirements

- 1.1. As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the Contractor must submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within 10 days of the contract effective date.

2. Reporting Requirements

- 2.1. The Campus will submit reports to the DHHS, on their progress towards meeting the requirements of this contract, on a quarterly basis.

3. Anticipated Outcomes

- 3.1. Within 30 days of the contract effective date, process objectives will be determined by the Campus and outlined in the narrative and in year one of the work.
- 3.2. Develop and implement comprehensive tobacco free campus policies at 75% of the (n = 17) campuses within USNH and CCSNH by August 31, 2016.
- 3.3. Develop and implement a comprehensive tobacco free communications strategy at 100% of the campuses within USNH and CCSNH by August 31, 2016.

4. Performance Indicators/Measures

- 4.1. Increase the number of Community Colleges/Universities in New Hampshire adopting tobacco-free campus policies.

F. Budget and Invoicing Instructions: See attached Exhibit B-1 Budgets

Invoicing Instructions

1) Funding Sources:

- a. \$75,000 = 100% federal funds from the Centers for Disease Control and Prevention, CFDA #93.283, Federal Award Identification Number (FAIN), U58DP001979, SFY 2015.
 - b. \$90,000 = 100% federal funds from the Centers for Disease Control and Prevention, CFDA #93.283, Federal Award Identification Number (FAIN), U58DP001979, SFY 2016
 - c. \$15,000 = 100% federal funds from the Centers for Disease Control and Prevention, CFDA #93.283, Federal Award Identification Number (FAIN), U58DP001979, SFY 2017.
- \$180,000 Total

- 2) The State shall pay the Campus an amount not to exceed \$180,000 for the services provided by the Campus pursuant to Exhibit A.

a. Payment for said services shall be made as follows:

The Campus will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Campus within thirty (30) days of receipt of each invoice for Campus services provided pursuant to this Agreement. The final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date.

b. The invoice must be submitted to:

Department of Health and Human Services
Division of Public Health Services
Email address: DPHScontractbilling@dhhs.state.nh.us

- 3) The Campus agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in Exhibit B-1 Budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Campus agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not

approved by the State. DHHS funding may not be used to replace funding for a program already funded from another source.

- 4) This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month. Funds available per State Fiscal Year (SFY), must be expended within that SFY term unless a carryforward request of unexpended funds is made to, and approved by, the NH DHHS and federal funder identified in #1 above.
 - 5) Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Campus to cover the costs and expenses incurred upon compliance with reporting requirements and performance and utilization review. Campus will keep detailed records of their activities related to DHHS-funded programs and services.
 - 6) Campus is accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded Campus' current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.
 - 7) The Campus shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.
- G. Exhibit J - Certification Regarding the Federal Funding Accountability And Transparency Act (FFATA) Compliance. See attached Exhibit J.

EXHIBIT B

This Project Agreement is funded under a Grant/Contract/Cooperative Agreement to State from the Federal sponsor specified in Project Agreement article F. All applicable requirements, regulations, provisions, terms and conditions of this Federal Grant/Contract/Cooperative Agreement are hereby adopted in full force and effect to the relationship between State and Campus, except that wherever such requirements, regulations, provisions and terms and conditions differ for INSTITUTIONS OF HIGHER EDUCATION, the appropriate requirements should be substituted (e.g., OMB Circulars A-21 and A-110, rather than OMB Circulars A-87 and A-102). References to Contractor or Recipient in the Federal language will be taken to mean Campus; references to the Government or Federal Awarding Agency will be taken to mean Government/Federal Awarding Agency or State or both, as appropriate.

Special Federal provisions are listed here: None or .

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: University System of New Hampshire

NH Tobacco Prevention and Control
Budget Request for: Program
(Name of RFP)

SFY 2015 (Date of G&C Approval -
Budget Period: 06/30/2015)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 24,878.00	\$ 3,731.00	\$28,609.00	
2. Employee Benefits	\$ 9,578.00	\$ 1,437.00	\$11,015.00	University of NH Facilities & Administration Costs Waiver reduced Indirect/Fixed Cost rate from 38.5% to 15%
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 3,320.00	\$ 498.00	\$ 3,818.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 13,332.00	\$ 2,000.00	\$15,332.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Sub-agreements / Consultants / Service Providers	\$ 14,110.00	\$ 2,116.00	\$16,226.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 65,218.00	\$ 9,782.00	\$75,000.00	

Indirect As A Percent of Direct

15.0%

Exhibit B-1 Budget

Contractor Initials: 165

Date: 8/29/14

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: University System of New Hampshire

NH Tobacco Prevention and Control
Budget Request for: Program
(Name of RFP)

Budget Period: SFY 2016 (07/01/2015 - 06/30/2016)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 30,571.00	\$ 4,586.00	\$35,157.00	
2. Employee Benefits	\$ 11,770.00	\$ 1,765.00	\$13,535.00	University of NH
3. Consultants	\$ -	\$ -	\$ -	Facilities & Administration
4. Equipment:	\$ -	\$ -	\$ -	Costs Waiver reduced
Rental	\$ -	\$ -	\$ -	Indirect/Fixed Cost rate
Repair and Maintenance	\$ -	\$ -	\$ -	from 38.5% to 15%
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,500.00	\$ 225.00	\$ 1,725.00	
6. Travel	\$ 5,000.00	\$ 750.00	\$ 5,750.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 14,420.00	\$ 2,163.00	\$16,583.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Sub-agreements / Consultants / Service Providers	\$ 15,000.00	\$ 2,250.00	\$17,250.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 78,261.00	\$11,739.00	\$90,000.00	

Indirect As A Percent of Direct

15.0%

Exhibit B-1 Budget

Contractor Initials: KS

Date: 8/29/14

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: University System of New Hampshire

NH Tobacco Prevention and Control
Budget Request for: Program
(Name of RFP)

Budget Period: SFY 2017 (07/01/2016 - 08/31/2016)

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,094.00	\$ 765.00	\$ 5,859.00	
2. Employee Benefits	\$ 1,961.00	\$ 295.00	\$ 2,256.00	University of NH
3. Consultants	\$ -	\$ -	\$ -	Facilities & Administration
4. Equipment:	\$ -	\$ -	\$ -	Costs Waiver reduced
Rental	\$ -	\$ -	\$ -	Indirect/Fixed Cost rate
Repair and Maintenance	\$ -	\$ -	\$ -	from 38.5% to 15%
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 680.00	\$ 102.00	\$ 782.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 2,418.00	\$ 362.00	\$ 2,780.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Sub-agreements / Consultants / Service Providers	\$ 2,890.00	\$ 433.00	\$ 3,323.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 13,043.00	\$ 1,957.00	\$ 15,000.00	

Indirect As A Percent of Direct

15.0%

Exhibit B-1 Budget

Contractor Initials: KS

Date: 8/29/14



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

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

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

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

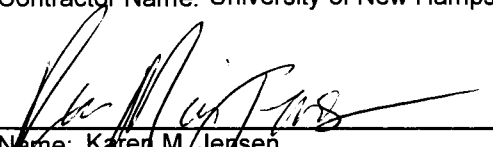
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

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

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

Contractor Name: University of New Hampshire

8/29/14
Date


Name: Karen M. Jensen
Title: Manager, Sponsored Programs Administration



FORM A

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

1. The DUNS number for your entity is: 11-108-9470
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____