



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

March 22, 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 Infectious Disease Control to enter into an agreement with JSI Research and Training Institute, Inc., dba Community Health Institute (Vendor #161611-B001), 501 South Street, 2nd Floor, Bow, New Hampshire 03304, in an amount not to exceed \$136,900.00, to design, conduct and evaluate Alternate Care Sites (ACS) workshops and ACS functional exercises in the 13 Public Health Regions in New Hampshire, to be effective May 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2014.

Funds are available in the following account for SFY 2013, and are anticipated to be available 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.

*100% OTHER - US DHS THROUGH NH DOS
100% FUND*

05-95-90-902510-5917 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, MMRS

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Prog Svc	90079101	\$46,055.19
SFY 2014	102-500731	Contracts for Prog Svc		\$90,844.81
			Total	\$136,900.00

EXPLANATION

Funds in this agreement will be used to design, conduct and evaluate ACS workshops and ACS functional exercises in the 13 Public Health Regions in New Hampshire in order to test and assess each Region's operational plan and proficiency in the critical task of providing supplemental oxygen, to those who require it, in ACS and shelters during emergencies. Under this agreement, each Public Health Region will participate in a community-based workshop to familiarize all participants with the operational plan, as well as a subsequent functional exercise to practice and test those plans by simulating an emergency situation and actually setting up patient beds and the equipment and supplies necessary to administer supplemental oxygen to those patients.

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This project supports essential community preparedness and operational proficiency by further developing multi-agency and multi-partnered community planning, response and recovery efforts already in place within the State of New Hampshire. The operational proficiency of each of the Public Health Regions in providing community based-medical care, including the use of supplemental oxygen, at ACS and mass care shelters and the utilization of trained and experienced Emergency Medical Services and hospital personnel in the use of critical care ventilators is an essential component of saving lives in a no-notice or prolonged public health emergency event. Chemical and burn events may require life saving oxygen or critical care within minutes to hours after the initial event.

Should Governor and Executive Council not authorize this Request, there would be an increased risk of a less-than-optimal response during public health emergencies, in providing supplemental oxygen to those who need it in temporary regional alternate care sites and mass care shelters.

JSI Research and Training Institute, Inc., dba Community Health Institute 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 January 11, 2013 through February 11, 2013. In addition, a notification regarding the RFP was sent to 47 potential bidders, and a bidder's teleconference was held on January 23, 2013.

Two proposals were submitted in response to the Request for Proposals. The review team was made up of five reviewers: four internal reviewers with expertise in public health emergency preparedness exercises and/or contract oversight, and one external reviewer with expertise in state contracting for emergency preparedness exercises. All reviewers had between five and twenty-three years of experience in managing agreements with vendors for various public health programs, and in emergency preparedness planning and exercises. The scoring criteria focused on the bidder's capacity to perform the scope of services, and also on the completeness and quality of the justification for the proposed budget. The proposal selected had the highest average score among all the reviewers, and the reviewers evaluated that proposal's budget justification as clear and responsive to the requirements of the Request for Proposals. 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 additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is the initial agreement with this Contractor for these services.

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

- The number of workshops conducted and completed within 120 days of contract approval.
- The percent of workshop participants that rate workshop programs as either "excellent" or "very good."
- The number of U.S. Department of Homeland Security Exercise and Evaluation Program-compliant functional exercises initiated within 90 days from workshop completion and accomplished within 6 months.

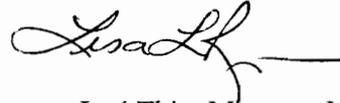
Area served: statewide.

Source of Funds: 100% Other Funds, from the U.S. Department of Homeland Security's grant to the New Hampshire Department of Safety.

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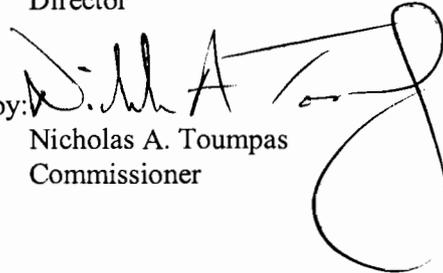
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/ma

Contract Purpose Exercises-Regional Plans for Administering Supplemental Oxygen in Public Health Emergencies

RFP Score Summary

RFA/RFP CRITERIA	Max Pts	CDR Maguire, Inc.	John Snow Research and Training Institute, Inc. dba Community Health Institute
Agy Capacity	30	23.80	26.20
Program Structure	50	40.20	45.60
Budget & Justification	15	10.80	13.60
Format	5	3.20	4.60
Total	100	78.00	90.00
BUDGET REQUEST			
Year 01		\$136,900	\$136,900
Year 02		-	-
Year 03		-	-
TOTAL BUDGET REQUEST		136,900.00	136,900.00
BUDGET AWARDED			
Year 01		-	-
Year 02		-	-
Year 03		-	-
TOTAL BUDGET AWARDED		-	136,900.00

RFP Reviewers	Name	Job Title	Dept/Agency	Qualifications
1	Christine Adamski	Bureau Chief	DHHS/Division of Public Health Services	Members of the review team included DHHS staff with expertise in public health emergency preparedness planning and exercises, as well as non-DHHS staff with expertise in state contracting for exercise services. The scoring criteria focused on the bidders capacity to perform the scope of services.
2	Mark Andrew	Administrator	DHHS/Division of Public Health Services	
3	Katya Brennan	Emergency Management Training Officer	Department of Safety/Homeland Security and Emergency Management	
4	Carole Totzkay	Public Health Preparedness Planner	DHHS/Emergency Services Unit	
5	Neil Twitchell	Administrator I	DHHS/Division of Public Health Services	

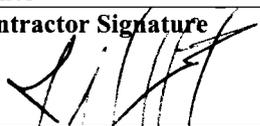
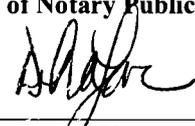
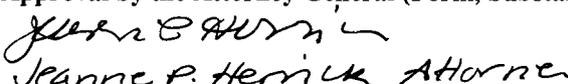
Subject: Exercises-Regional Plans for Administering Supplemental Oxygen in Public Health Emergencies

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name JSI Research & Training Institute, Inc. dba Community Health Institute		1.4 Contractor Address 501 South Street, 2 nd Floor Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Number 05-95-90-902510-5917-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation \$136,900
1.9 Contracting Officer for State Agency Lisa L. Bujno, MSN, APRN Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart, Director	
1.13 Acknowledgement: State of <u>New Hampshire</u> , County of <u>Merrimack County</u> On <u>March 18, 2013</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace DEBRA L. LOVE, Notary Public My Commission Expires December 3, 2013			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Jeanne P. Herrick, Attorney On: <u>11 Apr. 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

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

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

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

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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

NH Department of Health and Human Services

Exhibit A

Scope of Services

Exercises-Regional Plans for Administering Supplemental Oxygen In Public Health Emergencies

CONTRACT PERIOD: May 1, 2013 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: JSI Research & Training Institute, Inc. dba Community Health Institute
501 South Street, 2nd Floor

ADDRESS: Bow, NH 03304

Director: Jonathan Stewart

TELEPHONE: (603) 573-3300

The Contractor shall:

I. General Provisions

A. Required Services

1. Design, implement and evaluate a minimum of 10 Alternate Care Sites (ACS) workshops, to be conducted by 7/31/13.
 - (a) Within 30 days of contract approval, a detailed narrative and comprehensive timeline of the process to conduct 10 workshops that will encompass all 13 Public Health Networks (PHNs) will be provided to Division of Public Health Services (DPHS).
 - (b) Workshop materials will include community medical surge plans and a scenario to include the implementation of low flow oxygen within an ACS setting.
 - (c) Workshop planning and development must include coordination with 13 PHNs and healthcare system partners including oxygen vendors.
 - (d) Within 30 days following the completion of the workshops, the contractor will provide DPHS with a draft after action report for review and input.
 - (e) Within 60 days following the completion of the workshops, the contractor will provide DPHS a final summary analysis of the workshops and recommendations for plan and process improvements.
2. Design, implement and evaluate 13 ACS functional exercises in each PHN, to be conducted by 6/30/14.
 - (a) The functional exercises will be conducted in accordance with the current Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.
 - (b) The exercises will be initiated within 90 days of the completion of ACS workshops and all functional exercises will be conducted within 6 months from initiation. The functional exercise must include: community medical surge plans for ACSs and the provision of low flow oxygen to patients within an ACS setting.
 - (c) Exercise planning, development and operations must include coordination with 13 PHNs and healthcare system partners including oxygen vendors and specifically the deployment of the NH Metropolitan Medical Response System (MMRS).

B. Numbers Served per Fiscal Year

Service	Target Audience	Number Served
Workshops	Regional Planning Partners	260
Functional Drills	Regional Planning Partners	390

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access public health services under both normal circumstances and during public health emergencies. To ensure equal access to services, the DPHS expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of the state and local communities as described in State, regional and local emergency preparedness plans and guidance documents.
2. Promote the knowledge and skills necessary for staff to provide services under this agreement that are responsive to the cultural and linguistic needs of NH residents.

The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed.

D. State and Federal Laws

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

1. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offences.

E. Relevant Policies and Guidelines

1. Comply with all NH DPHS policies and procedures pertaining to the provision of these services.
2. Ensure the content of all technical assistance and educational materials is consistent with the National Incident Management System (NIMS) and Incident Command System (ICS).
3. Ensure the content of technical assistance and educational materials is consistent with policies, plans and guidance issued by the DPHS, DHHS and Homeland Security and Emergency Management (HSEM).

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, websites, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

G. Subcontractors

When services required to comply with this Exhibit are provided by a subcontractual agreement the DPHS must be notified in advance. Contractors must obtain a written approval prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

II. Minimal Standards of Core Services

A. General Service Requirements

1. Consistent incomplete or delinquent reporting will be grounds for termination of funding. Monthly invoices will not be processed for payment if reporting is not on time and/or complete.

B. Staffing Provisions

New Hires

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

Vacancies

1. The Contractor must notify the DPHS in writing if any of the key professional staff positions funded under this agreement are vacant for more than three months. This may be done through a budget revision. In addition, the DPHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

C. Coordination of Services

All funded agencies will collaborate and assist with statewide planning processes, including needs assessments that address public health infrastructure or public health emergency planning.

III. Quality or Performance Improvement (QI/PI)

A. Data and reporting requirements

The Contractor shall submit to the DPHS the following data used to monitor program performance:

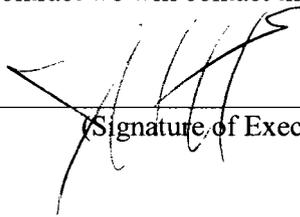
1. Quarterly reports on programmatic activities and plans for the coming quarter using a format developed and provided by the DPHS. Reports will be due to the DPHS within 30 days of the end of each calendar quarter of the contract period. These reports will include a narrative of work completed or in process during the past quarter and plans for the upcoming quarter, including any challenges/barriers to completing the requirements described in this Exhibit A.
2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

B. On-site reviews

1. The Contractor shall allow a team or person authorized by the DPHS to periodically review the Contractor's systems of governance, administration, data collection and submission, and financial management in order to assure systems are adequate to provide the contracted services.
2. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
3. On-site reviews may be waived or abbreviated at the discretion of the DPHS. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance.

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the DPHS immediately for additional guidance.

Executive Director: _____



(Signature of Executive Director)

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NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

Exercises-Regional Plans for Administering Supplemental Oxygen In Public Health Emergencies

CONTRACT PERIOD: May 1, 2013 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: JSI Research & Training Institute, Inc. dba Community Health Institute
501 South Street, 2nd Floor

ADDRESS: Bow, NH 03304

Director: Jonathan Stewart

TELEPHONE: (603) 573-3300

Vendor #161611-B001

Job #90079101

Appropriation #05-95-90-902510-5917-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

\$136,900 for exercises in Public Health Regions to assess their operational proficiency in providing low-flow oxygen in Alternate Care Sites and Mass Care Shelters, funded from 100% Other Funds, originally awarded to the New Hampshire Department of Safety as 100% Federal Funds from the U.S. Department of Homeland Security, CFDA #97.067.

TOTAL: \$136,900

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

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added:

14.1.1 comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence and excess/umbrella liability coverage in the amount of \$1,000,000 per occurrence, and.

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, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Authority to Adjust**

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

18. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

- 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
- 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

SPECIAL PROVISIONS – DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

Contractor Initials: SY
Date: 3/18/13

NH Department of Health and Human Services

Standard Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I – FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- 2) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

501 South Street, Second Floor, Bow, NH 03304

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

JSI Research & Training Institute, Inc. dba Community Health Institute

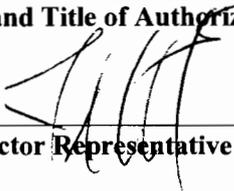
Contractor Name

From: May 1, 2013 or date of G&C Approval, whichever is later To: June 30, 2014

Period Covered by this Certification

Jonathan Stewart, Director

Name and Title of Authorized Contractor Representative



Contractor Representative Signature

March 18, 2013

Date

NH Department of Health and Human Services

Standard Exhibit E

CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

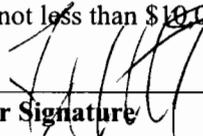
- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title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

Contract Period: May 1, 2013 or date of G&C Approval, whichever is later, through June 30, 2014

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

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

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



Contractor Signature Director
Contractor's Representative Title

JSI Research & Training Institute, Inc. dba Community Health Institute March 18, 2013
Contractor Name Date

NH Department of Health and Human Services

Standard Exhibit F

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

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

Instructions for Certification

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

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

PRIMARY COVERED TRANSACTIONS

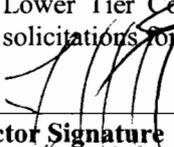
1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b.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

Lower Tier Covered Transactions

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

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

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

 _____ Contractor Signature	Director _____ Contractor's Representative Title
JSI Research & Training Institute, Inc. dba Community Health Institute _____ Contractor Name	March 18, 2013 _____ Date

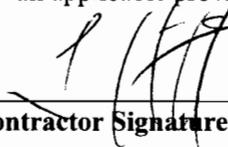
NH Department of Health and Human Services

Standard Exhibit G

CERTIFICATION REGARDING THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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

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



Contractor Signature **Director**
Contractor's Representative Title

JSI Research & Training Institute, Inc. dba Community Health Institute March 18, 2013

Contractor Name **Date**

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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



Contractor Signature

Director

Contractor's Representative Title

JSI Research & Training Institute, Inc. dba
Community Health Institute

Contractor Name

March 18, 2013

Date

NH Department of Health and Human Services

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

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

NH Department of Health and Human Services

STANDARD EXHIBIT J

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

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

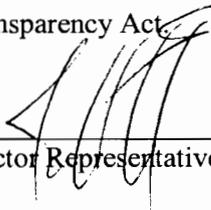
In accordance with 2 CFR Part 170 (*Reporting Sub-award and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any sub-award or contract award subject to the FFATA reporting requirements:

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

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

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

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



(Contractor Representative Signature)

Jonathan Stewart, Director

(Authorized Contractor Representative Name & Title)

JSI Research & Training Institute, Inc. dba Community Health Institute

(Contractor Name)

March 18, 2013

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT J

FORM A

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

1. The DUNS number for your entity is: 14-5729117

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

NO X YES

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

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

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

NO X YES

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

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

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

Name: _____ Amount: _____

State of New Hampshire Department of State

CERTIFICATE

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



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd 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/AUTHORITY

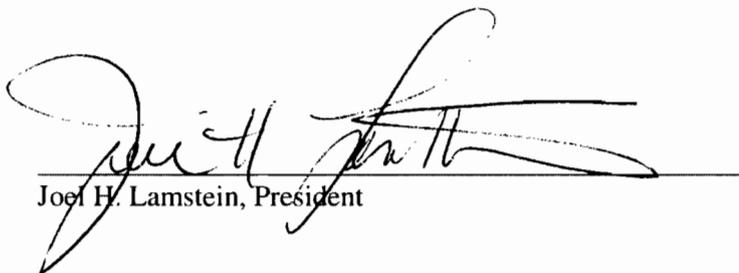
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

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

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

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of March 18, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 18th day of March, 2013.



Joel H. Lamstein, President

STATE OF New Hampshire
COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 18th day of March, 2013 by Joel H. Lamstein.



Notary Public/Justice of the Peace
My Commission Expires: _____ **DEBRA L. LOVE, Notary Public**
~~My Commission Expires December 3, 2013~~



INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying statement of financial position of JSI Research and Training Institute, Inc. (a Massachusetts non-profit organization) as of September 30, 2011, and the related statements of activities, functional expenses, and cash flows for the year then ended. 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 audit. The prior year summarized comparative information has been derived from JSI Research and Training Institute, Inc.'s 2010 financial statements, and in our report dated April 20, 2011, we expressed an unqualified opinion on those financial statements.

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 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 JSI Research and Training Institute, Inc. as of September 30, 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 a report dated April 10, 2012 on our consideration of JSI Research and Training Institute, Inc.'s internal control over financial reporting and 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 the internal control over financial reporting or on

compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of JSI Research and Training Institute, Inc. taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the 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 basic 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 basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

A handwritten signature in black ink that reads "Norman R. Fongae CPA". The signature is written in a cursive style with a large, stylized initial "N".

Duxbury, Massachusetts
April 10, 2012

JSI Research and Training Institute, Inc.
STATEMENT OF FINANCIAL POSITION

September 30, 2011

(With Comparative Totals for 2010)

	2011	2010
ASSETS		
Current Assets:		
Cash and cash equivalents	\$ 30,376,741	\$ 22,222,390
Receivables for program work:		
U.S. Department of Health and Human Services	82,270	198,704
Commonwealth of Massachusetts	263,550	393,705
Other	1,658,434	2,184,411
Field advances - program	411,461	827,751
Employee advances	73,816	55,043
Total Current Assets	32,866,272	25,882,004
Property and Equipment:		
Office furniture and equipment	219,206	216,302
Less: Accumulated depreciation	(213,516)	(207,516)
Net Property and Equipment	5,690	8,786
Other Assets:		
Deposits	43,545	32,700
TOTAL ASSETS	\$ 32,915,507	\$ 25,923,490
 LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and payroll withholdings	\$ 1,910,386	\$ 1,521,110
Accrued vacation	915,939	862,375
Advances for program work:		
U.S. Agency for International Development	2,497,939	2,964,688
U.S. Dept. of Health and Human Services	18,352	80,850
U.S. Dept. of Homeland Security	-	164,274
Other	16,166,468	12,312,577
Loans payable	572,193	402,389
Contingencies	-	-
Total Current Liabilities	22,081,277	18,308,263
Net Assets:		
Unrestricted	10,834,230	7,615,227
Total Net Assets	10,834,230	7,615,227
TOTAL LIABILITIES AND NET ASSETS	\$ 32,915,507	\$ 25,923,490

See notes to financial statements.

JSI Research and Training Institute, Inc.
STATEMENT OF ACTIVITIES
Year Ended September 30, 2011
(With Comparative Totals for 2010)

	2011	2010
UNRESTRICTED NET ASSETS:		
Public Support and Revenue		
Public Support:		
Government grants and contracts:		
U.S. Government	\$ 113,359,455	\$ 95,692,642
Commonwealth of Massachusetts	4,116,778	3,796,608
Other grants and contracts	28,472,866	51,151,395
Program income	211,341	366,501
Contributions	1,254,616	313,287
In Kind Project Contributions	3,676,017	12,263,648
Interest income	28,928	29,380
Total Unrestricted Support and Revenue	151,120,001	163,613,461
Expenses		
Program Services:		
International programs	125,569,002	141,003,887
Domestic programs	9,499,017	8,568,232
Total Program Services	135,068,019	149,572,119
Supporting Services:		
Management and General	12,832,979	12,170,236
Total Expenses	147,900,998	161,742,355
Increase (Decrease) in Unrestricted Net Assets	3,219,003	1,871,106
Net Assets at Beginning of Year	7,615,227	5,744,121
Net Assets at End of Year	\$ 10,834,230	\$ 7,615,227

See notes to financial statements.

JSI Research and Training Institute, Inc.
STATEMENT OF CASH FLOWS
Year Ended September 30, 2011
(With Comparative Totals for 2010)

	<u>2011</u>	<u>2010</u>
Cash Flows From Operating Activities:		
Increase (Decrease) in net assets	\$ 3,219,003	\$ 1,871,106
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	6,000	4,000
(Increase) Decrease in receivables for program work	772,566	(641,246)
(Increase) Decrease in field advances - program	416,290	2,072,423
(Increase) Decrease in employee advances	(18,773)	24,479
(Increase) Decrease in deposits	(10,845)	(3,000)
Increase (Decrease) in accounts payable and payroll withholdings	389,276	(1,560,523)
Increase (Decrease) in accrued vacation	53,564	86,471
Increase (Decrease) in advances for program work	<u>3,160,370</u>	<u>2,317,443</u>
Net Cash Provided (Used) By Operating Activities	7,987,451	4,171,153
Cash Flows From Investing Activities:		
Acquisition of property and equipment	<u>(2,904)</u>	<u>(7,248)</u>
Net Cash Provided (Used) By Investing Activities	(2,904)	(7,248)
Cash Flows From Financing Activities:		
Proceeds from loans payable	804,124	697,762
Payments of loans payable	<u>(634,320)</u>	<u>(513,957)</u>
Net Cash Provided (Used) By Financing Activities	<u>169,804</u>	<u>183,805</u>
Net Increase (Decrease) in Cash and Cash Equivalents	8,154,351	4,347,710
Cash and Cash Equivalents at Beginning of Year	<u>22,222,390</u>	<u>17,874,680</u>
Cash and Cash Equivalents at End of Year	<u>\$ 30,376,741</u>	<u>\$ 22,222,390</u>

See notes to financial statements.

JSI Research and Training

Mission Statement

JSI Research and Training Institute was incorporated in 1987 as a 501©3 non-profit organization in the Commonwealth of Massachusetts. Our mission is to alleviate public health problems both in the United States and in developing countries around the world through applied research, technical assistance and training. JSI maintains offices in Boston, Massachusetts; Washington, D.C.; Denver, Colorado and Concord, New Hampshire; as well as seven overseas offices in developing nations. Since its inception, JSI has successfully completed more than 400 contracts in the health and human service fields.

Community Health Institute

Mission Statement

The Community Health Institute's mission is to support and strengthen New Hampshire's health care system by providing coordinated information dissemination and technical assistance resources to health care providers, managers, planners, and policy makers, statewide. Our success translates into improved access to quality health and social services for all New Hampshire residents.



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

501

South Street

Second Floor

Bow

New Hampshire

03304



Voice: 603.573.3300



Fax: 603.573.3301



A Division of

JSI Research & Training

Institute, Inc.

A Nonprofit Organization

Officers

<u>Name</u>	<u>Title</u>	<u>Term</u>
Joel H. Lamstein	President	2012 - 2013
Joel H. Lamstein	Treasurer	2012 - 2013
Patricia Fairchild	Clerk	2012 - 2013
Joanne McDade	Assistant Clerk	2012 - 2013

Board of Directors

<u>Name</u>	<u>Term</u>
Joel H. Lamstein	2012 - 2013
Patricia Fairchild	2012 - 2013
Herbert S. Urbach	2012 - 2013
Norbert Hirschhorn	2012 - 2013



New Hampshire's Public Health Institute

KEY ADMINISTRATIVE PERSONNEL

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

Agency Name: JSI Research & Training Institute, Inc. dba Community Health Institute

Name of Bureau/Section: Division of Public Health Services, Bureau of Infectious Disease Control, Exercises-Regional Plans for Administering Supplemental Oxygen in Public Health Emergencies

BUDGET PERIOD:	SFY 2013	May 1, 2013-June 30, 2013	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Jonathan Stewart, Director	\$114,756	0.00%	\$0.00
Susan Friedrich, Managing Director	\$138,000	0.00%	\$0.00
Amy Cullum, Project Director	\$87,000	3.25%	\$2,827.50
		0.00%	\$0.00
		0.00%	\$0.00
		0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$2,827.50

BUDGET PERIOD:	SFY 2013	July 1, 2013 - June 30, 2014	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Jonathan Stewart, Director	\$114,756	1.96%	\$2,249.22
Susan Friedrich, Managing Director	\$138,000	0.00%	\$0.00
Amy Cullum, Project Director	\$87,000	6.10%	\$5,307.00
		0.00%	\$0.00
		0.00%	\$0.00
		0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$7,556.22

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.

JONATHAN STEWART

JSI, d/b/a Community Health Institute, 501 South Street, Bow, New Hampshire 03304 (603) 573-3300 jstewart@jsi.com

EDUCATION

DUKE UNIVERSITY SCHOOL OF MEDICINE
Department of Health Administration
Masters in Health Administration - 1986

DUKE UNIVERSITY SCHOOL OF MEDICINE
Department Of Biochemistry
Masters in Biochemistry - 1984

UNIVERSITY OF DELAWARE
School of Arts & Sciences
Bachelor of Arts in Biology - 1981

EXPERIENCE

Community Health Institute/JSI, Bow, NH

September 2000 - present

Director

Provide technical assistance, training and evaluation to health and human service organizations to support the development of effective health care systems. Other professional experience includes:

North Country Health Consortium, Littleton, New Hampshire

January 1998 - August 2000

Founding Director of rural health care network formed by four hospitals, two community health centers, two home health care agencies, a mental health and developmental services organization, and a community action program; initiated development of the Northern NH Area Health Education Center program.

Ammonoosuc Community Health Services, Littleton, New Hampshire

November 1994 – December 1997

Operations Director of four site rural Community Health Center Network.

John Snow, Inc., Boston, Massachusetts

October 1986 – July 1994

Consultant providing assistance in areas of health services research and evaluation, market research, financial analysis and program management.

Selected Planning & Management Projects:

New Hampshire Public Health Emergency Planning Technical Assistance and Training - Provide technical assistance to NH Public Health Regions to assist with all aspects of planning for public health emergencies. Provide technical expertise in drafting regional Public Health Emergency Preparedness and Response Plans including a Pandemic Influenza Annex, Risk Communications, Medical Surge and All Health Hazards Plans.

NH DHHS, Community and Public Health Development Program - Project Director for initiative to provide technical assistance and training support to communities involved in development of improved local public health infrastructure, including capacity to respond to bioterrorism and other public health emergencies – worked with multiple partners to develop the statewide New Hampshire Public Health.

Robert Wood Johnson Foundation - Project Director for New Hampshire Turning Point Initiative. Project purpose was to develop sustainable strategies to improve local public health capacity.

Maine Health Access Foundation (MeHAF) - Project Director and facilitator for a visioning and planning process to initiate a multi-year, multi-phased initiative (the Integration Initiative) to transform the delivery of physical, mental health and substance use health care in Maine through better coordination and integration of these services.

Endowment for Health (Concord, NH) & UNH Institute for Health Policy & Practice - Project to improve access to health data for community health planning purposes; Led 10 community listening sessions and gathered information on other state approaches with an emphasis on web-based query and reporting systems.



Endowment for Health & NH Department of Health & Human Services: Co-Project Director of NH Systems Transformation and Realignment (NH STAR) initiative to pilot improved service delivery and funding systems for supporting children with mental health needs who are currently in or at-risk for out-of-home placement.

Selected Research Projects:

National Network of Public Health Institutes and Robert Wood Johnson Foundation - Qualitative Assessment of Local and State Health Officials awareness of, interest in, and capacity to employ computer modeling for emergency preparedness.

Endowment for Health - Study of the effect of New Hampshire's Community Benefits Law for Health Care Charitable Trusts. Cooperative effort with NHDHHS Office of Health Planning and the NH Office of the Attorney General.

Bureau of Health Professions (Rockville, Maryland) - Study of the effect of AIDS Education and Training Centers on physician attitudes and practices; Comparative analysis of parallel CDC-funded study of the general primary care physician population.

Selected Program Evaluation Projects:

Beyond Influence/Greater Nashua Community Prevention Collaborative (Nashua, NH) - Program Evaluator for regional coalition involved in statewide Strategic Prevention Framework (SAMSHA) initiative to prevent underage and binge drinking

Bridges to Prevention (Plymouth, NH) - Program Evaluator for regional coalition involved in statewide Strategic Prevention Framework (SAMSHA) initiative to prevent underage and binge drinking

Communities for Alcohol and Drug free Youth (Plymouth, NH) - Program Evaluator for community-based coalition involved in multiple initiatives to promote positive and healthy school and community environments for youth.

Community Response Group (Meredith, NH) - Program Evaluator for community-based coalition involved in multiple initiatives to promote positive and healthy school and community environments for youth.

NH Division of Alcohol & Drug Prevention & Recovery - Project Director for evaluation of state-wide ATOD prevention initiative involving multiple community-based coalitions implementing a range of programs including family strengthening, school-based education, mentoring and community action for environmental change.

Family Planning Private Sector Project (Nairobi, Kenya) - Operations research on cost effectiveness and sustainability of FP/MCH service delivery sites throughout Kenya to assist USAID in resource allocation decisions and to improve cost recovery capability of clinics.

SELECTED PUBLICATIONS & REPORTS

Rosenfeld, LA, Fox CE, Kerr D, Marziale E, Cullum A, Lota K, Stewart J, and Thompson MZ. "Use Of Computer Modeling For Emergency Preparedness Functions By Local And State Health Officials: A Needs Assessment". *J Public Health Management Practice*, 2009, 15(2), 96-104.

Stewart J, Kassler W, McLeod M. "Public Health Partnerships: A New Hampshire Dance". *Transformations in Public Health*, Winter 2002, Volume 3, Issue 3.

Stewart, JA, Wroblewski S, Colapietro J, Davis H. "Survey of US Physicians Trained by Regional AIDS Education and Training Centers". Abstract No. PO-D21-4047; IXth International Conference on AIDS. Berlin, Germany, June 6-11, 1993.

BOARDS AND AFFILIATIONS

Bridges to Prevention, Leadership Board, 2010 - present
National Network of Public Health Institutes, Board of Directors, 2008 – present
New Hampshire Public Health Services Improvement Council, 2008 – present
American Lung Association-NH Leadership Council, 2008-9
New Hampshire Healthy People 2010 Leadership Council; Co-chair, 2000-2002



SUSAN FRIEDRICH

JSI Research & Training, Inc. dba Community Health Institute
501 South Street · 2nd Floor, Bow, NH 03304 · (603) 573-3300

sfriedrich@jsi.com

EDUCATION

PROJECT MANAGEMENT INSTITUTE (PMI)
PROJECT MANAGEMENT PROFESSIONAL (PMP®), 2010

BOSTON UNIVERSITY GRADUATE SCHOOL OF MANAGEMENT
M.B.A., Concentration in Health Care Management, 1985

BROWN UNIVERSITY
Post-Baccalaureate, 1980 to 1982

AMHERST COLLEGE
B.A., Concentration in Biological Sciences, 1980

EXPERIENCE

John Snow, Inc. (JSI)

Managing Director, June 1985 to present

Provide consultation to public health and health care organizations in the areas of health services delivery, public health, practice management, managed care, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers. JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

Community Health Institute, NH's Public Health Institute, July 1995 to present

Executive Director, July 1995 to 2000

Established and operated the Community Health Institute (CHI), a public-private partnership between the New Hampshire Department of Health and Human Services and JSI. The CHI provides technical assistance to public health and health care organizations to improve the health, safety and well-being of people and communities in New Hampshire (NH).

Urban Family Health Partnership

Deputy Chief of Party, September 2000 to 2001

Served as Deputy for The Urban Family Health Partnership (UFHP) a project of the United States' Agency for International Development (USAID) in Bangladesh. Responsible for project implementation including overseeing professional staff responsible for quality monitoring, technical assistance and training. Lead responsibility for developing and implementing a strategy for institutional development to support long term sustainability of project partners and the health care delivery system. The Urban Family Health Partnership (UFHP) contracted with 25 non-governmental organizations (NGOs) to provide high quality and high impact family health services through a network of over 250 clinics and 2000 satellite locations serving 85 municipalities.

CONSULTANCIES:

Robert Wood Johnson Foundation, Princeton, New Jersey. Facilitated New Hampshire's Turning Point Initiative, a multi-year process to develop sustainable and innovative strategies to improve public health capacity in the State of New Hampshire. Responsible for facilitating work groups, developing consensus, and drafting recommendations and implementation strategies. Authored *2000 NH Public Health Improvement Plan*

Building the Public Health Network, NHDHHS, NH. Provide technical assistance and training support



to fifteen community-based public health coalitions funded by the State of New Hampshire to develop models for improving local public health. These coalitions involve broad public health interests in a community (e.g., government, health care providers, social service agencies, schools, business and faith communities) working together to address complex public health issues. Technical assistance is provided in support of the ten essential services of public health and includes local public health performance assessment, emergency preparedness planning, monitoring health status, policy development, mobilizing community partnerships and evaluating program effectiveness.

Providing Technical Assistance and Training to CDC OPHPR Awardees, Atlanta, Georgia. Manage three year project for Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response (OPHPR), Division of State and Local Readiness (DSLRL) to provide training and technical assistance (TA) to awardees and CDC/DSLRL staff and contractors. JSI designed and implemented a training program for 62 state and territorial health departments on the Public Health Emergency Preparedness performance measures which incorporated on-line, downloadable training modules, quick reference guides and data collection forms, helpline and presentations.

New Hampshire Pandemic Influenza Planning Technical Assistance, New Hampshire Department of Health and Human Services (NHDHHS), Division of Public Health Services (DPHS), Office of Community and Public Health (OCPH). Provide Technical Assistance to All Hazards Health Planning Regions to assist with all aspects of planning for pandemic influenza. Provide technical expertise in drafting regional Public Health Emergency Preparedness and Response Plans including a Pandemic Influenza Annex, Risk Communications, Medical Surge and All Health Hazards Plans. Evaluator for over 12 table top exercises testing plans for pandemic influenza, All Health Hazards, and Medical Surge. Certified HSEEP evaluator.

Evaluation of State and Local Public Health Systems, NH DHHS, NH. Facilitated assessment processes at the state and local levels to identify strengths and weaknesses of the public health system. Convened working groups to complete the Center for Disease Control's public health performance assessment instruments, analyzed results of assessment and lead efforts to set priorities for health improvement. Drafted Public Health Improvement Plans incorporating recommendations of the assessment process.

Hazard Vulnerability Assessment of Boston Metro Area, NH DHHS and MA DPH. Team member on project to develop and implement an all-hazards, health care and public health systems-focused Hazard Vulnerability Assessment (HVA) of the Boston MSA comprised of 147 municipalities in Massachusetts and 50 municipalities in NH.

NH Department of Health's Bureau of Population Health and Community Services, Concord, NH - Team Lead on a project to facilitate a process to develop a shared vision for and approach to integrating chronic disease prevention and health promotion programs. The project included materials review, a 2 day retreat with program staff, development of a Logic Module for Program Integration, identification of priority areas for integrating program functions and a work plan for priority areas.

Statewide Plan for Healthy Eating and Active Living, HNHfoundation, NH. Facilitated statewide process to develop plan for promoting healthy eating and active living to reduce overweight and obesity in New Hampshire. Convened a statewide Steering Committee and working groups to develop priority interventions. Conducted a statewide conference to present recommendations to stakeholders. Worked with regional collaboratives to develop work plans for implementing recommendations. Authored *2008 Healthy Eating and Active Living Action Plan for NH*.

New Hampshire Diabetes Prevention and Control Program, NHDHHS, NH. Facilitated comprehensive assessment of the diabetes prevention and care system statewide using State Diabetes Public Health System Performance Assessment Instrument developed by the Centers for Disease Control. Facilitated a day-long retreat with diabetes prevention and care stakeholders and drafted the State Diabetes Action Plan detailing goals, objectives and strategies for strengthening the system. Authored *2006 NH Action Plan for Diabetes: Improving the Health and Quality of Life for NH Residents Affected by Diabetes*

AMY LEE CULLUM

JSI, d/b/a Community Health Institute, 501 South Street, Bow, New Hampshire 03304 (603) 573-3316

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DEGREES

HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
M.P.H., Population and International Health, 2000

AMERICAN UNIVERSITY, SCHOOL OF INTERNATIONAL SERVICE, WASHINGTON, D.C.
M.A., International Development, 1995

BROWN UNIVERSITY, PROVIDENCE, RHODE ISLAND
B.A., International Relations, 1990

ADDITIONAL EDUCATION

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, BOW, NEW HAMPSHIRE AND BURLINGTON, VERMONT
Evaluator Certification, January 2008
Exercise Evaluation and Improvement Training Course, June 2006

NEW HAMPSHIRE DEPARTMENT OF SAFETY, DIVISION OF FIRE STANDARDS AND TRAINING, BRADFORD, NEW HAMPSHIRE
IS-701: NIMS Multi-Agency Coordination System, September 2008
IS-700: NIMS An Introduction, March 2007
IS-100: Introduction to ICS, March 2007
IS-200: ICS for Single Resources and Initial Action Incidents, March 2007

EXPERIENCE

Community Health Institute, Bow, New Hampshire

Project Director, John Snow, Inc. (JSI), Health Services Division, June 2002 to present

Provide technical assistance to local, state and national and international public health organizations and programs in the areas of planning, assessment, and evaluation to support the development of effective public health delivery systems. Topical expertise in local public health infrastructure development reproductive health programming, and public health emergency preparedness.

Selected Projects:

Boston Metropolitan Statistical Area (MSA) Hazard Vulnerability Assessment, New Hampshire Department of Health and Human Services, Massachusetts Department of Public Health. Technical Lead on a project to assess the public health, behavioral health and health care system impacts of natural and manmade hazards for the Boston MSA. Adapted tool to assess hazard impacts for this data-driven HVA, including spearheading an indicator selection process, researching likely impacts from historical data and models; and designing participatory process involving a wide variety of stakeholders to assess impacts and identify risk mitigation strategies for the Boston MSA.

Public Health Emergency Preparedness (PHEP) Training and Technical Assistance, Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLRL). Develop and implement multi-modal training program for 62 CDC-funded state, territorial, and municipal PHEP awardees and DSLR staff to support implementation of the new CDC Public Health Emergency Preparedness capabilities-based framework.. Activities included conduct of a needs assessment to inform training program development, development and implementation of a comprehensive training program using state of the art technologies. Serve as the Emergency Preparedness Content Lead, providing technical content for training program.

Public Health Emergency Preparedness (PHEP) Data Collection and Reporting Training, Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLRL). Provide training and technical assistance to 62 CDC-funded state, territorial, and municipal PHEP awardees on the collection, reporting, and use of public health emergency preparedness data for program evaluation and monitoring. Training program incorporates on-line, downloadable training modules, quick reference guides and data collection forms, 1:1 technical assistance and presentations. Activities included conduct of a needs assessment to inform training program development, development and implementation of a comprehensive training program using state of the art technologies. Serve as the Emergency Preparedness Performance Improvement Advisor, providing technical content for training program.

Social Distancing Legal Assessment, New Hampshire Department of Health and Human Services, Division of Public Health Services; Association of State and Territorial Health Officials (ASTHO). Work with NH Attorney General's office and to inventory NH legal authorities available to support social distancing measures against an influenza pandemic or a similar, highly virulent infectious disease. Design and conduct tabletop exercise to identifying potential gaps, ambiguities, or opportunities for improving NH social distancing law.

Community Health Center Preparedness Technical Assistance, New Hampshire Department of Health and Human Services, Division of Public Health Services; Bi-State Primary Health Care Association. Researched and developed template emergency operations plan for New Hampshire's Community Health Centers and provided training in the completion of the template; developed HSEEP-compliant tabletop exercise materials and a train-the-trainer program to enable Community Health Centers to test the adequacy of their Emergency Operations Plans.

New Hampshire Public Health Emergency Planning Technical Assistance and Training, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Developed templates and materials to support public health emergency planning and in New Hampshire's public health emergency planning regions as well as statewide Influenza A (H1N1) response. Developed regional and sub-regional trainings to build planning and response capacity and strengthen regional plans. Monitored performance of regions through development of a web-based reporting system. Developed, implemented and evaluated exercises to improve readiness to respond to public health emergencies. Authored NH's H1N1 After Action Report, conducting a descriptive analysis of multiple data sets including two JSI-developed surveys of enrolled vaccine providers and the general population as well as multiple focus groups.

Special Populations Emergency Preparedness Needs Assessment, New Hampshire Department of Safety, Bureau of Emergency Management. Conducted assessment to determine the emergency preparedness needs of vulnerable populations and emergency response system capacity to meet these needs. Key tasks included 1) design and implementation of a survey of New Hampshire's Emergency Management Directors and 2) design and conduct of focus groups with vulnerable populations likely to need special assistance in the event of a large-scale emergency. Goals of the assessment were to detail emergency preparedness needs of these populations, to identify gaps in organized emergency planning related to special populations, and to develop recommendations to improve the capacity of emergency response system to meet these needs.

JSI, International Division, Boston Massachusetts and Washington, DC,
Consultant, April 1995 to June 2002.

Selected Projects:

Urban Family Health Partnership (UFHP), US Agency for International Development, Dhaka, Bangladesh. Served as Team Leader, Program Development. Responsible for leading the design and evaluation of new service initiatives, including a safe delivery pilot program, based on community-level needs assessments using both qualitative and quantitative methods. Held lead responsibility for the conduct of internal reviews of program activities, and for ensuring that findings were fed back into the program. Managed the technical assistance activities of the Behavior Change Communications (BCC) Team, leading the development and review of health BCC materials and BCC and counseling-related curricula for the project, and overseeing technical staff.

Opportunities for Micronutrient Interventions Project, Ministry of Health, Sub-secretary of Population Risks, Honduras. Analyzed survey data for the 1996 Honduran National Survey on Micronutrients.

Provide International, Nairobi, Kenya. Evaluated, refined and redesigned aspects of a integrated development project in Nairobi's slums. Provided managerial support. Designed and implemented a small-scale family planning knowledge, attitudes, and practices survey of slum residents to inform program implementation.

OTHER ACTIVITIES

NH Medical Reserve Corps, Concord, New Hampshire
Member, January 2010 – present

Boston University School of Public Health, Boston, Massachusetts
Guest Professor, Spring 2005, Spring 2006

Instructed Master's level course entitled, "Management of Reproductive Health Programs In Developing Countries".

Budget Form

New Hampshire Department of Health and Human Services

JSI Research and Training Institute, Inc. dba Community Health
Bidder/Program Name: Institute

Exercises for Regional Plans on Administering Supplemental Oxygen
Budget Request for: in Public Health Emergencies
(Name of RFP)

Budget Period: May 1, 2013 to June 30, 2013

Line Item	SFY 13 Direct Incremental 10 Workshops/ Tabletops	Indirect Fixed	TOTAL	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 15,631.36	\$ -	\$ 15,631.36	
2. Employee Benefits	\$ 6,034.92	\$ -	\$ 6,034.92	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ 317.63	\$ -	\$ 317.63	
Repair and Maintenance	\$ 317.63	\$ -	\$ 317.63	
Purchase/Depreciation	\$ 79.40	\$ -	\$ 79.40	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Office	\$ 794.07	\$ -	\$ 794.07	
Other	\$ -	\$ -	\$ -	
6. Travel	\$ 1,100.00	\$ -	\$ 1,100.00	
7. Occupancy	\$ 1,588.14	\$ -	\$ 1,588.14	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 269.98	\$ -	\$ 269.98	
Postage	\$ 269.98	\$ -	\$ 269.98	
Other (Audit, Legal, Insurance)	\$ 317.62	\$ -	\$ 317.62	
9. Subcontracts/Agreements	\$ 12,210.00	\$ -	\$ 12,210.00	
10. Other-Required	\$ -	\$ -	\$ -	
A. Refreshments for participants	\$ 1,820.00	\$ -	\$ 1,820.00	
B. Stipend for O2 vendors	\$ 2,000.00	\$ -	\$ 2,000.00	
C. MMRS Coord. mileage/stipend	\$ 850.00	\$ -	\$ 850.00	
11. Other	\$ -	\$ -	\$ -	
Webex conferencing system	\$ 250.94	\$ -	\$ 250.94	
	\$ -	\$ -	\$ -	
Information Systems (3%)	\$ -	\$ 661.06	\$ 661.06	
Human Resources (2%)	\$ -	\$ 440.70	\$ 440.70	
General Administration (2%)	\$ -	\$ 440.70	\$ 440.70	
Payroll & Accounting (3%)	\$ -	\$ 661.06	\$ 661.06	
TOTAL	\$ 43,851.67	\$ 2,203.52	\$ 46,055.19	

Indirect As A Percent of Direct

5.0%

Budget Form

New Hampshire Department of Health and Human Services

Bidder/Program Name: JSI Research and Training Institute, Inc. dba Community Health Institute

Exercises for Regional Plans on Administering Supplemental Oxygen in Public Health
Budget Request for: Emergencies

(Name of RFP)

Budget Period: July 1, 2013 to June 30, 2014

Line Item	SFY 14 Incremental 13 Functional Exercises	Direct	Indirect Fixed	TOTAL	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 22,178.00	\$ -	\$ -	\$ 22,178.00	
2. Employee Benefits	\$ 8,427.64	\$ -	\$ -	\$ 8,427.64	
3. Consultants	\$ 2,940.00	\$ -	\$ -	\$ 2,940.00	
4. Equipment:	\$ -	\$ -	\$ -	\$ -	
Rental	\$ 443.56	\$ -	\$ -	\$ 443.56	
Repair and Maintenance	\$ 443.56	\$ -	\$ -	\$ 443.56	
Purchase/Depreciation	\$ 110.88	\$ -	\$ -	\$ 110.88	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	
Office	\$ 1,108.90	\$ -	\$ -	\$ 1,108.90	
Other	\$ -	\$ -	\$ -	\$ -	
6. Travel	\$ 2,210.00	\$ -	\$ -	\$ 2,210.00	
7. Occupancy	\$ 2,217.80	\$ -	\$ -	\$ 2,217.80	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ 377.03	\$ -	\$ -	\$ 377.03	
Postage	\$ 377.03	\$ -	\$ -	\$ 377.03	
Other (Audit, Legal, Insurance)	\$ 443.56	\$ -	\$ -	\$ 443.56	
9. Subcontracts/Agreements	\$ 26,159.37	\$ -	\$ -	\$ 26,159.37	
10. Other-Required	\$ -	\$ -	\$ -	\$ -	
A. Refreshments for participants	\$ 4,056.00	\$ -	\$ -	\$ 4,056.00	
B. Stipend for O2 vendors	\$ 6,500.00	\$ -	\$ -	\$ 6,500.00	
C. MMRS Coord. mileage/stipend	\$ 8,255.00	\$ -	\$ -	\$ 8,255.00	
11. Other	\$ -	\$ -	\$ -	\$ -	
Webex conferencing system	\$ 250.00	\$ -	\$ -	\$ 250.00	
	\$ -	\$ -	\$ -	\$ -	
Information Systems (3%)	\$ -	\$ 1,303.94	\$ -	\$ 1,303.94	
Human Resources (2%)	\$ -	\$ 869.30	\$ -	\$ 869.30	
General Administration (2%)	\$ -	\$ 869.30	\$ -	\$ 869.30	
Payroll & Accounting (3%)	\$ -	\$ 1,303.94	\$ -	\$ 1,303.94	
TOTAL	\$ 86,498.33	\$ 4,346.48	\$ -	\$ 90,844.81	

Indirect As A Percent of Direct

5.0%