



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



Nicholas A. Toumpas
Commissioner

Marcella J. Bobinsky
Acting Director

November 4, 2015

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, to enter into an agreement with Granite United Way, Vendor #160015-B001, 46 South Main Street, Concord, NH 03301, in an amount not to exceed \$464,626, to provide Regional Public Health Network services in the Greater Derry region, to be effective on the date of Governor and Council approval through June 30, 2017. 90.54% Federal Funds and 9.46% General Funds.

Funding to support this request is available in the following accounts in State FY 2016 and FY 2017, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2016	102-500731	Contracts for Prog Svc	49156502	122,680
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380
			Sub-Total	\$288,060

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY & PERFORMANCE

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000
			Sub-Total	\$30,000

05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL,
EMERGENCY PREPAREDNESS

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2016	102-500731	Contracts for Prog Svc	90077410	60,783
SFY 2017	102-500731	Contracts for Prog Svc	90077410	85,783
			Sub-Total	\$146,566
			TOTAL	\$464,626

EXPLANATION

Funds in this agreement will be used to provide regional public health emergency preparedness, substance use disorders continuum of care services, and to host a Public Health Advisory Council to coordinate other public health services in the Greater Derry Region. The Governor and Executive Council have previously approved twelve (12) agreements for Public Health Network services. Each Public Health Network site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services.

The Regional Public Health Advisory Council will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Council will expand this function to other public health and substance use disorders continuum of care services funded by the Department. The long-term goal is for the Regional Public Health Advisory Council to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders continuum of care activities occurring in their region.

The vendor will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

According to the 2012-2013 National Survey on Drug Use and Health¹, the most recent data available demonstrates that 49% of NH's 18-25 year olds reported binge drinking in the past 30 days. This rate is the third highest in the country and much higher than the national average of 38.7%. For pain reliever abuse, 10.5% of NH young adults reported this behavior in the past year, and 10% of young adults reported illicit drug use other than marijuana. This last prevalence indicator is important for several reasons. First, it is the most accessible data point relative to young adult opioid use because the illicit drug use indicator includes opioids. Secondly, NH's rate of 10% for 18-25 year olds reporting regular illicit drug use is the highest in the country and is 1.5 percentage points higher than the next closest state (Rhode Island, 8.6%) and higher than the national average of 6.9%. Furthermore, there were five times greater the number of heroin-related deaths in NH in 2014 than there were in 2008. Heroin-related Emergency Department visits and administrations of naloxone to prevent death from an overdose have also multiplied exponentially in the last two years. Consequently, alcohol and drug misuse cost NH more than \$1.84 billion in 2012 in lost productivity and earnings,

¹ 1 Source: http://www.new-futures.org/sites/default/files/Summary%20Report_0.pdf

increased expenditures for healthcare, and public safety costs. In addition to economic costs, substance misuse impacts and is influenced by poor mental health. From 2007 to 2011, suicide among those aged 10-24 was the second leading cause of death for NH compared to the third leading cause nationally.

In NH, youth have rates of substance use significantly higher than the national average and the other northeast (NE) states as demonstrated in Table 2.

18-25 year olds	NH	NE	US	Significant differences
Binge Drinking	49.0%	43.0%	38.7%	NH Higher than NE and US
Marijuana Use	27.8%	21.0%	18.9%	NH Higher than NE and US
Nonmedical use of pain relievers	10.5%	8.6%	9.5%	No significant difference
Dependent/abusing alcohol or illicit drugs	23.7%	19.1%	18.1%	NH Higher than NE and US

Youth and families across NH describe having little access to services and supports for Substance Use Disorder in NH. In fact, according to the National Survey on Drug Use and Health², NH ranks worst among the states in percentage of 18-25 year olds “needing but not receiving treatment” for alcohol or illicit drug use and is also among the bottom states for 12-17 year olds. Additionally, among 12-20 year olds, NH ranks highest and above the overall national average in both underage alcohol use in past month (NH: 35.72%, US: 23.52%) and underage binge alcohol use in past month (NH: 23.21%, US: 14.75%).

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders continuum of care services will be less coordinated and comprehensive in the Greater Derry Region. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

Granite United Way 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 August 12, 2015 through September 15, 2015.

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

² Source: <http://www.dhhs.nh.gov/dphs/suicide/documents/annual-report-2013.pdf>

As referenced in the Request for Proposals and in the Exhibit C-1 of the contract, the Department of Health and Human Services in its sole discretion may decide to offer a one (1) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

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

Area served: Greater Derry Region.

Source of Funds: 90.54% Federal Funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention, Hospital Preparedness Program and Public Health Emergency Preparedness Aligned Cooperative Agreement, and 9.46% General Funds.

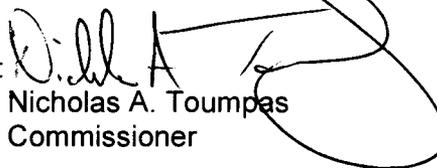
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Marcella J. Bobinsky, MPH
Acting Director

Approved by:



Nicholas A. Toumpas
Commissioner

Regional Public Health Network Services Performance Measures

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

Substance Misuse Prevention (SMP) and Related Health Promotion

- Provide 1 full-time-equivalent Substance Misuse Prevention Coordinator(s) to manage the Substance Misuse scope of work, with one person serving as the primary point of contact. The Substance Misuse Prevention Coordinator(s) must be a Certified Prevention Specialist (CPS), or pending certification within one year of the contract's start and a graduate from a four year university.
- Recommitment or revision of the 3 year substance misuse prevention plan and as endorsed by Regional Public Health Advisory Council and approved by BDAS due January 1, 2016. Must align with the State Health Improvement Plan
 - <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf> and
 - the Collective Action - Collect Impact Plan
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf>
- Completed and approved annual work plan reflective of current strategic plan due February 1, 2016.
- Completed monthly PWITS data entries due by the 20th business day of the following month (e.g. September data due by October 30).
- Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
- Host at minimum 4 SMP content expert team meetings annually
- Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>
- Participates and coordinates all evaluation efforts conducted by the Center for Excellence, e.g. Stakeholder Survey, annual environmental measure, and other surveys as directed by BDAS.
- Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator(s), Contract administrator, financial agent, expert team chair, subcontractors and others as requested.
- Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
- Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
- Provide annual reports, to be submitted to BDAS and due by June 25, 2016 and 2017. A template for the report and guidance will be provided to the Contractor by the Center for Excellence.
- Shall ensure programs and practices utilize evidence-informed approaches for substance misuse prevention, as outlined in the NH BDAS/NHCE document
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>

Regional Public Health Network Services Performance Measures

- Shall ensure the Strategic Prevention Framework (SPF) five-step planning process is utilized
<https://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf>.
- Prevention approaches must target primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.
- Provides additional information to BDAS when requested.

Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care

- One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.
- CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
- Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
- Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
- Identification of gaps in CC components and services that need to be developed or enhanced.
- Identification of barriers to cooperation between CC components.
- Identification of barriers to community/client access to component services.
- Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
- Number of outreach events with entities that employ health care personnel.
- Submission of the RPHEA annually



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

**Regional Public Health Network
Services**

for the Greater Derry Region

RFP Name

(RFP) #16-DHHS-DPHS-RPHN-DERRY-04

RFP Number

Bidder Name

1. **Community Crossroads**
2. **Granite United Way**
3. **0**
4. **0**
5. **0**

Pass/Fail	Maximum Points	Actual Points
58.72%	545	320
86.06%	545	469
	545	0
	545	0
	545	0

Reviewer Names

1. Neil Twitchell, Tech, DPHS
Emergency Preparedness
Administrator
2. Valerie Morgan, Tech, BDAS
Prevention Svcs Administrator
3. Rob O'Hannon, Tech, BDAS
SAMHSA Grants Program
Specialist
4. Denise Krol, Tech, DPHS,
Program Specialist
5. Shelley Swanson - Cost, Finance
Administrator
6. P.J. Nadeau, Cost, Financial
Administrator
7. Ken Merrifield, Cost, Financial
Administrator

Subject: Regional Public Health Network Services - Greater Derry Region

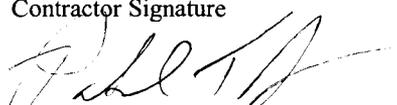
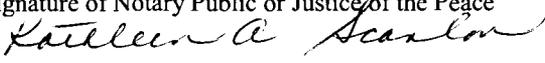
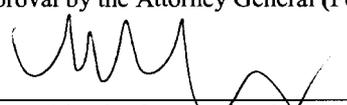
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

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		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite United Way		1.4 Contractor Address 46 South Main Street Concord, NH 03301	
1.5 Contractor Phone Number 603-224-2595	1.6 Account Number 05-95-49-491510-2988-102-500731 05-95-90-901010-5362-102-500731 05-95-90-902510-7545-102-500731	1.7 Completion Date June 30, 2017	1.8 Price Limitation \$464,626
1.9 Contracting Officer for State Agency Eric Borrin, Director of Contracts and Procurement		1.10 State Agency Telephone Number 603-271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Patrick Tufts, President	
1.13 Acknowledgement: State of <i>NH</i> , County of <i>Hillsborough</i> On <i>Oct. 30, 2015</i> , 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]		KATHLEEN A. SCANLON Notary Public - New Hampshire My Commission Expires June 24, 2020	
1.13.2 Name and Title of Notary or Justice of the Peace <i>Kathleen A. Scanlon, Executive Assistant - Office Manager</i>			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Brook Dupee, 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) (if applicable) By:  On: <i>Megan A. Vail - Attorney 11/25/15</i>			
1.18 Approval by the Governor and Executive Council (if applicable) 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, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("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. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. 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 notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and 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 \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form 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 thirty (30) 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 provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) 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 unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

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.



Exhibit A

SCOPE OF SERVICES

Contract Period: Date of Governor and Council approval through June 30, 2017

1. Required Services

The Contractor shall:

- 1.1. Implement the 2015 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed September 2015, located at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
- 1.2. Develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.
- 1.3. Ensure the administrative and fiscal capacity to accept and expend funds provided by the Department of Health and Human Services' (DHHS), Division of Public Health Services (DPHS) and Bureau of Drug and Alcohol Services (BDAS) for other services as such funding may become available.
- 1.4. Regional Public Health Advisory Council
 - 1.4.1. Develop a regional Public Health Advisory Council (PHAC) comprised of representatives from the community sectors identified in the table below. At a minimum, this PHAC shall provide an advisory role to the contractor and, where applicable, all subcontractors to assure the delivery of the services funded through this agreement.
 - 1.4.2. The PHAC membership should be inclusive of all local agencies that provide public health services in the region beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related services and oversight of substance misuse prevention / health promotion and intervention, treatment and recovery through the continuum of care in the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-informed to meet improved health outcomes; and advance the coordination of services among partners.
 - 1.4.3. Recruit and orient PHAC members. As federal funders, both the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration have developed lists of key community sectors. While described in different ways, the two lists encompass the same community sectors as evident in the table below.



Exhibit A

SAMHSA: Substance Misuse Continuum of Care	CDC: Public Health Preparedness
Community Leadership*	
Local Government Safety and Enforcement	Emergency Management
Health and Medical	Health Care Mental / Behavioral Health
Community and Family Support	Cultural and Faith-based Organizations Housing and Sheltering Senior Services Social Services
Business	Business Media
Education	Education and Child Care

*This CDC sector is defined as leaders with policy and decision-making roles, including elected and appointed public officials, leaders of non-governmental organizations and other community-based organizations. Thus, this sector includes leaders from all of the other sectors in this table.

1.5. Membership

1.5.1. At a minimum, the following entities within the region being served shall be invited to participate in the PHAC in order to achieve a broad-based advisory council comprised of senior leaders from across sectors and communities. It is expected that the larger PHAC will be supported by committees/workgroups, comprised of professionals with more specific topical and/or function-based expertise.

1.5.2. PHAC General Membership

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Representative from each of the following community sectors shall also be invited to participate: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.



Exhibit A

8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

1.5.3. PHAC Executive/Steering Committee Membership

- 1.5.3.1. The PHAC should include an executive or steering committee. The Contractor shall strive to ensure representation from the following entities.

1. One municipal and county government
2. One community hospital
3. One School Administrative Unit (SAU)
4. One DPHS-designated community health center
5. One NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Other business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Council.

1.5.4. Perform an advisory function to include:

- 1.5.4.1. Collaborate with partners to establish annual priorities to strengthen the capabilities within the region to deliver public health services, including public health emergencies and substance misuse through the continuum of care.
- 1.5.4.2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.
- 1.5.4.3. Monitor and disseminate data products and reports to public health system partners in the region in order to inform partners about the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.
- 1.5.4.4. Educate partners on the NH WISDOM data repository, in order to build capacity to utilize this system to generate and analyze regional data.
- 1.5.4.5. Participate in local community health assessments convened by other agencies.



Exhibit A

- 1.5.4.6. Designate representatives of the PHAC to other local or regional initiatives that are providing public health services, including public health emergencies and substance misuse through the continuum of care.
- 1.5.4.7. By June 30, 2016, publish a Community Health Improvement Plan (CHIP) in accordance with guidance issued by the DHHS.
- 1.5.4.8. Disseminate the CHIP to regional partners and seek opportunities to educate the community about CHIP priorities, strategies, and activities.
- 1.5.4.9. Beginning in SFY 17, implement priorities included in the 2016 CHIP.
- 1.5.4.10. Provide leadership to implement the priorities and strategies included in the CHIP.
- 1.5.4.11. Implement specific activities for at least one CHIP priority in addition to public health emergency preparedness and substance misuse prevention / health promotion and intervention, treatment and recovery through the continuum of care.
- 1.5.4.12. Monitor progress of CHIP implementation and provide an annual report describing programs and activities implemented that address CHIP priorities to regional partners and DHHS.
- 1.5.4.13. Maintain a set of operating guidelines/principles or by-laws related to the Regional Public Health Advisory Committee that includes:
 - a) Organizational structure
 - b) Membership
 - c) Leadership roles and structure
 - d) Committee roles and responsibilities
 - e) Decision-making process
 - f) Subcommittees or workgroups
 - g) Documentation and record-keeping
 - h) Process for reviewing and revising the policies and procedures

1.5.5. Assist in the implementation of the biennial PARTNER survey of the PHAC membership.



Exhibit A

- 1.5.6. Implement the PARTNER survey in SFY 2016.
 - 1.5.7. Host at least one meeting to share results from the PARTNER survey with regional partners.
 - 1.5.8. Maintain a webpage related to the PHAC.
 - 1.5.9. Attend semi-annual meetings of PHAC leaders convened by the DHHS. Attendees should include a representative of the Contractor and at least one PHAC member.
 - 1.5.10. The chair of the PHAC or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.
- 1.6. Substance Misuse Prevention (SMP) and Related Health Promotion
- 1.6.1. The Contractor shall subcontract with one organization to manage the full scope of services for Substance Misuse Prevention (SMP) and Related Health Promotion activities. The subcontractor shall be responsible to advertise the full-time SMP Coordinator job position in order to seek and retain a qualified individual with the skills and experience necessary to manage the project as reflected in the job description included in the original proposal. The SMP Coordinator position will serve as the primary point of contact and management of the project. The selection of the SMP Coordinator position shall be contingent upon Contractor's approval.
 - 1.6.2. The SMP Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
 - 1.6.3. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).
 - 1.6.4. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
 - 1.6.5. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Council.
 - 1.6.6. The expert committee shall consist of the six sectors, Drug Free Coalitions, Student Assistance Counselors and other grass roots coalitions' representation of the region with a shared focus on substance misuse prevention, the associated consequences and health promotion.
 - 1.6.7. The committee will inform and guide regional efforts to ensure priorities and programs are not duplicative but rather build local capacity that is data-driven, evidence-informed, and culturally appropriate to achieve positive outcomes.



Exhibit A

- 1.6.8. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the strategic plan.
- 1.6.9. Portion of the committee or a member serves as the liaison to the Regional Public Health Advisory Committee.
- 1.6.10. Attend, assist and participate with the Continuum of Care facilitator and the Continuum of Care work group in the regions' capacity development in continuum of care services.
- 1.6.11. Review, utilize and/or revise the most recent substance misuse prevention three-year regional strategic plan and implement.
- 1.6.12. Review, utilize and/or revise the current one-year work plan for SFY 2016. Three-year strategic plan shall be aligned with the Collective Action and Collective Impact Plan <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>, and the State Health Improvement Plan (SHIP) <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf> and the region's future Community Health Improvement Plan (CHIP).
- 1.6.13. Need to ensure the regional strategic plan has been endorsed by expert committee and approved by the PHAC prior to submission to BDAS and the PHAC has issued a letter of approval in support of the plan. .
- 1.6.14. Need to ensure the three-year plan is approved by BDAS prior to implementation.
- 1.6.15. All programs and practices need to be evidenced-informed approaches for substance misuse prevention as outlined in the following document: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 1.6.16. Maintain effective training and on-going communication within the Regional Public Health Network, expert committee, PHAC, broader membership, and all subcommittees. Promote the regions substance misuse prevention strategic plans' goals, objectives, activities and outcomes promoted through media and other community information channels and other prevention entities as appropriate.
- 1.6.17. Utilization of the Strategic Prevention Framework (SPF) five-step planning process to guide regions/communities in the data driven planning process planning, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities <http://www.samhsa.gov/spf>.
- 1.6.18. Substance misuse prevention plans and regional efforts need to adhere to the Federal Substance Abuse Prevention and Treatment Block Grant requirements:
- 1.6.19. Prevention approaches must target primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.
- 1.6.20. Comprehensive primary prevention program shall include activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse. The program



Exhibit A

must include, but is not limited to the Center for Substance Abuse Prevention categories: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Process, and Environmental.

- 1.6.21. A comprehensive approach using the above categories targeting populations with different levels of risk classified by the Institute of Medicine Model: Universal, Selective, and Indicated.
 - 1.6.22. All the above information in more detail is outlined under the heading Primary Prevention: <http://www.samhsa.gov/grants/block-grants/sabg>.
 - 1.6.23. Assist the state in meeting the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcome Measures (NOMS) through data collection, evaluation and process measures via the PWITS online data system. These regulatory requirements are described and posted on the BDAS website: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>
 - 1.6.24. Cooperate with and coordinate all evaluation efforts as required by BDAS and DPHS as conducted by the Center for Excellence (e.g. PARTNER Survey, SMP stakeholder survey and all other surveys as directed by BDAS).
 - 1.6.25. Attend all State required trainings, workshops, and bi-monthly meetings and ongoing quality improvement as required demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).
 - 1.6.26. Must respond to BDAS and DPHS emails and inquiries within 3 to 5 business days or time stated.
 - 1.6.27. Must cooperate with all BDAS site visits as required; at minimum one annually.
 - 1.6.28. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Sonar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities). <http://www.samhsa.gov/synar>.
 - 1.6.29. Coordinate with your RPHN contract administrator in the development and the ongoing maintenance of a Substance Misuse Prevention and Health Promotion website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
 - 1.6.30. Assist with other State activities as required by BDAS or DPHS.
- 1.7. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care
- 1.7.1. Development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes environmental strategies, prevention, early intervention, treatment, and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will

PT



Exhibit A

include outlining a comprehensive approach to address the misuse of alcohol and drugs through the development of a regional Continuum of Care context.

- 1.7.2. Hire and provide supervision for one (1) full-time Continuum of Care Facilitator who will:
 - 1.7.2.1. Be oriented to the BDAS Continuum of Care model and its goals,
 - 1.7.2.2. Be trained in the evidenced-based Strategic Planning Model five (5) components: Assessment, Capacity, Planning, Implementation and Evaluation,
 - 1.7.2.3. Participate in other trainings as indicated by BDAS, and
 - 1.7.2.4. Attend Public Health Advisory Council meetings as needed.
- 1.7.3. Form a support team that includes the Substance Misuse Prevention Coordinator and Public Health personnel, to support the work of the Continuum of Care Facilitator to:
 - 1.7.3.1. Build on information from previous work, and use local expertise as much as possible, develop and implement a work plan to:
 - 1.7.3.1.1. Identify and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services (prevention, early identification and intervention, treatment, and recovery support services), to help educate the Public Health Advisory Council about the continuum of care to help them:
 1. Understand the nature of substance use disorders;
 2. Learn about the impact of substance use disorders on individuals, families and communities;
 3. Increase their knowledge of the financial impact of substance use disorders at the state level, community level, and community sector level;
 4. Learn about the components of a continuum of care and what services they provide, and about the relations between components (Prevention, Early Identification and Intervention, Treatment, and Recovery Support Services);
 5. Develop a statement on what the ideal continuum of care would look like for the region.
 - 1.7.3.1.2. Convene local subject matter experts to form a Continuum of Care workgroup that will:



Exhibit A

1. Use the Strategic Planning Framework model to complete a substance misuse services assets and gaps assessment within nine (9) months of the contract effective date.
 2. Complete a plan to address gaps within twelve (12) months of the contract effective date, and
 3. Provide ongoing education and support for continuum of care development activities.
- 1.7.3.2. Work with the Continuum of Care Facilitator to assist in the process of recruiting Community Health Centers, hospitals, local health providers, and behavioral health providers to support efforts to:
1. Provide information to the Public Health Advisory Council on integration of primary and behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment, and other evidenced informed practices.
- 1.7.3.3. Join the Continuum of Care workgroup to assure that substance abuse related services delivered in primary and behavioral healthcare settings are [art pf the assets and gaps assessment, and participate in the development of a plan to address identified gaps.
- 1.7.3.4. Submit quarterly reports as indicated.
- 1.8. Staffing Requirements
- 1.8.1. CONTINUUM OF CARE FACILIATATOR – dedicated full time position
- 1.8.2. This position works with the RPHN and communities to ensure that all necessary partners for the development of a comprehensive continuum of care as described above, and that aligns with the regional Community Health Improvement Plan. These partners should include substance use Prevention, Intervention, Treatment, and Recovery providers, healthcare and behavioral health providers, and other interested or affected parties. The Continuum of Care facilitator will work with BDAS and its technical assistance resources to ensure that all partners have access to information, training and/or technical assistance necessary for them to understand and fully participate in continuum of care development discussions and planning.
- 1.8.3. Qualifications:
1. MPH with focus on systems development or,
 2. MSW with focus or experience in macro social work or,
 3. Master's degree in Community Development/Organizing or,
 4. BA in the any of the above with 2-3 years' experience in public health systems development, macro social work, or community development/organizing.



Exhibit A

- 1.8.4. Regional Public Health Preparedness
- 1.8.5. Regional Public Health Emergency Planning
- 1.8.6. The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011). All activities shall build on current efforts and accomplishments within the region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.
- 1.8.7. In collaboration with the PHAC described in Section 3.1, provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices. The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: <https://www.fema.gov/media-library/assets/documents/25975>.
- 1.8.8. As requested by the DPHS, participate in review of the RPHEA and, related appendices and attachments. Revise and update the RPHEA, related appendices and attachments based on the findings from the review.
- 1.8.9. Participate in an annual Medical Countermeasure Operational Readiness Review (MCM ORR) as required by the CDC Division of State and Local Readiness. The MCM ORR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the MCM ORR.
- 1.8.10. Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.
- 1.8.11. Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.



Exhibit A

- 1.8.12. Disseminate the RPHEA and related materials to planning and response partners, including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.
- 1.8.13. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners. Healthcare coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹
- 1.8.14. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
- 1.8.15. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
- 1.8.16. Implement at least one priority intervention identified during the regional Hazard Vulnerability Assessment conducted during SFY 13.
- 1.9. Regional Public Health Emergency Response Readiness
 - 1.9.1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
 - 1.9.2. Through the Public Health Advisory Council, continue to collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services.
 - 1.9.3. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
 - 1.9.4. Coordinate the procurement, rotation and storage of supplies necessary for the initial activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.

¹ Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.



Exhibit A

- 1.9.5. In coordination with the Town of Derry and NH DHHS, transfer oversight and management of supplies and 5 storage trailers to ensure the ability to deploy these assets during a response. All transfers of ownership of the storage trailers must have the prior approval of NH DHHS. Update and execute MOUs with partnering agencies to store, inventory, and rotate these supplies.
- 1.9.6. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor.
- 1.9.7. An inventory of regional supplies shall be conducted at least annually and after every deployment of these supplies. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
- 1.9.8. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
- 1.9.9. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.
- 1.9.10. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
- 1.9.11. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs.
- 1.9.12. In coordination with the DHHS, assume responsibility for the Greater Derry Medical Reserve Corps (MRC) according to guidance from the federal MRC program and the DHHS. This unit may be continued as a stand-alone unit or integrated into the MRC unit in an adjoining public health region.



Exhibit A

1.9.13. Conduct outreach to at least two health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, and related appendices.

1.10. Public Health Emergency Drills and Exercises

1.10.1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).

1.10.2. Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.

1.10.3. Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM). As funding allows, this includes all drills and exercises conducted by NH DHHS to meet CDC requirements for a full-scale exercise regarding medical countermeasures distribution and/or dispensing.

1.10.4. Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.

1.10.5. To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

2. Performance Measures

2.1. Regional Public Health Advisory Council

2.1.1. Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Council.

2.1.2. Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Council.

2.1.3. Documented organizational structure for the Regional Public Health Advisory Council (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).

2.1.4. Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

2.2. Substance Misuse Prevention and Related Health Promotion



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- 2.2.1. Recommitment or revision of the 3-year substance misuse prevention plan and as endorsed by the Regional Public Health Advisory Committee and approved by BDAS due January 1, 2016.
 - 2.2.2. Complete an approved annual work plan reflective of current strategic plan due February 1, 2016.
 - 2.2.3. Complete monthly PWITS data entries due by the 20th business day of the following month (e.g. September data due by October 30).
 - 2.2.4. Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
 - 2.2.5. Host at minimum 4 SMP expert team meetings annually
 - 2.2.6. Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant.
 - 2.2.7. Participates and coordinates evaluation surveys: SMP stakeholder survey and other surveys as required.
 - 2.2.8. Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator, Contract administrator, financial agent, expert team chair and others as requested.
 - 2.2.9. Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
 - 2.2.10. Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
 - 2.2.11. Provides additional information to BDAS when requested.
- 2.3. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 2.3.1. One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.
 - 2.3.2. CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care, which includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.



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- 2.3.3. Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
- 2.3.4. Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
 - 1. Identification of gaps in CC components and services that need to be developed or enhanced.
 - 2. Identification of barriers to cooperation between CC components.
 - 3. Identification of barriers to community/client access to component services.
- 2.3.5. Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region

2.4. Regional Public Health Preparedness

- 2.4.1. Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
- 2.4.2. Number of outreach events with entities that employ health care personnel.
- 2.4.3. Submission of the RPHEA annually.

3. Training and Technical Assistance Requirements

- 3.1. The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.
- 3.2. Regional Public Health Preparedness
 - 3.2.1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.
 - 3.2.2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
 - 3.2.3. Complete the training standards recommended for Preparedness Coordinators
 - 3.2.4. Attend the annual Statewide Preparedness Conferences in June 2016 and 2017.
- 3.3. Medical Reserve Corps
 - 3.3.1. Participate in the development of a statewide technical assistance plan for MRC units.



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- 3.4. Substance Misuse Prevention and Related Health Promotion
 - 3.4.1. Participate in bi month SMP meetings
 - 3.4.2. Maintain Prevention Certification credentialing
 - 3.4.3. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and trainings.
- 3.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Continuum of Care.
 - 3.5.1. Ongoing quality improvement is required by attendance and participation in on or offsite technical assistance and trainings provided by the Center for Excellence and/or BDAS staff.

4. Provisions Applicable to All Services

- 4.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within ten (10) days of the effective date of this contract.
- 4.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

5. Administration and Management – All Services

- 5.1. Workplan
 - 5.1.1. Monitor progress on the final workplans approved by the DHHS. There must be a separate workplan for each of the following based on the services being funded:
 - 5.1.1.1. Regional Public Health Advisory Council
 - 5.1.1.2. Substance Misuse Prevention and Related Health Promotion
 - 5.1.1.3. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
 - 5.1.1.4. Regional Public Health Emergency Preparedness
- 5.2. Reporting, Contract Monitoring and Performance Evaluation Activities

Handwritten initials of the contractor, appearing to be 'JF' or similar, written in black ink.

10-30-15



Exhibit A

- 5.2.1. Participate in an Executive Status Update Meeting with the DHHS staff in June, 2016.
- 5.2.2. Participate in annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 5.2.2.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.2.2.2. Subcontractors must attend all site visits as requested by DHHS.
 - 5.2.2.3. A financial audit in accordance with state and federal requirements.
- 5.2.3. Maintain the capability to accept and expend funds to support funded services.
- 5.2.4. Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
- 5.2.5. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
- 5.2.6. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
- 5.2.7. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
- 5.2.8. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in this contract.
- 5.2.9. Provide other programmatic updates as requested by the DHHS.
- 5.2.10. Engage the Regional Public Health Advisory Council to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
- 5.2.11. Provide the Regional Public Health Advisory Council with information about public health and substance misuse prevention and related health promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.
- 5.2.12. Facilitate awareness of the Regional Public Health Advisory Council about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Council to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.



Exhibit A

5.3. Public Health Advisory Council and Public Health Preparedness

- 5.3.1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS.
- 5.3.2. As requested by the DPHS, complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

5.4. Substance Misuse Prevention and Related Health Promotion

- 5.4.1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
- 5.4.2. Contractor will submit the following to the State:
 - 5.4.2.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 5.4.2.2. Submit annual report to BDAS due June 25, 2016 and 2017 (template and guidance will be provided by CEFx).
 - 5.4.2.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. Stakeholder Survey, annual environmental measure, and other surveys as directed by BDAS).
- 5.4.3. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
- 5.4.4. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.4.4.1. Subcontractors must attend all site visits as requested by DHHS.
- 5.4.5. A financial audit in accordance with state and federal requirements.
- 5.4.6. Provide additional information as a required by BDAS.

5.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional

- 5.5.1. Contractor will submit the following to the State:
 - 5.5.1.1. Quarterly reports (dates for submission and template will be provided by BDAS).
 - 5.5.1.2. Report on prevention, intervention, treatment and recovery services gap assessment within nine (9) months of the date of contract.
 - 5.5.1.3. Plan to address gaps in services identified within twelve (12) months of the date of contract.



Exhibit A

5.6. Subcontractors

The Contractor shall:

- 5.6.1. Provide oversight and assurance on all contract deliverables.
- 5.6.2. Ensure that the Contract Administrator shall be the primary point of contact with all subcontractors, and the Contractor shall provide support from other staff to the Contract Administrator, as appropriate.
- 5.6.3. Communicate weekly with subcontractors via e-mail, phone, or in-person meetings.
- 5.6.4. Submit monthly reports to DHHS on subcontractor activities, performance and progress made toward meeting deliverables and requirements.

 gk

 12-30-15



Exhibit B

Method and Conditions Precedent to Payment

1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

1.1. This contract is funded with funds from the following Catalog of Federal Domestic Assistance (CFDA) numbers:

- \$288,060 - 100% federal funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Prevention and Treatment of Substance Abuse Block Grants, CFDA #93.959, Federal Award Identification Number (FAIN) TI010035-15.
- \$146,566 - 70% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, Hospital Preparedness Program and Public Health Emergency Preparedness Aligned Cooperative Agreement, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535, and 30% general funds.
- \$30,000 - 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, Preventive Health and Health Services Block Grant, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037.

Total: \$464,626

1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

2) Payment for said services shall be made monthly as follows:

2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item budgets shown in Exhibits B-1 SFY 2016 and 2017.

2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment.

2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

2.5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed. Hard copies shall be mailed to:

Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHScontractbilling@dhhs.state.nh.us



Exhibit B

- 3) Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

DS

**Exhibit B-1 (SFY 2017)
Budget Form**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Granite United Way

Budget Request for: Regional PHN Services for Greater Derry
(Name of RFP)

Budget Period: SFY 2017

1. Total Salary/Wages	\$ -	\$ -	\$ -	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ 266,163.00	\$ -	\$ 266,163.00	\$ 20,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 266,163.00	\$ -	\$ 266,163.00	

Indirect As A Percent of Direct 0.0%

Exhibit B-1 - Budget

Contractor Initials: *PI*



SPECIAL PROVISIONS

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

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



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

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

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



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

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

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

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

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

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

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



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

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

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

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

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

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

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

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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

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

4. **CONDITIONAL NATURE OF AGREEMENT.**

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

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

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

3. Extension:

This agreement has the option for a potential extension of up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

4. Insurance

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 umbrella liability coverage in the amount of \$1,000,000 per occurrence.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

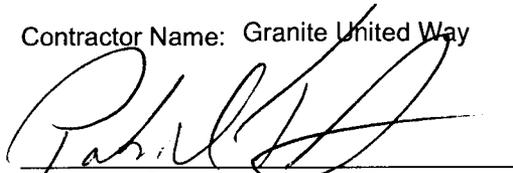


- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted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

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

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

Contractor Name: Granite United Way


Name: Patrick Tufts
Title: President

10-30-15
Date



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

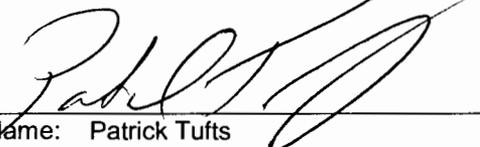
The undersigned certifies, to the best of his or her knowledge and belief, that:

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

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

Contractor Name: Granite United Way

10-30-15
Date


Name: Patrick Tufts
Title: President



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

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

INSTRUCTIONS FOR CERTIFICATION

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

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10-30-15



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: Granite United Way

10-30-15
Date


Name: Patrick Tufts
Title: President



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

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

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

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

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

Exhibit G

Contractor Initials

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

10-30-15

New Hampshire Department of Health and Human Services
Exhibit G

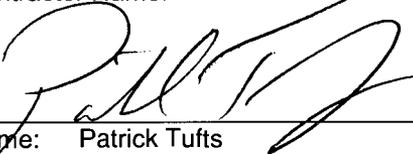


In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for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

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

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

Contractor Name: Granite United Way


Name: Patrick Tufts
Title: President

10-30-15
Date

Exhibit G

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

Contractor Initials

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10-30-15



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 Name: Granite United Way

Name: Patrick Tufts
Title: President

10-30-15
Date



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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

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10-30-15



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Department of Health and Human Services
The State

Brook Dupee
Signature of Authorized Representative

Brook Dupee
Name of Authorized Representative

Bureau Chief
Title of Authorized Representative

11/6/15
Date

Granite United Way
Name of the Contractor

Patrick Tufts
Signature of Authorized Representative

Patrick Tufts
Name of Authorized Representative

President
Title of Authorized Representative

10-30-15
Date



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

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

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

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

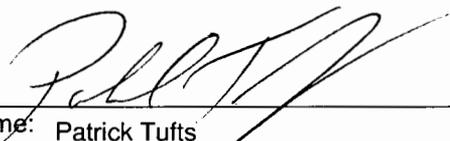
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

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

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

Contractor Name: Granite United Way

10-30-15
Date


Name: Patrick Tufts
Title: President



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: 02-6006033
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

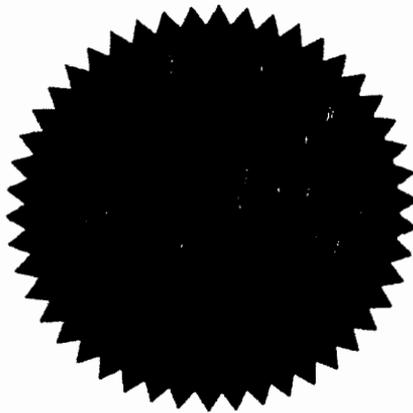
4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

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 Granite United Way is a New Hampshire nonprofit corporation formed March 30, 1927. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9th day of April, A.D. 2015

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Jeremy Veilleux, do hereby certify that:

1. I am a duly elected Treasurer of Granite United Way, Inc., a New Hampshire voluntary corporation; and
2. The following are true copies of two resolutions duly adopted at a meeting of the Executive Committee of the Board of Directors of the corporation, duly held on October 8, 2015;

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

RESOLVED: That the President & CEO is hereby authorized on behalf of this corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Patrick Tufts is the duly elected President & CEO of the corporation.

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of the 30th day of October, 2015.

IN WITNESS WHEREOF, I have hereunto set my name as Treasurer of the Corporation hereto, affixed this 30th day of October, 2015.

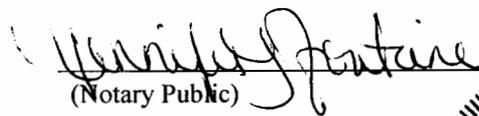


Signature

STATE OF NEW HAMPSHIRE
County of Hillsborough

The forgoing instrument was acknowledged before me this 30 day of October, 2015.

By: Jeremy Veilleux


(Notary Public)

Commission Expires:

March 16, 2016





Granite United Way

LIVE UNITED

MISSION STATEMENT

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way

Worcester County
45 South Main Street
Concord, NH 03301
503.224.2515

Southern Region
22 Concord Street
Manchester, NH 02101
503.625.6939

North County
P.O. Box 311
Bristol, NH 03021
503.444.1555

Northern Region
95 Main Street
Derry, NH 03033
603.732.1343

Joos Valley
21 Technology Drive
W. Lebanon, NH 03784
503.298.8499

Central Region
343 South Main St
Lisbon, NH 03246
503.757.1121

White Village
258 Highland Street
Plymouth, NH 03264
503.536.3720

Cornell County United
5484 Wilburton Highway
Farmington, NH 03095
503.323.8139

GRANITE UNITED WAY

FINANCIAL REPORT

MARCH 31, 2015

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited the accompanying statement of financial position of Granite United Way as of March 31, 2015, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of March 31, 2015, and the results of its operations, changes in net assets, functional expenses, and cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Granite United Way March 31, 2014 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated July 15, 2014. In our opinion, the summarized comparative information presented herein as of and for the year ended March 31, 2014 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Nathan Wechsler & Company

Concord, New Hampshire
July 14, 2015

GRANITE UNITED WAY
STATEMENT OF FINANCIAL POSITION
March 31, 2015 with comparative totals as of March 31, 2014

ASSETS	2015				2014
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
CURRENT ASSETS					
Cash	\$ 892,280	\$ 109,930	\$ -	\$ 1,002,210	\$ 984,508
Prepaid and reimbursable expenses	220,967	-	-	220,967	87,643
Investments	473,361	-	-	473,361	970,957
Accounts and rent receivable	7,255	-	-	7,255	8,370
Grants receivable	-	-	-	-	11,743
Contributions receivable, net of allowance for uncollectible contributions 2015 \$516,591; 2014 \$586,094	-	3,514,617	-	3,514,617	3,312,819
<i>Total current assets</i>	<u>1,593,863</u>	<u>3,624,547</u>	<u>-</u>	<u>5,218,410</u>	<u>5,376,040</u>
OTHER ASSETS					
Property and equipment, net	1,452,541	-	-	1,452,541	1,524,431
Investments - endowment	9,162	36,305	100,397	145,864	139,546
Beneficial interest in assets held by others	-	1,737,703	-	1,737,703	1,703,853
	<u>1,461,703</u>	<u>1,774,008</u>	<u>100,397</u>	<u>3,336,108</u>	<u>3,367,830</u>
<i>Total assets</i>	<u>\$ 3,055,566</u>	<u>\$ 5,398,555</u>	<u>\$ 100,397</u>	<u>\$ 8,554,518</u>	<u>\$ 8,743,870</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
ALLOCATED ANNUAL CAMPAIGN SUPPORT DESIGNATED FOR FUTURE PERIODS					
Future allocations payable	\$ 2,288,886	\$ -	\$ -	\$ 2,288,886	\$ 2,753,608
Donor-designations payable	332,961	971,038	-	1,303,999	1,149,897
	<u>2,621,847</u>	<u>971,038</u>	<u>-</u>	<u>3,592,885</u>	<u>3,903,505</u>
Current maturities of long-term debt	11,198	-	-	11,198	10,733
Funds held for others	66,756	-	-	66,756	32,496
Grants payable	22,000	-	-	22,000	108,078
Accounts payable	5,911	-	-	5,911	60,166
Accrued expenses	139,665	-	-	139,665	116,667
Deferred revenue - designation fees	42,838	-	-	42,838	142,815
<i>Total current liabilities</i>	<u>2,910,215</u>	<u>971,038</u>	<u>-</u>	<u>3,881,253</u>	<u>4,374,460</u>
LONG-TERM DEBT, less current maturities	<u>250,447</u>	<u>-</u>	<u>-</u>	<u>250,447</u>	<u>261,430</u>
COMMITMENTS (See Notes)					
NET ASSETS (DEFICIT):					
Unrestricted	(1,295,992)	-	-	(1,295,992)	(1,569,516)
Unrestricted, invested in property and equipment	1,190,896	-	-	1,190,896	1,252,268
<i>Total unrestricted net deficit</i>	<u>(105,096)</u>	<u>-</u>	<u>-</u>	<u>(105,096)</u>	<u>(317,248)</u>
Temporarily restricted	-	4,427,517	-	4,427,517	4,324,831
Permanently restricted	-	-	100,397	100,397	100,397
<i>Total net assets (deficit)</i>	<u>(105,096)</u>	<u>4,427,517</u>	<u>100,397</u>	<u>4,422,818</u>	<u>4,107,980</u>
<i>Total liabilities and net assets</i>	<u>\$ 3,055,566</u>	<u>\$ 5,398,555</u>	<u>\$ 100,397</u>	<u>\$ 8,554,518</u>	<u>\$ 8,743,870</u>

GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year ended March 31, 2015 with comparative totals for the year ended March 31, 2014

	2015			2014	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Total
Support and revenues					
Campaign revenue:					
Total contributions pledged	\$ -	\$ 7,020,221	\$ -	\$ 7,020,221	\$ 6,925,752
Less donor designations	-	(1,501,742)	-	(1,501,742)	(1,551,774)
Less provision for uncollectible pledges	-	(307,265)	-	(307,265)	(296,346)
Add prior years' excess provision for uncollectible pledges taken into income in current year	111,654	-	-	111,654	200,450
<i>Net campaign revenue</i>	111,654	5,211,214	-	5,322,868	5,278,082
Support:					
Sponsors and other contributions	490	253,159	-	253,649	318,088
Grant revenue	-	213,696	-	213,696	227,207
In-kind contributions	31,169	-	-	31,169	43,218
<i>Total support</i>	143,313	5,678,069	-	5,821,382	5,866,595
Other revenue:					
Administrative fees	157,070	-	-	157,070	140,730
Returned grant	-	-	-	-	10,000
Rental income	49,011	-	-	49,011	68,521
Miscellaneous income	4,594	-	-	4,594	5,278
<i>Total support and revenues</i>	353,988	5,678,069	-	6,032,057	6,091,124
Net assets released from restrictions:					
For satisfaction of time restrictions	5,133,107	(5,133,107)	-	-	-
For satisfaction of program restrictions	482,048	(482,048)	-	-	-
	5,969,143	62,914	-	6,032,057	6,091,124
Expenses:					
Program services	4,583,109	-	-	4,583,109	4,891,105
Support services:					
Management and general	731,108	-	-	731,108	877,275
Fundraising	556,505	-	-	556,505	699,328
<i>Total expenses</i>	5,870,722	-	-	5,870,722	6,467,708
<i>Increase (decrease) in net assets before other activities</i>	98,421	62,914	-	161,335	(376,584)
Other activities:					
Increase in value of beneficial interest in trusts, net of fees 2015 \$11,082; 2014 \$10,655	-	33,850	-	33,850	110,998
Realized and unrealized gains on investments	16,866	2,884	-	19,750	10,078
Investment income	96,865	3,038	-	99,903	106,055
<i>Total other activities</i>	113,731	39,772	-	153,503	227,131
<i>Net increase (decrease) in net assets</i>	212,152	102,686	-	314,838	(149,453)
Net assets (deficit), beginning of year	(317,248)	4,324,831	100,397	4,107,980	4,257,433
<i>Net assets (deficit), end of year</i>	\$ (105,096)	\$ 4,427,517	\$ 100,397	\$ 4,422,818	\$ 4,107,980

GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended March 31, 2015 with comparative totals for the year ended March 31, 2014

	2015				2014	
	Other program services	Management and general	Fundraising	Total	Total	
Salaries and wages	\$ 1,099,067	\$ 450,808	\$ 319,922	\$ 1,869,797	\$ 1,843,938	
Payroll taxes	77,061	31,608	22,431	131,100	136,917	
Employee fringe benefits	104,409	42,826	30,392	177,627	181,263	
Employer 403(b) contribution	42,565	17,459	12,390	72,414	71,131	
<i>Total salaries and related benefits</i>	<u>1,323,102</u>	<u>542,701</u>	<u>385,135</u>	<u>2,250,938</u>	<u>2,233,249</u>	
Community Impact Grants to Agencies	2,319,424	-	-	2,319,424	2,960,117	
Other program services (See Note 12)	198,177	-	-	198,177	101,378	
Occupancy	143,400	29,188	20,713	193,301	192,426	
211 expenses	120,768	-	-	120,768	116,148	
Telephone, communications and technology	52,057	20,163	14,309	86,529	85,404	
Grant expenses-Drug Free Grants	77,865	-	-	77,865	54,425	
Publications, printing and campaign expenses	-	-	71,212	71,212	66,103	
United Way Worldwide dues	38,710	15,877	11,268	65,855	66,249	
Homeless Service Center expenses	61,000	-	-	61,000	70,090	
Supplies and office expense	28,771	11,801	8,375	48,947	52,596	
Professional services	-	47,399	-	47,399	41,445	
Volunteer Income Tax Assistance expenses	40,880	-	-	40,880	73,830	
Travel	22,461	9,162	6,502	38,125	43,589	
Insurance	19,677	8,071	5,728	33,476	32,110	
In-kind expenses	18,321	7,515	5,333	31,169	43,218	
Special events	12,581	1,809	1,373	15,763	19,744	
Conferences, training and meetings	8,309	3,408	2,418	14,135	36,938	
Miscellaneous	7,411	3,041	2,158	12,610	13,370	
Postage	7,163	2,938	2,085	12,186	13,382	
Community needs assessment	10,500	-	-	10,500	11,834	
Investment fees	6,176	2,533	1,798	10,507	12,162	
Other dues and awards	5,036	2,066	1,466	8,568	19,109	
Community impact expenses	4,183	-	-	4,183	6,369	
<i>Total expenses before interest and depreciation</i>	<u>4,525,972</u>	<u>707,672</u>	<u>539,873</u>	<u>5,773,517</u>	<u>6,365,285</u>	
Interest expense	6,772	2,778	1,971	11,521	11,959	
Depreciation	50,365	20,658	14,661	85,684	90,464	
<i>Total functional expenses</i>	<u>\$ 4,583,109</u>	<u>\$ 731,108</u>	<u>\$ 556,505</u>	<u>\$ 5,870,722</u>	<u>\$ 6,467,708</u>	

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS
Years Ended March 31, 2015 and 2014

	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	\$ 6,831,761	\$ 7,309,625
Cash received from grantors	225,439	215,464
Administrative fees	57,092	131,393
Other cash received	54,720	75,429
Cash received from trust	71,733	65,889
Designations paid	(1,347,640)	(1,532,585)
Net cash received for funds held for others	34,260	2,396
Cash paid to agencies	(2,825,524)	(3,474,980)
Cash paid to suppliers, employees, and others	(3,590,392)	(3,346,709)
<i>Net cash used in operating activities</i>	<u>(488,551)</u>	<u>(554,078)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(13,794)	(168,929)
Proceeds from sale of investments	911,378	454,149
Purchase of investments	(380,813)	(200,000)
<i>Net cash provided by investing activities</i>	<u>516,771</u>	<u>85,220</u>
CASH FLOWS USED IN FINANCING ACTIVITIES		
Repayments of long-term debt	(10,518)	(10,078)
<i>Net increase (decrease) in cash</i>	17,702	(478,936)
Cash, beginning of year	984,508	1,463,444
<i>Cash, end of year</i>	<u>\$ 1,002,210</u>	<u>\$ 984,508</u>

GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS (CONTINUED)
 Years Ended March 31, 2015 and 2014

	2015	2014
RECONCILIATION OF NET ASSETS (DEFICIT) TO NET CASH USED IN OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ 314,838	\$ (149,453)
Adjustments to reconcile increase (decrease) in net assets to net cash used in operating activities:		
Realized and unrealized gain on investments	(19,750)	(10,078)
Reinvested interest and dividends	(19,537)	(29,217)
Depreciation	85,684	90,464
Prior years' excess provision for uncollectible pledges	(111,654)	(200,450)
(Increase) decrease in accounts and rent receivable	1,115	(8,370)
(Increase) decrease in prepaid and reimbursable expenses	(133,324)	17,697
(Increase) decrease in contributions receivable	(90,144)	424,109
(Increase) decrease in grants receivable	11,743	(11,743)
Increase in value of beneficial interest in assets held by others	(33,850)	(110,998)
Decrease in allocated annual campaign	(310,620)	(640,730)
Increase in funds held for others	34,260	2,396
Increase (decrease) in grants payable	(86,078)	83,078
Decrease in accounts payable	(54,255)	(2,681)
Increase in accrued expenses	22,998	1,235
Decrease in deferred revenue	(99,977)	(9,337)
<i>Net cash used in operating activities</i>	<u>\$ (488,551)</u>	<u>\$ (554,078)</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash payments for:		
Interest expense	\$ 11,521	\$ 11,959

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities

Granite United Way (the "United Way") was formed on July 1, 2010, as the result of a merger of four local not-for-profit entities - Heritage United Way, Inc., United Way of Merrimack County, North Country United Way and Upper Valley United Way. All of these entities shared the common goal to raise and distribute funds for the community's needs. This merger allows for shared resources and reduction in overhead in order to increase impact in the communities the United Way serves.

On February 1, 2012, the United Way acquired the assets and assumed the liabilities of United Way of Northern New Hampshire. On January 1, 2013, the United Way acquired the assets and assumed the liabilities of Lakes Region United Way.

The United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by the United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay the United Way's operating expenses. Donors may designate their pledges to support a region of the United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax-exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as temporarily restricted in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the United Way have been prepared on the accrual basis. Under the accrual basis revenues and gains are recognized when earned and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

Cash and cash equivalents: For purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at March 31, 2015 and 2014.

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Basis of presentation: The United Way accounts for contributions received in accordance with the FASB Accounting Standards Codification topic for revenue recognition (FASB ASC 958-605) and contributions made in accordance with FASB ASC 958-720-25 and FASB ASC 958-310. In accordance with FASB ASC 958-605-25, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. In addition, FASB ASC 958-310 requires that unconditional promises to give (pledges) be recorded as receivables and recognized as revenues.

The United Way adheres to the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the United Way is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Descriptions of the three net asset categories are as follows:

Unrestricted net assets include both undesignated and designated net assets, which are the revenues not restricted by outside sources and revenues designated by the Board of Directors for special purposes and their related expenses.

Temporarily restricted net assets include gifts and pledges for which time restrictions or donor-imposed restrictions have not yet been met and donor designations payable associated with uncollected pledges. Temporarily restricted net assets also include the beneficial interest in assets held by others and the accumulated appreciation related to permanently restricted endowment gifts, which is a requirement of FASB ASC 958-205-45.

Permanently restricted net assets include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof be made available for program operations in accordance with donor restrictions.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of \$307,265 and \$296,346 for the campaign years ended March 31, 2015 and 2014, respectively. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for both years ended March 31, 2015 and 2014.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

Deferred revenue: The United Way charged a 10% administrative fee on the State Campaign designations for both years ended March 31, 2015 and 2014. The United Way charged 5% and 18% on most other designations for the years ended March 31, 2015 and 2014, respectively.

These administrative fees are recognized in the post campaign years, as this is the year they are available to offset administrative expenses. The administrative fees on the State Campaign are accrued on an estimated basis, but are earned on actual payments received.

(continued on next page)

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Donated goods and services: Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills. Various types of in-kind support, including services, gift certificates, materials and other items, amounting to \$31,169 and \$43,218 have been reflected at fair value in the financial statements for the years ended March 31, 2015 and 2014, respectively.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

Functional allocation of expenses: The cost of providing the various programs and other activities has been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Property and equipment: Property and equipment are included in unrestricted net assets and are carried at cost if purchased and fair value if contributed. Maintenance, repairs and minor renewals are expensed as incurred, and renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of \$1,000.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements.....	5-31½
Leasehold improvements	15
Furniture and equipment	3-10

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at March 31, 2015, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to \$250,000. Amounts included in cash in excess of federally insured limits were approximately \$238,726 at March 31, 2015.

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The United Way has adopted the provisions of FASB AC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2012. Also included are filings for United Way of Northern New Hampshire and Lakes Region United Way prior to their acquisitions on February 1, 2012 and January 1, 2013, respectively.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 - inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.
- Level 2 - inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 - inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2015:

	Level 1	Level 2	Level 3
Money market funds	\$ 57,146	\$ 7,370	\$ -
Mutual funds:			
Domestic equity	91,342	-	-
International equity	4,551	-	-
Fixed income	256,427	-	-
Other	5,147	-	-
Fixed income funds	143,593	-	-
Municipal bonds	-	11,100	-
Corporate bonds	-	45,723	-
Beneficial interest in assets held by others	-	-	1,737,703
<i>Total</i>	<u>\$ 558,206</u>	<u>\$ 64,193</u>	<u>\$ 1,737,703</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Financial assets carried at fair value on a recurring basis consist of the following at March 31, 2014:

	Level 1	Level 2	Level 3
Money market funds	\$ 45,378	\$ 22,315	\$ -
Mutual funds:			
Domestic equity	167,200	-	-
International equity	9,272	-	-
Fixed income	256,045	-	-
Other	48,584	-	-
Fixed income funds	498,258	-	-
Municipal bonds	-	21,151	-
Corporate bonds	-	45,547	-
Beneficial interest in assets held by others	-	-	1,703,853
<i>Total</i>	<u>\$ 1,024,737</u>	<u>\$ 89,013</u>	<u>\$ 1,703,853</u>

	Beneficial interest in assets held by others
<i>Balance, April 1, 2013</i>	\$ 1,592,855
Total unrealized gains, net of fees included in changes in temporarily restricted endowment net assets	<u>110,998</u>
<i>Balance, March 31, 2014</i>	<u>\$ 1,703,853</u>
Total unrealized gains, net of fees included in changes in temporarily restricted endowment net assets	<u>33,850</u>
<i>Balance, March 31, 2015</i>	<u>\$ 1,737,703</u>
Amount of unrealized gains, net of fees attributable to change in unrealized gains relating to assets still held at the reporting date included in the statement of activities and changes in net assets	<u>\$ 33,850</u>

All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources. The fair value of investments in money market funds is based upon the net asset values determined by the underlying investments in which the funds invest.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at March 31, 2015 and 2014.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 4. Property and Equipment

<u>Property and equipment, at cost, at March 31,</u>	<u>2015</u>	<u>2014</u>
Land, buildings and building improvements	\$ 1,817,736	\$ 1,813,402
Leasehold improvements	5,061	5,061
Furniture and equipment	347,370	337,910
<i>Total property and equipment</i>	<u>2,170,167</u>	<u>2,156,373</u>
Less accumulated depreciation	(717,626)	(631,942)
<i>Total property and equipment, net</i>	<u>\$ 1,452,541</u>	<u>\$ 1,524,431</u>

The United Way is currently in the process of selling its building in Laconia, New Hampshire. The building's carrying value amounted to \$255,017 and \$264,921 at March 31, 2015 and 2014, respectively.

Note 5. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way. In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The distributions are approximately 4.03% of the market value of each fund per year. The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$67,400 and \$61,909 from the agency endowed funds during the years ended March 31, 2015 and 2014, respectively.

Designated funds: The United Way is also a beneficiary of two designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way. In accordance with its spending policy the Foundation makes distributions from the funds to the United Way. The distributions are approximately 4.03% of the market value of the fund per year. These funds are not included in these financial statements, since all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received \$4,333 and \$3,980 from the designated funds during the year ended March 31, 2015 and 2014, respectively. The market value of these fund's assets amounted to approximately \$111,700 and \$109,500 as of March 31, 2015 and 2014, respectively.

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 6. Long-term Debt

<u>Long-term debt at March 31,</u>	<u>2015</u>	<u>2014</u>
4.25% mortgage financed with a local bank. The note is due in monthly installments of principal and interest of \$1,837 through December 2031. The note is collateralized by the United Way's building located in Plymouth, NH.	\$ 261,645	\$ 272,163
Less portion payable within one year	11,198	10,733
<i>Total long-term debt</i>	<u>\$ 250,447</u>	<u>\$ 261,430</u>

The scheduled maturities of long-term debt at March 31, 2015 were as follows:

<u>Year Ending March 31,</u>	
2016	\$ 11,198
2017	11,683
2018	12,190
2019	12,718
2020	13,269
Thereafter	200,587
<i>Total</i>	<u>\$ 261,645</u>

The mortgage note with Franklin Savings Bank contains a financial covenant for debt service coverage, which is tested annually based on the year-end financial statements.

Note 7. Funds Held for Others

The United Way held funds for others for the following projects:

<u>March 31,</u>	<u>2015</u>	<u>2014</u>
Concord Multicultural Project Fund	\$ 33,038	\$ 18,721
STEAM Ahead	23,485	-
Get Moving Manchester	1,798	1,798
Mayor's Prayer Breakfast	3,241	7,392
City of Concord Dog Park	3,606	3,606
Better Together	1,588	979
<i>Total</i>	<u>\$ 66,756</u>	<u>\$ 32,496</u>

Note 8. Endowment Funds and Net Assets

The United Way adheres to the Other Presentation Matters section of the Presentation of Financial Statements for Not-for-Profit Organizations topic of the FASB Accounting Standards Codification (FASB ASC 958-205-45).

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

FASB ASC 958-205-45 provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

FASB ASC 958-205-45 also requires additional disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds) whether or not the organization is subject to UPMIFA.

The State of New Hampshire enacted UPMIFA effective July 1, 2008, the provisions of which apply to endowment funds existing on or established after that date. The United Way's endowment consists of three individual funds established for youth programs, Whole Village and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including those funds designated by the Board of Directors, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the United Way has interpreted UPMIFA as allowing the United Way to appropriate for expenditure or accumulate so much of an endowment fund as the United Way determines to be prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument.

As a result of this interpretation, the United Way classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the United Way in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the United Way, and (7) the investment policies of the United Way.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk. Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Endowment net asset composition by type of fund as of March 31, 2015 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 36,305	\$ 100,397	\$ 136,702
Board-designated endowment funds	9,162	-	-	9,162
	<u>\$ 9,162</u>	<u>\$ 36,305</u>	<u>\$ 100,397</u>	<u>\$ 145,864</u>

Changes in the endowment net assets as of March 31, 2015 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2014	\$ 8,765	\$ 30,384	\$ 100,397	\$ 139,546
Investment return:				
Investment income	204	3,038	-	3,242
Net appreciation (realized and unrealized)	193	2,883	-	3,076
Total investment return	<u>397</u>	<u>5,921</u>	<u>-</u>	<u>6,318</u>
Endowment net assets, March 31, 2015	<u>\$ 9,162</u>	<u>\$ 36,305</u>	<u>\$ 100,397</u>	<u>\$ 145,864</u>

Endowment net asset composition by type of fund as of March 31, 2014 is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 30,384	\$ 100,397	\$ 130,781
Board-designated endowment funds	8,765	-	-	8,765
	<u>\$ 8,765</u>	<u>\$ 30,384</u>	<u>\$ 100,397</u>	<u>\$ 139,546</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Changes in the endowment net assets as of March 31, 2014 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, March 31, 2014	\$ 8,280	\$ 23,152	\$ 100,397	\$ 131,829
Investment return:				
Investment income	224	3,343	-	3,567
Net appreciation (realized and unrealized)	261	3,889	-	4,150
Total investment return	485	7,232	-	7,717
Endowment net assets, March 31, 2015	\$ 8,765	\$ 30,384	\$ 100,397	\$ 139,546

Income from permanently restricted net assets is available for the following purposes:

March 31,	2015	2014
General operations	\$ 14,930	\$ 14,930
Youth programs	11,467	11,467
General operations of Whole Village	74,000	74,000
<i>Total permanently restricted net assets</i>	<u>\$ 100,397</u>	<u>\$ 100,397</u>

Temporarily restricted net assets consisted of support and other unexpended revenues and represent the following:

March 31,	2015	2014
Drug-Free Communities Support Program	\$ 62,197	\$ 69,279
Contributions receivable related to campaigns	3,514,617	3,312,819
Designations payable to other agencies and United Ways	(971,039)	(847,348)
Volunteer income tax assistance program	33,630	33,802
Other programs	6,403	3,571
Berlin area direct services	7,701	18,471
Agency endowed funds at the New Hampshire Charitable Foundation	1,737,703	1,703,853
Portion of perpetual endowment funds subject to time restriction under UPMIFA	36,305	30,384
<i>Total temporarily restricted net assets</i>	<u>\$ 4,427,517</u>	<u>\$ 4,324,831</u>

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

At March 31, 2015 and 2014, the Board of Directors has designated net assets amounting to \$394,087 and \$54,539 respectively, which are funds set aside to meet the emerging opportunity needs of the community as they arise.

Note 9. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the years ended March 31, 2015 and 2014, the United Way contributed \$72,415 and \$71,131, respectively to employees participating in the plan.

Note 10. Lease Commitments

During the year ended March 31, 2011, the United Way entered into an operating lease agreement for office space in Manchester, New Hampshire. The original term of the lease is for five years and has an option to renew for two additional five-year terms. The terms of the lease require monthly payments of \$2,373. The rent will be increased by 2% annually on each anniversary date of the lease. The lease also requires the United Way to pay its share of other costs such as taxes, maintenance and insurance amounting to \$500 per month. As of the end of the lease term, May 31, 2015, the United Way has not renewed for an additional term and is currently leasing on a month-to-month basis.

During the year ended March 31, 2015, the United Way leased additional office space in the same building. There was a partial rental amount of \$435 due for December, 2014 with monthly payments of \$600 for the remainder of the fiscal year. Monthly payments increase to \$875 beginning in May, 2015. The lease agreement is an addendum to the operating lease agreement for the main office space.

Total rent expense related to this lease amounted to \$39,572 and \$36,120 for the years ended March 31, 2015 and 2014, respectively.

The United Way leases a copy machine under the terms of an operating lease. The lease matured on October 1, 2014. The United Way began a new operating lease for a copy machine on October 1, 2014 with a term of 60 months. The monthly lease payment amount is \$170. The lease expense amounted to \$2,036 and \$2,279 for the years ended March 31, 2015 and 2014, respectively.

The United Way's future minimum lease commitments are as follows:

<u>Year ending March, 31</u>	
2016	9,751
2017	2,036
2018	2,036
2019	1,018
<i>Total</i>	<u>\$ 14,841</u>

GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Note 11. Commitments

The United Way does not own the land on which their building in Laconia, New Hampshire is located. The United Way is part of a condominium association to which they pay quarterly dues that fund certain maintenance costs. For the years ended March 31, 2015 and 2014, the dues amounted to \$3,259 and \$3,060, respectively.

The United Way rents space in the building which they own and occupy to twelve non-affiliated, non-profit organizations. The monthly lease payments range from \$125 to \$1,250 per month. For the years ended March 31, 2015 and 2014, the rental income amounted to \$46,285 and \$57,654, respectively. The United Way also provides space at no charge to one tenant in the Plymouth, New Hampshire building for affordable childcare services in support of its mission to provide services, support and resources to develop strong families, confident parents and healthy children.

Note 12. Other Program Services

Other program services included in the accompanying statement of functional expenses include expenses for the following programs:

Year ending March 31,	2015	2014
Women's Leadership Council	\$ 27,302	\$ 26,634
Financial Stability Program	44,287	14,970
Whole Village Family Resource Center	33,894	7,711
Service Learning Partnership	35,000	-
Northern NH direct client services	11,185	8,857
Youth Venture Program	592	4,994
Bring It Program	26,421	25,366
Other program services	4,114	5,306
Carroll County United	15,313	1,419
Curcuru Community Service Fund	69	1,451
Concord Plan to End Homelessness	-	2,300
Lakes Region Public Access	-	2,370
<i>Total</i>	\$ 198,177	\$ 101,378

Note 13. Payment to Affiliated Organizations and Related Party

The United Way paid dues to United Way of Worldwide. The United Way's dues paid to this affiliated organization aggregated \$65,855 and \$66,249 for the years ended March 31, 2015 and 2014, respectively.

The United Way is reimbursed for services provided to United Ways of New Hampshire. The total amount that was billed to United Ways of New Hampshire for services amounted to approximately \$213,696 and \$227,705 for the years ended March 31, 2015 and 2014, respectively.

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GRANITE UNITED WAY

NOTES TO FINANCIAL STATEMENTS

Included in prepaid and reimbursable expenses in the accompanying statements of financial position is \$103,631 and \$16,932 at March 31, 2015 and 2014, respectively, that is due to United Way from United Ways of New Hampshire.

In addition, the United Ways of New Hampshire operates the 211 program. The United Way paid dues amounting to \$120,768 and \$116,148 to the United Ways of New Hampshire for the 211 program for the years ended March 31, 2015 and 2014, respectively.

Note 14. Reclassifications

Certain reclassifications have been made to the March 31, 2014 financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.

Note 15. Subsequent Events

During April 2015, the United Way entered into a lease agreement with the option to purchase on the building in Laconia, New Hampshire as mentioned in Note 4. The term of the lease begins on April 1, 2015 and expires on October 31, 2016. The tenant has the option to purchase at any time during the lease. Monthly lease payments are \$1,600.

The United Way has evaluated subsequent events through July 14, 2015, the date which the financial statements were available to be issued, and have not evaluated subsequent events after that date. There were no other subsequent events that would require disclosure in financial statements for the year ended March 31, 2015.



NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

**INDEPENDENT AUDITOR'S REPORT
ON THE SUPPLEMENTARY INFORMATION**

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary schedules of community impact awards to qualified partner agencies and emerging opportunity grants by region is presented for purposes of additional analysis 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Nathan Wechsler & Company

Concord, New Hampshire
July 14, 2015

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
MERRIMACK COUNTY REGION
Year Ended March 31, 2015

	<u>Community Impact Awards</u>
Blueberry Express Day Care	\$ 32,000
Boys and Girls Clubs of Greater Concord	25,000
Child & Family Services:	
Mental Health/Substance Abuse	42,000
Family Counseling	15,000
Community Action Program:	
CAP-Meals on Wheels	19,353
Community Bridges:	
Early Supports & Services	21,247
Concord Coalition to End Homelessness	25,000
Concord Family YMCA:	
Child Development Center	20,000
Summer Camp Program	25,000
Copper Cannon Camp	4,000
Crisis Center of Central NH	14,000
Merrimack Valley Day Care	80,000
NH Legal Assistance	47,500

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 MERRIMACK COUNTY REGION (CONTINUED)
 Year Ended March 31, 2015

	<u>Community Impact Awards</u>
NH Pro Bono Referral System	\$ 15,000
Penacook Community Center:	
Child, Youth and Families	40,000
Pittsfield Youth Workshop	25,000
Riverbend Community Mental Health - Emergency Services	50,000
Second Start:	
Adult Education	27,500
Alternative High School	8,000
First Start	16,467
The Friends Program:	
Foster Grandparents	18,000
Tiny Twisters Childcare Center	20,000
White Birch Community Center	17,500
	<u>\$ 607,567</u>
	<u>Emerging Opportunity Grants</u>
South Congregation Church - Cold Weather Overnight Shelter	\$ 2,000
Bridges Out of Poverty Workshop	6,794
	<u>\$ 8,794</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTH COUNTRY REGION
Year Ended March 31, 2015

	<u>Community Impact Awards</u>
Boys and Girls Club of the North Country - After School Program	\$ 10,000
Child and Family Services - Parenting Plus	3,000
Copper Cannon Camp	2,000
Grafton County Senior Citizens:	
Aging Services	10,000
RSVP Bone Builders	5,000
ServiceLink	1,500
NH Legal Assistance	3,000
Northern Human Services	3,203
Tri-County Community Action Program	4,000
White Mountains Community College	1,600
	<hr/>
	\$ 43,303
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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 UPPER VALLEY REGION
 Year Ended March 31, 2015

	<u>Community Impact Awards</u>
Alice Peck Day Memorial Hospital	\$ 18,000
Child & Family Services of NH:	
Family Counseling	15,000
Prevention & Intervention	14,925
Safe Visitation Program	25,000
Child Care Center in Norwich	7,200
Child Care Resource	3,375
Community Action Program - Belknap-Merrimack Counties - WIC	2,500
Copper Cannon Camp	1,000
Cover Home Repair	27,000
Dismas of Vermont	18,000
Girls Inc. of NH	7,000
Global Campuses Foundation	8,000
Good Neighbor Health/Red Logan Dental Clinic - Free Medical and Dental Care	22,000
Grafton County Senior Citizens Council:	
Chore Corps	2,400
Helping to Stretch Older Adults' Incomes	13,500
ServiceLink	2,500
Green Mountain Children's Center	18,500
Headrest	15,000
HIV/HCV Resource Center	6,900
More Than Wheels	12,000
NH Legal Assistance	5,000
NH Pro Bono	3,000
Prevent Child Abuse Vermont	4,000
Safeline, Inc.	8,000

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
UPPER VALLEY REGION (CONTINUED)
Year Ended March 31, 2015

	Community Impact Awards
Second Wind Foundation:	
Community Education & Advocacy	\$ 10,000
Turning Point Recovery Center	19,000
Willow Grove	18,000
Special Needs Support Center of the Upper Valley:	
Educational Advocacy	6,000
Springfield Family Center - Lunch at Home	13,200
Southeastern Vermont Community Action:	
Fuel and Housing Assistance	20,000
Financial Fitness	8,000
The Family Place - Child Advocacy Center	3,000
The Children's Center of the Upper Valley	16,000
The Mayhew Program	4,000
Upper Valley Haven:	
Community Services Program	10,000
Shelter Services Program	20,000
Valley Court Diversion Program:	
Court Diversion Program	18,000
Visiting Nurse Association and Hospice of VT & NH - Maternal and Child Health	8,000
Willing Hands - Feeding Hungry Neighbors	4,999
Windham and Windsor Housing Trust:	
Financial Capabilities	8,000
Support and Services at Home	7,000
WISE:	
Crisis Intervention & Support Services	18,000
Emergency Shelter & Housing	6,000
Prevention & Community Education	6,000
	\$ 482,999
	Emerging Opportunity Grants
Ottauguechee Health Foundation	\$ 1,000
Windham and Windsor Housing Trust	5,000
Headrest Crisis Hotline	6,500
Springfield Warming Shelter	3,000
Child and Family Services - Supervised Visitation and Exchange Program	2,500
	\$ 18,000

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
 PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
 SOUTHERN REGION
 Year Ended March 31, 2015

	<u>Community Impact Awards</u>
City Year New Hampshire - Whole School Whole Child	45,000
Easter Seals New Hampshire, Inc.:	
Child Development & Family Resource Center	50,000
Manchester Neighborhood Health Improvement Strategy:	
Building Adult Capacities Collaborative	210,000
Childhood Resiliency and Care Coordination	270,000
Manchester Community Health Center:	
Behavioral Health Integration Program	35,000
NH Legal Assistance - Civil Legal Aid for Low-Income and Elderly	40,000
Plaistow Community YMCA	20,000
Serenity Place - Crisis Services & Transitional Living Program	50,000
The Granite YMCA:	
YMCA Start	20,000
The Mental Health Center of Greater Manchester - Bedford Counseling Assoc.	35,000
The Upper Room, A Family Resource Center:	
Adolescent Wellness Program (AWP)	20,000
The Way Home-Steps to Success in Safe, Affordable Housing	45,000
YWCA New Hampshire - Crisis Service	40,000
	<u>\$ 880,000</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTHERN REGION
Year Ended March 31, 2015

	<u>Community Impact Awards</u>
Community Financial Fitness	\$ 517
Conway Village Congregational Church:	
Conway Dinner Bell	2,250
Food Pantry	2,250
Copper Cannon Camp	1,000
Harvest Christian Fellowship:	
Community Café	1,000
Feeding Hope Food Pantry	3,000
Helping Hands North, Inc.	3,000
NH Legal Assistance	2,000
Northern Human Services	4,000
The Family Resource Center (Gorham)	1,500
White Mountain Community College:	
Assisting People in Transition	1,000
Child Development Center	1,000
	<u>\$ 22,517</u>

GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED
PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
CENTRAL REGION
Year Ended March 31, 2015

	Community Impact Awards
	<hr/>
Appalachian Mountain Teen Project	\$ 10,000
Belknap County Economic Development Council	25,000
Boys and Girls Club of the Lakes Region	20,000
Family Resource Center (Wrap Around)	35,000
Health First Family Clinic	42,500
Laconia Area Land Trust	35,000
Lakes Region Child Care	60,000
Salvation Army	25,000
	<hr/>
	\$ 252,500
	<hr/> <hr/>
	Emerging Opportunity Grants
	<hr/>
Leadership Lakes Region	\$ 750
Bridges Out of Poverty Workshop	2,994
	<hr/>
	\$ 3,744
	<hr/> <hr/>

2015 Board of Directors

William D. Bedor, CPA (Bill) Bedor Management & Investments, Inc. <i>Secretary</i> <i>North Country Campaign Chair & Community Impact Chair</i>	Steven Paris, MD (Steve) Medical Director Dartmouth-Hitchcock Manchester
Dean J. Christon, Executive Director New Hampshire Housing Finance Authority <i>Southern Region Community Impact Chair</i>	Mark Primeau, President Bank of New Hampshire <i>Chairman of the Board of Directors</i>
Jason Cole Attorney	Ronald Reed (Ron) Vice President Lincoln Financial
Gordon Ehret, Operations Leader Hypertherm, Inc. <i>Upper Valley Community Impact, Chair</i>	Jeffery Savage (Jeff) President & CEO Franklin Savings Bank
Julia Griffin Town Manager Town of Hanover	James Scammon (Jim) Executive Vice President Granite Group Benefits, LLC
Stephen Hackley (Steve) Senior Vice President Greater Boston Region Comcast	Cathleen Schmidt (Cathy) Executive Director and CEO McLane, Graf, Raulerson & Middleton P.A.
Heather Lavoie President Geneia	Gary Shirk, VP/Director of Operations Bovie Screen Process Printing <i>Resource Development Chair</i>
Maryann McCormack Community Volunteer <i>Central Region Community Impact Chair</i>	Evan Smith President Hypertherm, Inc.
John Mercier Executive Vice President/Senior Lender Primary Holdings, LLC	Rodney Tenney (Rod) Merrimack County Office <i>Local Community Impact Chair</i>
Heidi Nadeau, Executive Vice President Chief Financial Officer H.L. Turner Group, Inc. <i>Merrimack County Community Impact Chair</i>	Anna Thomas Deputy Public Health Director Manchester Health Department <i>Southern Region CIC Chair</i>
Janet Nickerson Northern Human Services – The Mental Health Center & Founders Hall	Patrick Tufts President & CEO Granite United Way
Nannu Nobis CEO Nobis Offices <i>Secretary</i>	Jeremy Veilleux Principal <i>Treasurer</i> Baker Newman Noyes <i>Treasurer</i>
Sean Owen President & CEO wedu <i>GUW Marketing Chair</i>	Alexander J. Walker, Jr. (Alex) Catholic Medical Center <i>Immediate Past Chair</i>
Steven Paris, MD (Steve) Medical Director Dartmouth-Hitchcock Manchester	Steven C. Webb (Steve), Market President – New Hampshire TD Bank <i>Southern Region Campaign Chair</i>

46 SOUTH MAIN STREET, CONCORD, NH 03301

PHONE 603-224-2595 • E-MAIL SHANNON@CAPITALAREAPHN.ORG

SHANNON SWETT BRESAW, MSW

OBJECTIVE

To obtain a position in which I can utilize the social work skills I have acquired through my education and work-related experiences. I anticipate a position in which I can apply my knowledge in the areas of clinical, community, and administrative social work to facilitate the well-being of individuals, families, and communities.

EDUCATION

Master of Social Work

2002 – 2004

University of New Hampshire

Durham, NH

Bachelor of Arts- Clinical Counseling Psychology

1999 – 2002

Keene State College

Keene, NH

EXPERIENCE

2012 - Present

Granite United Way

Concord, NH

2007 - 2011

Director of Regional Public Health Network Services & Substance Misuse Prevention Services

Accomplishments:

- Provides direction and leadership towards achievement of the Capital Region Community Prevention Coalitions' philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, human resource management, and community and public relations
- Coordinates all aspects of federal, state, and local grants, including financial oversight, progress reports, and work plan goals, objectives, and activities
- Oversees the Strategic Prevention Framework process (assessment, capacity building, planning, implementation, evaluation, cultural competency, and sustainability) for the local and regional prevention efforts of Concord and the Capital Region
- Supervises full and part-time staff

2005 – 2007

CoRe Coalition

Belknap County, NH

Outreach Coordinator, Interim Project Director (from 07/06 through 01/07)

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with the media
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005

Caring Community Network of the Twin Rivers (CCNTR)

Franklin, NH

Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues such as substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Developed, organized, and participated in several community events
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

National Association of Social Workers, NH Chapter- Board Member 2004-2006

NH Alcohol and Other Drug Service Providers Association- Treasurer 2007 – 2011

NH Prevention Certification Board's Peer Review Committee- 2009 – 2011

NH Alcohol and Other Drug Service Providers Association – Board Member 2014 - Current

PATRICK M. TUFTS, MSW
22 Concord St., Manchester, NH 03101
603.625.6939, patrick.tufts@graniteuw.org

SUMMARY OF PROFESSIONAL EXPERIENCE

Executive with twelve years of innovative and successful accomplishments in the area of not for profit leadership, corporate mergers, philanthropy and fundraising. Has successfully raised and invested over \$52,500,000 in United Way supported activities.

PROFESSIONAL EXPERIENCE

President & CEO, Granite United Way, Concord / Manchester NH **2010 to Present**

- Successfully lead the merger of four separate United Ways into one corporate entity, named the first president & CEO of the newly merged organization.
- Reduced operating expenses and raised revenue significantly in the first year of operations.
- Supervises and manages a staff of 25 and an operating budget of \$10,000,000.
- Set a statewide United Way campaign record in NH in 2010 by raising \$7,200,000.
- Founder and Managing Director of 2-1-1 NH, an award winning Information & Referral system that has assisted 125,000 callers since 2009. In 2009, 2-1-1 NH received Business NH Magazine's NH Advantage Award for Innovation and Collaboration.

President & CEO, Heritage United Way, Manchester NH **2006 to 2010**

- Successfully implemented an innovative and outcomes based investment strategy that improved investor confidence and resulted in increased fundraising.
- Set campaign records in 2009 and 2010.
- Led volunteer and staff's effort raising over \$15,000,000 for the local community from 2006 to 2009.
- Received the Key to The City in 2009 for leading Manchester's 10-Year Plan to End Homelessness and creating the City's first homeless services center and co-hiring the City's first coordinator of homeless services with the City.
- The Homeless Service Center recognized as Harvard Pilgrim Health Cares "Collaboration Champion" for its innovative service model, which is a collaboration of twelve separate not for profits and City agencies.

Vice President Resource Development, United Way of Greater Portland, Portland ME **2003 to 2006**

- Successfully led \$8,500,000 to \$8,750,000 annual fundraising campaigns. Personally responsible for managing national campaigns at L.L Bean, TD Bank, Hannaford Brothers, and IDEXX. Interacting with divisions all over North America.
- Responsible for reporting revenue and pledge collections to the board of directors. Improved pledge receivables to 96%.
- Managed campaign technology for the 25,000-member donor database, including the development and implementation of \$4,000,000 worth of online giving.
- Supervised a staff of five, 16 Executives on loan, and 50 volunteers.
- Exceeded campaign goals in 2003 and 2004 by introducing new incentives and campaign strategies resulting in dramatic increases in donor participation.
- Introduced an outcomes based data driven method to measuring the success of annual campaigns. Using data we were able to identify and capitalize on trends and gaps.

Vice President Campaign, United Way of Merrimack Valley Inc. Lawrence MA **2001 to 2003**

- Successfully managed annual campaigns of \$5,500,000 to \$5,750,000.
- Personally managed the top fifteen corporate campaigns and provided all staff supported and guidance to volunteers.
- Implemented new community based collaborations that raised \$267,000 in new revenue and improved civic engagement in Lowell and Lawrence MA. Summer Experiences in Greater Lowell, Keeping Kids on Track, and Success by 6 all received acclaim as innovative and creative strategies.

Area Director, United Way of Merrimack Valley Inc, Lowell MA **1999 to 2001**

- Led both fundraising and fund investment for the Greater Lowell region. Managed a satellite office in partnership with the Greater Lowell Chamber of Commerce.

• **Loaned Executive, United Way of the Greater Seacoast, Portsmouth NH.**

1997 to 1998

- Master's Degree Internship.

EDUCATION & OTHER RELEVANT ACTIVITIES

Masters of Science	Social Work Administration, University of New Hampshire, Durham NH
Bachelors of Science	Sociology, Missouri State United Way, Springfield Mo.
Certificate (s)	Graduate School Supervision, Boston University, Boston College, UNH.
Leadership NH	Class of 2008
Board member	NH Center for Non Profits
Trustee	Mary Gayle Charitable Trust
Chair	Manchester's 10 Year Plan to End Homelessness
Treasurer	United Ways of NH Statewide Association
Member	United Ways of Vermont Statewide Association.

Cynthia L. Read, CPA
22 Concord St., Manchester, NH 03101
603.625.6939, cindy.read@graniteuw.org

Education:	Bentley University Bachelor of Science in Accountancy	Waltham, MA May 1989
Experience:	Granite United Way Chief Financial Officer	September 1995-present Manchester, NH
	Liberty Mutual Insurance Company Benefits Accountant	January 1992-June 1995 Dover, NH
	Nathan Wechsler & Company, CPA's Staff Accountant	June 1989-November 1991 Concord, NH
	Baker and Tyler, CPA's Accountant's Assistant	Summers 1986-1988 Canaan, NH
	Information Resources, Inc. Research Assistant	September 1987-May 1989 Waltham, MA

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Granite United Way

Name of Program: Regional Public Health Network Services for the Greater Derry Region

Shannon Bresaw	Director, Public Health Services & Prevention	\$ 64,000	0.00%
Cindy Read	CFO	\$ 77,642	0.00%
Patrick Tufts	President & CEO	\$ 135,505	0.00%
		\$0	0.00%
		\$0	0.00%
		\$0	0.00%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

Shannon Bresaw	Director, Public Health Services & Prevention	\$ 64,000	0.00%
Cindy Read	CFO	\$ 77,642	0.00%
Patrick Tufts	President & CEO	\$ 135,505	0.00%
		\$0	0.00%
		\$0	0.00%
		\$0	0.00%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			