



Lori A. Shibinette
Commissioner

Christine L. Santaniello
Associate Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ECONOMIC & HOUSING STABILITY

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9474 1-800-852-3345 Ext. 9474
Fax: 603-271-4230 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

August 5, 2021

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Economic and Housing Stability, to enter into a **Sole Source** amendment to an existing contract with The Lakes Region Mental Health Center, Inc. (VC#154480 - B001), Laconia, NH for the continued provision of a permanent housing program to individuals experiencing homelessness through the Federal Continuum of Care Program, by increasing the price limitation by \$48,659 from \$85,739 to \$134,398 and by extending the completion date from January 31, 2022 to January 31, 2023, effective upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on January 22, 2020, item #13, amended on May 6, 2020, item #41, and most recently amended on March 24, 2021, item #8.

Funds are available in the following account for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-42-423010-79270000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS,
HHS: HUMAN SERVICES, HOMELESS & HOUSING, HOUSING - SHELTER PROGRAM

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|-----------------------------------|--------------|-----------------|------------------------------|------------------|
| 2020 | 102-500731 | Contracts for Prog Svcs | TBD | \$18,305 | \$0 | \$18,305 |
| 2021 | 102-500731 | Contracts for Prog Svcs | TBD | \$42,066 | \$0 | \$42,066 |
| 2022 | 102-500731 | Contracts for Prog Svcs | TBD | \$25,368 | \$0 | \$25,368 |
| 2022 | 074-500589 | Grants for Public Asst and Relief | TBD | \$0 | \$21,783 | \$21,783 |
| 2023 | 074-500589 | Grants for Public Asst and Relief | TBD | \$0 | \$26,876 | \$26,876 |
| | | | Total | \$85,739 | \$48,659 | \$134,398 |

EXPLANATION

This request is **Sole Source** because the Department is seeking to extend the contract beyond the completion date and there are no renewal options available.

Annually, HUD releases a Continuum of Care Program competition. As part of this competition, the Department (as the Collaborative Applicant for the Balance of State Continuum of Care) is required to issue a Request for Proposals based on the HUD application. HUD issues strict guidelines that specify the eligible activities, populations to be served, expected performance outcomes, and time frames for the competition. All project applications, new and renewal, are scored based on a Rank and Review Policy and scoring tools that are created to match the HUD Notice of Funding Availability. Project applications are ranked in order of score from highest to lowest, and are funded based on this ranking process. Low performing projects are issued a corrective action plan and are given a year to correct performance issues. This process is guided by a Reallocation Policy, as required by HUD. All project applications and individual project score are reviewed by HUD. HUD informs the Continuum of Care of the funding amount for all renewal projects. Funding for new projects is determined by the amount of bonus funding, if any, is made available by HUD. The purpose of this request is to continue delivery of a Permanent Housing Program that provides permanent housing and supportive services, as well as associated administrative services, to individuals facing homelessness. This request adds funds included in the Notice of Federal Award dated April 5, 2021.

Approximately seven (7) individuals will be served at any given time annually.

The Contractor provides permanent housing and supportive services to individuals who are experiencing homelessness or Chronic Homelessness, helping them to live more independently.

The Department ensures contract compliance and vendor performance in the following ways:

- Annual compliance reviews that include the collection of data relating to compliance with administrative rules and contractual agreements.
- Statistical reports that include various demographic information and income and expense reports, including match dollars.
- Maintenance of timely and accurate data entry in the New Hampshire Homeless Management Information System, which is the primary reporting tool for outcomes and activities of shelter and housing programs funded through these contracts.

As referenced in Exhibit C-1, Section 2, Renewal, Subsection 2.1. of the original contract, the parties have the option to extend the agreement for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department has exhausted its one-year renewal option, but is extending this agreement for an additional year in response to the HUD funding directive.

Should the Governor and Council not authorize this request, there will be fewer permanent housing options and supportive services available, leaving vulnerable individuals and families in unsafe or potentially deadly situations without a safety net. Additionally, if data is not collected, as required by these contracts, the Department will be in compliance with federal regulations, which could result in a loss of federal funding for these and other types of homeless and permanent housing supportive services.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number# 14.267, FAIN# NH0002L1T002012

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lori Shibinette". The signature is fluid and cursive, with the first name "Lori" being more prominent than the last name "Shibinette".

Lori A. Shibinette
Commissioner

**State of New Hampshire
Department of Health and Human Services
Amendment #3**

This Amendment to the Continuum of Care, Summer Street Permanent Housing contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Lakes Region Mental Health Center, Inc., ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 22, 2020 (Item #13), as amended on May 6, 2020 (Item #41), and, as most recently amended on March 24, 2021 (Item #8), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to Standard Contract Language, Section 2, Renewal, Subsection 2.1., the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
January 31, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$134,398
3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 3, Project Costs: Payment Schedule: Review by the State, Subsection 3.4 Payment of Project Costs, Paragraph 3.4.1, to read:
 - 3.4.1 The State agrees to provide payment on a cost reimbursement basis for actual, eligible expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line items as specified in Exhibit B-1 Amendment #3, Budget Sheet, and as defined by HUD under the provisions of Public Law 102-550 and other applicable regulations, subject to the availability of sufficient funds.
4. Modify Exhibit B-1 Budget – Amendment #2 (2020/2021) and Exhibit B-2, Budget (2022) by replacing both exhibits in their entirety with Exhibit B-1 Amendment #3.
5. Add Exhibit B-1 Amendment #3, Budget Sheet, which is attached hereto and incorporated by reference herein.

DS
MMP

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

DocuSigned by:

Katja Fox

FD0005804CE3442

Name: Katja Fox

Title: Director

Date 8/12/2021

The Lakes Region Mental Health Center, Inc.

DocuSigned by:

Margaret M. Pritchard

02FC7787ACB7A09


Name: Margaret M. Pritchard

Title: CEO

Date 8/11/2021

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

DocuSigned by:


D66A0202E3204AE...

Date 8/13/2021

Name: Catherine Pinos

Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Exhibit B-1 Amendment #3, Budget Sheet

Summer St

CoC Funds

| SFY20 - 2/1/20-6/30/20 | | | | | | | | | |
|--------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations | \$ 17,903 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 17,903 | \$ - | \$ - |
| Administration | \$ 402 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 402 | \$ - | \$ - |
| 25% Required Match | \$ 4,631 | \$ - | \$ - | \$ 4,631 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUNDS/BALANCE | \$ 22,936 | \$ - | \$ - | \$ 4,631 | \$ - | \$ - | \$ 18,305 | \$ - | \$ - |

| SFY21 - 7/1/20-6/30/21 | | | | | | | | | |
|--------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations | \$ 41,099 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 41,099 | \$ - | \$ - |
| Administration | \$ 967 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 967 | \$ - | \$ - |
| 25% Required Match | \$ 11,383 | \$ - | \$ - | \$ 11,383 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUNDS/BALANCE | \$ 53,449 | \$ - | \$ - | \$ 11,383 | \$ - | \$ - | \$ 42,066 | \$ - | \$ - |

| SFY22 - 7/1/21-6/30/22 | | | | | | | | | |
|--------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations | \$ 46,185 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 46,185 | \$ - | \$ - |
| Administration | \$ 966 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 966 | \$ - | \$ - |
| 25% Required Match | \$ 11,760 | \$ - | \$ - | \$ 11,760 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUNDS/BALANCE | \$ 58,911 | \$ - | \$ - | \$ 11,760 | \$ - | \$ - | \$ 47,151 | \$ - | \$ - |

| SFY23 - 7/1/22-1/31/23 | | | | | | | | | |
|--------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations | \$ 26,313 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 26,313 | \$ - | \$ - |
| Administration | \$ 563 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 563 | \$ - | \$ - |
| 25% Required Match | \$ 6,860 | \$ - | \$ - | \$ 6,860 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUNDS/BALANCE | \$ 33,736 | \$ - | \$ - | \$ 6,860 | \$ - | \$ - | \$ 26,876 | \$ - | \$ - |



State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE LAKES REGION MENTAL HEALTH CENTER, INC is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 14, 1969. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 64124

Certificate Number: 0005380007



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 11th day of June A.D. 2021.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Matthew Soza, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of The Lakes Region Mental Health Center, Inc.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on August 2, 2021, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Margaret M. Pritchard, CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of The Lakes Region Mental Health Center, Inc. to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: August 2, 2021

Matthew Soza
Signature of Elected Officer
Name: Matthew Soza
Title: Co-Treasurer



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
06/24/2021

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

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

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PRODUCER Cross Insurance-Laonia 155 Court Street Laonia NH 03246 | | CONTACT NAME: Sarah Cullen, AINS, ACSR PHONE (A/C No. Ext.): (603) 524-2425 FAX (A/C No.): (603) 524-3686 E-MAIL ADDRESS: sarah.cullen@crossagency.com | |
| INSURED Lakes Region Mental Health Center, Inc., DBA: Genesis Behavioral 40 Beacon Street East Laonia NH 03246 | | INSURER(S) AFFORDING COVERAGE INSURER A: Ace American Insurance Company INSURER B: ACE Property & Casualty Ins Co INSURER C: New Hampshire Employers Ins Co INSURER D: INSURER E: INSURER F: | |

COVERAGES - CERTIFICATE NUMBER: CL2162481712 REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADOL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER: | | SVRD37803601011 | 06/26/2021 | 06/26/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 250,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 Employee Benefits Liab \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | CALH08618574011 | 06/26/2021 | 06/26/2022 | COMBINED SINGLE LIMIT (EA accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 1,000 |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> CLAIMS-MADE | | XOOG25516540011 | 06/26/2021 | 06/26/2022 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | ECC-800-4000907-2021A | 06/26/2021 | 06/26/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Professional Liability | | OGLG2551662A011 | 06/26/2021 | 06/26/2022 | Each Incident 5,000,000 Aggregate 7,000,000 |

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

CERTIFICATE HOLDER

 State of New Hampshire Department of Health & Human Services
 129 Pleasant Street

Concord

NH 03301-3857

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Lakes Region Mental Health Center

Mission Vision & Values

Lakes Region Mental Health Center's mission is to provide integrated mental and physical health care for people with mental illness while creating wellness and understanding in our community.

(Revised & Approved by the Board of Directors, 9/15/15)

Our Vision

Lakes Region Mental Health Center is the community leader providing quality, accessible and integrated mental and physical health services, delivered with dedication and compassion.

(Revised & Approved by the Board of Directors, 9/15/15)

Our Values

| | |
|---------------------------|-----------------------------------------------------------------------------------------------------------|
| <u>RESPECT</u> | We conduct our business and provide services with respect and professionalism. |
| <u>ADVOCACY</u> | We advocate for those we serve through enhanced collaborations, community relations and political action. |
| <u>INTEGRITY</u> | We work with integrity and transparency, setting a moral compass for the agency. |
| <u>STEWARDSHIP</u> | We are effective stewards of our resources for our clients and our agency's health. |
| <u>EXCELLENCE</u> | We are committed to excellence in all programming and services. |

The Lakes Region Mental Health Center, Inc.

FINANCIAL STATEMENTS

June 30, 2020

The Lakes Region Mental Health Center, Inc.

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June 30, 2020

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Kittell Branagan & Sargent

Certified Public Accountants

Vermont License #167

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
of The Lakes Region Mental Health Center, Inc.

We have audited the accompanying financial statements of The Lakes Region Mental Health Center, Inc. (a nonprofit organization) which comprise of the statement of financial position as of June 30, 2020, and the related statement of activities and changes in net assets 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.

To the Board of Directors
of The Lakes Region Mental Health Center, Inc.
Page 2

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Lakes Region Mental Health Center, Inc. as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Analysis of Accounts Receivables, the Analysis of BBH Revenues, Receipts & Receivables and schedules of functional public support, revenues and expenses on pages 13-16 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kittell, Bravagan + Sargent

St. Albans, Vermont
September 30, 2020

The Lakes Region Mental Health Center, Inc.

STATEMENT OF FINANCIAL POSITION

June 30, 2020

ASSETS

CURRENT ASSETS

| | |
|----------------------------------------------------|---------------|
| Cash | \$ 4,270,465 |
| Investments | 1,730,350 |
| Accounts receivable (net of \$1,676,000 allowance) | 980,344 |
| Prepaid expenses and other current assets | <u>56,457</u> |

| | |
|----------------------|------------------|
| TOTAL CURRENT ASSETS | <u>7,037,616</u> |
|----------------------|------------------|

| | |
|------------------------------|------------------|
| PROPERTY AND EQUIPMENT - NET | <u>5,695,451</u> |
|------------------------------|------------------|

| | |
|--------------|----------------------|
| TOTAL ASSETS | <u>\$ 12,733,067</u> |
|--------------|----------------------|

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

| | |
|--------------------------------|---------------|
| Accounts payable | \$ 151,612 |
| Current portion long-term debt | 869,890 |
| Accrued payroll and related | 721,472 |
| Deferred income | 336,652 |
| Accrued vacation | 394,151 |
| Accrued expenses | <u>62,791</u> |

| | |
|---------------------------|------------------|
| TOTAL CURRENT LIABILITIES | <u>2,536,568</u> |
|---------------------------|------------------|

LONG-TERM DEBT, less current portion

| | |
|---------------------------------------|-----------------|
| Notes and Bonds Payable | 5,255,763 |
| Less: unamortized debt issuance costs | <u>(86,992)</u> |

| | |
|-----------------------------|------------------|
| TOTAL LONG-TERM LIABILITIES | <u>5,168,771</u> |
|-----------------------------|------------------|

| | |
|-------------------|------------------|
| TOTAL LIABILITIES | <u>7,705,339</u> |
|-------------------|------------------|

NET ASSETS

| | |
|---------------------------------------|------------------|
| Net assets without donor restrictions | <u>5,027,728</u> |
|---------------------------------------|------------------|

| | |
|----------------------------------|----------------------|
| TOTAL LIABILITIES AND NET ASSETS | <u>\$ 12,733,067</u> |
|----------------------------------|----------------------|

See Notes to Financial Statements

The Lakes Region Mental Health Center, Inc.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the Year Ended June 30, 2020

| | <u>Net Assets without Donor Restrictions</u> |
|-----------------------------------------------|------------------------------------------------------|
| PUBLIC SUPPORT AND REVENUES | |
| Public support - | |
| Federal | \$ 375,343 |
| State of New Hampshire - BBH | 710,479 |
| Other public support | <u>294,591</u> |
| Total Public Support | <u>1,380,413</u> |
| Revenues - | |
| Program service fees | 12,694,063 |
| Rental income | 85,938 |
| Other revenue | <u>492,378</u> |
| Total Revenues | <u>13,272,379</u> |
| TOTAL PUBLIC SUPPORT AND REVENUES | <u>14,652,792</u> |
| EXPENSES | |
| BBH funded program services - | |
| Children Services | 2,854,685 |
| Multi-service | 6,216,852 |
| ACT | 1,243,654 |
| Emergency Services | 1,157,090 |
| Housing Services | 876,871 |
| Non-Eligible | 481,365 |
| Non-BBH funded program services | <u>1,338,732</u> |
| TOTAL EXPENSES | <u>14,169,249</u> |
| INCREASE IN NET ASSETS FROM OPERATIONS | <u>483,543</u> |
| OTHER INCOME | |
| Gain on sale of fixed asset | 212,252 |
| Investment income | <u>56,651</u> |
| TOTAL OTHER INCOME | <u>268,903</u> |
| TOTAL INCREASE IN NET ASSETS | 752,446 |
| NET ASSETS, beginning | <u>4,275,282</u> |
| NET ASSETS, ending | <u>\$ 5,027,728</u> |

See Notes to Financial Statements.

The Lakes Region Mental Health Center, Inc.

STATEMENT OF CASH FLOWS

For the Year Ended June 30, 2020

CASH FLOWS FROM OPERATING ACTIVITIES

| | |
|--------------------------------------------------------------|----------------|
| Increase in net assets | \$ 752,446 |
| Adjustments to reconcile to net cash provided by operations: | |
| Depreciation and Amortization | 302,827 |
| Gain on sale of asset | (212,252) |
| Unrealized loss on investments | 56,102 |
| (Increase) decrease in: | |
| Accounts receivable | 264,679 |
| Prepaid expenses | 87,127 |
| Increase (decrease) in: | |
| Accounts payable & accrued liabilities | 134,169 |
| Deferred income | <u>236,617</u> |

NET CASH PROVIDED BY OPERATING ACTIVITIES

1,621,715

CASH FLOWS FROM INVESTING ACTIVITIES

| | |
|-------------------------------------|------------------|
| Proceeds from sale of assets | 290,940 |
| Purchases of property and equipment | (201,616) |
| Net investment activity | <u>(110,252)</u> |

NET CASH (USED) BY INVESTING ACTIVITIES

(20,928)

CASH FLOWS FROM FINANCING ACTIVITIES

| | |
|--------------------------------------|------------------|
| Proceeds from issuance of debt | 1,687,500 |
| Principal payments on long-term debt | <u>(103,988)</u> |

NET CASH PROVIDED BY FINANCING ACTIVITIES

1,583,512

NET INCREASE IN CASH

3,184,299

CASH AT BEGINNING OF YEAR

1,086,166

CASH AT END OF YEAR

\$ 4,270,465

SUPPLEMENTAL DISCLOSURE

| | |
|-------------------------------------------------------------|-------------------|
| Cash Payments for Interest | \$ 126,950 |
| Fixed Assets Acquired through Acquisition of Long-Term Debt | <u>\$ 249,537</u> |

See Notes to Financial Statements

The Lakes Region Mental Health Center, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The Lakes Region Mental Health Center, Inc. (the Center) is a not-for-profit corporation, organized under New Hampshire law to provide services in the areas of mental health, and related non-mental health programs; it is exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code. In addition, the Center qualifies for the charitable contribution deduction under Section 170 (b)(1)(a) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles require management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Depreciation

The cost of property, equipment and leasehold improvements is depreciated over the estimated useful life of the assets using the straight line method. Estimated useful lives range from 3 to 40 years.

State Grants

The Center receives a number of grants from and has entered into various contracts with the State of New Hampshire related to the delivery of mental health services.

Vacation Pay and Fringe Benefits

Vacation pay is accrued and charged to the programs when earned by the employee. Fringe benefits are allocated to the appropriate program expense based on the percentage of actual time spent on the programs.

Revenue

Revenue from federal, state and other sources is recognized in the period earned.

Client Service Revenue

The Center recognizes client service revenue relating to services rendered to clients that have third-party payer coverage and are self-pay. The Center receives reimbursement from Medicare, Medicaid and Insurance Companies at defined rates for services to clients covered by such third-party payer programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as allowances when received. For services rendered to uninsured clients (i.e., self-pay clients), revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay clients, a provision for bad debts is recorded based on experience and the effects of newly identified circumstances and trends in pay rates. Client service revenue (net of contractual allowances and discounts but before taking account of the provision for bad debts) recognized during the year ended June 30, 2020 totaled \$11,519,963, of which \$11,370,140 was revenue from third-party payers and \$149,823 was revenue from self-pay clients.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Third Party Contractual Arrangements

A significant portion of patient revenue is derived from services to patients insured by third-party payors. The center receives reimbursement from Medicare, Medicaid, Blue Cross, and other third-party insurers at defined rates for services rendered to patients covered by these programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as allowances when recorded. A provision for estimated contractual allowances is provided on outstanding patient receivables at the balance sheet date.

Basis for Presentation

The financial statements of the Center have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August, 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Organizations" (the "Guide"). (ASC) 958-205 was effective January 1, 2018.

Under the provisions of the Guide, net assets and revenues and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net asset of the Center and changes therein are classified as follows:

Net assets without donor restrictions: Net assets that are not subject to donor imposed restrictions and may be expended for any purpose in performing the primary objectives of the Center. The Center's board may designate assets without restrictions for specific operational purposes from time to time.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Center or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Accounts Receivable

Accounts receivable are recorded based on the amount billed for services provided, net of respective allowances.

Policy for Evaluating Collectability of Accounts Receivable

In evaluating the collectability of accounts receivable, the Center analyzes past results and identifies trends for each major payer source of revenue for the purpose of estimating the appropriate amounts of the allowance for doubtful accounts. Data in each major payer source is regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. Specifically, for receivables relating to services provided to clients having third-party coverage, an allowance for doubtful accounts and a corresponding provision for bad debts are established for amounts outstanding for an extended period of time and for third-party payers experiencing financial difficulties; for receivables relating to self-pay clients, a provision for bad debts is made in the period services are rendered based on experience indicating the inability or unwillingness of clients to pay amounts for which they are financially responsible.

The Lakes Region Mental Health Center, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Based on management's assessment, the Center provides for estimated uncollectible amounts through a charge to earnings and a credit to a valuation allowance. Balances that remain outstanding after the Center has used reasonable collection efforts are written off through a change to the valuation allowance and a credit to accounts receivable.

The allowance for doubtful accounts was \$1,676,000 and \$906,500 for the years ended June 30, 2020 and 2019. Total patient accounts receivable increased to \$2,135,814 as of June 30, 2020 from \$1,871,450 at June 30, 2019. As a result of changes to payer mix present at year end the allowance as a percentage of total accounts receivable increased from 48% to 78% of total patient accounts receivable.

Advertising

Advertising costs are expensed as incurred. Total costs were \$92,537 at June 30, 2020 and consisted of \$56,863 for recruitment and \$35,674 for agency advertising.

NOTE 2 CLIENT SERVICE REVENUES FROM THIRD PARTY PAYORS

The Center has agreements with third-party payors that provide payments to the Center at established rates. These payments include:

New Hampshire and Managed Medicaid

The Center is reimbursed for services from the State of New Hampshire and Managed Care Organizations (MCOs) for services rendered to Medicaid clients. Payments for these services are received in the form of monthly capitation amounts that are predetermined in a contractual agreement with the MCOs.

Approximately 81% of program service fees is from participation in the State and Managed Care Organization sponsored Medicaid programs for the year ended June 30, 2020. Laws and regulations governing the Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates could change materially in the near term.

As part of the contractual arrangement with the MCOs, the Center is required to provide a specific amount of services under an arrangement referred to as a Maintenance of Effort (MOE). Under the MOE, if levels of service are not met the Center may be subject to repayment of a portion of the revenue received. The MOE calculation is subject to interpretation and a source of continued debate and negotiations with MCOs. This MOE calculation may result in a liability that would require a payback to the MCOs. Additionally, please refer to Note 14 regarding MOE being waived for the entire year ended June 30, 2020.

The Lakes Region Mental Health Center, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 2020

NOTE 3 PROPERTY AND EQUIPMENT

The Center elects to capitalize all purchases with a useful life of greater than one year and a cost of \$2,000 or more. Property and equipment, at cost, consists of the following:

| | |
|-----------------------------------|---------------------|
| Land, buildings and improvements | \$ 107,600 |
| Buildings and improvements | 5,911,379 |
| Computer equipment | 1,097,638 |
| Furniture, fixtures and equipment | 657,701 |
| Vehicles | 139,738 |
| Artwork | 26,925 |
| Construction in progress | <u>380,755</u> |
| | 8,321,736 |
| Accumulated depreciation | <u>(2,626,285)</u> |
| NET BOOK VALUE | <u>\$ 5,695,451</u> |

NOTE 4 ACCOUNTS RECEIVABLE

ACCOUNTS RECEIVABLE – TRADE

| | |
|-------------------------------------|--------------------|
| Due from clients | \$ 155,294 |
| Receivable from insurance companies | 695,944 |
| Medicaid receivables | 955,885 |
| Medicare receivables | <u>328,691</u> |
| | 2,135,814 |
| Allowance for doubtful accounts | <u>(1,676,000)</u> |
| Total Receivable - Trade | <u>459,814</u> |

ACCOUNTS RECEIVABLE – OTHER

| | |
|---------------------------------------|----------------|
| Bridge Subsidy | 11,482 |
| HUD | 8,103 |
| State of New Hampshire - Surge Center | 140,500 |
| LTCS | 85,500 |
| BBH - Bureau of Behavioral Health | 23,130 |
| Lakes Region Healthcare | 56,234 |
| MCO Directed Payments | 125,224 |
| Other Grants and Contracts | <u>70,357</u> |
| Total Receivable - Other | <u>520,530</u> |

TOTAL ACCOUNTS RECEIVABLE \$ 980,344

The Lakes Region Mental Health Center, Inc.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020

NOTE 5 LINE OF CREDIT

As of June 30, 2020, the Center had available a line of credit with an upper limit of \$1,000,000 with a local area bank. At that date, \$-0- had been borrowed against the line of credit. These funds are available at a variable rate of interest, with a floor no less than 4.0% per annum, currently 5.50%. The availability under this line will be limited to 70% of the current market value of the Vanguard Funds which have been pledged to the local area bank. This line of credit expires June 9, 2021.

NOTE 6 COMMITMENTS

The corporation leases real estate and equipment under various operating leases. Minimum future rental payments under non cancelable operating leases as of June 30, 2020 for each of the next four years and in the aggregate are:

| <u>June 30,</u> | <u>Amount</u> |
|-----------------|---------------|
| 2021 | \$ 64,329 |
| 2022 | 41,127 |
| 2023 | 41,127 |
| 2024 | 41,127 |

Total rent expense for the year ended June 30, 2020, including rent expense for leases with a remaining term of one year or less was \$132,727.

NOTE 7 EMPLOYEE BENEFIT PLAN

The Center has the option to make contributions to a defined contribution 403(b) plan on behalf of its employees. This program covers substantially all full-time employees. During the year ended June 30, 2020 the total contributions into the plan were \$116,449. Total administrative fees paid into the plan for the year ended June 30, 2020 were \$13,679.

NOTE 8 LONG-TERM DEBT

As of June 30, 2020, long-term debt consisted of the following:

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 2.97% bond payable - Meredith Village Savings Bank due in monthly installments of \$19,288 (principal and interest) beginning in June 2019. Secured by building through June, 2047. | \$4,188,616 |
| 4.45% note payable - Meredith Village Savings Bank. Interest only July 2020 - December 2020 then installments of \$993 (principal and interest). Secured by building through November, 2030. | 96,000 |

The Lakes Region Mental Health Center, Inc.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020

NOTE 8 LONG-TERM DEBT (continued)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 4.45% construction loan - Meredith Village Savings Bank. Interest only July 2020 - December 2020 then installments of \$3,247 (principal and interest). As of June 30, 2020 there is \$390,463 remaining to be drawn on this note for a total available of \$544,000. Secured by building through November, 2040. | 153,537 |
| 1.0% PPP loan payable - Meredith Village Savings Bank. Interest accrued April 2020 - November 2020 then monthly installments of \$94,494 (principal and interest). Due April, 2022. | <u>1,687,500</u> |
| | 6,125,653 |
| Less: Current Portion | <u>(869,890)</u> |
| Total long-term debt | 5,255,763 |
| Less: Unamortized debt issuance costs | <u>(86,992)</u> |
| Total Long-Term Debt net with Related Costs | <u>\$5,168,771</u> |

Expected maturities for the next five years are as follows:

| Year Ending June 30, | |
|-------------------------|---------------------|
| 2021 | \$ 869,890 |
| 2022 | 1,078,142 |
| 2023 | 142,053 |
| 2024 | 146,742 |
| 2025 | 151,591 |
| Thereafter | <u>3,737,235</u> |
| | <u>\$ 6,125,653</u> |

NOTE 9 CONTINGENT LIABILITIES

The Center receives money under various State and Federal grants. Under the terms of these grants, the Center is required to use the money within the grant period for purposes specified in the grant proposal and is subject to compliance reviews and audits by the grantor agencies. It is the opinion of management that any liability, resulting from future grantor agency audits of completed grant contracts, would not be material in relation to the overall financial statements.

The Lakes Region Mental Health Center, Inc.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020

NOTE 10 INVESTMENTS

Investments consist of amounts invested in various Vanguard Equity and Bond Funds. At June 30, 2020, the status of these funds were as follows:

| | <u>Cost</u> | <u>Unrealized Gain (Loss)</u> | <u>Market</u> |
|-----------------|---------------------|-----------------------------------|---------------------|
| Large Blend | \$ 422,561 | \$ 227,126 | \$ 649,687 |
| Health | 299,533 | 57,198 | 356,731 |
| Large Growth | 171,958 | 2,692 | 174,650 |
| Mid-Cap Value | 195,186 | 128,009 | 323,195 |
| Short-Term Bond | <u>226,503</u> | <u>(416)</u> | <u>226,087</u> |
| | <u>\$ 1,315,741</u> | <u>\$ 414,609</u> | <u>\$ 1,730,350</u> |

The related unrealized gain (losses) have been included in the investment income line on the accompanying statement of activities. Investment income is as follows:

| | |
|------------------------|------------------|
| Interest and Dividends | \$ 31,631 |
| Realized Gains | 81,122 |
| Unrealized Losses | <u>(56,102)</u> |
| | <u>\$ 56,651</u> |

NOTE 11 FAIR VALUE MEASUREMENTS

Professional accounting standards require 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 unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under these professional accounting standards are described below:

Basis of Fair Value Measurement

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.
- Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.
- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The Lakes Region Mental Health Center, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 2020

NOTE 11 FAIR VALUE MEASUREMENTS (continued)

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

All investments are categorized as Level 1 and recorded at fair value, as of June 30, 2020. As required by professional accounting standards, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

NOTE 12 CONCENTRATIONS OF CREDIT RISK

At June 30, 2020, the carrying amount of the cash deposits is \$4,270,465 and the bank balance totaled \$4,293,673. Of the bank balance, \$379,728 was insured by Federal Deposit Insurance and \$3,913,945 was offset by debt.

The Center grants credit without collateral to its clients, most of who are area residents and are insured under third-party payor agreements. The mix of receivables due from clients and third-party payors at June 30, 2020 is as follows:

| | |
|---------------------|--------------|
| Due from clients | 7 % |
| Insurance companies | 33 |
| Medicaid | 45 |
| Medicare | <u>15</u> |
| | <u>100 %</u> |

NOTE 13 LIQUIDITY

The following reflects the Center's financial assets available within one year of June 30, 2020 for general expenditures:

| | |
|---------------------|---------------------|
| Cash | \$ 4,270,465 |
| Investments | 1,730,350 |
| Accounts receivable | <u>980,344</u> |
| | <u>\$ 6,981,159</u> |

Restricted deposits and reserves are restricted for specific purposes and therefore not available for general expenditures.

As part of the Center's liquidity management, it has a policy to structure its financial assets available as its general expenditures, liabilities and other obligations come due.

The Lakes Region Mental Health Center, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 2020

NOTE 14 RISKS & UNCERTAINTIES

As a result of the spread of the COVID-19 Coronavirus, economic uncertainties have arisen which are likely to negatively impact net income. Other financial impact could occur though such potential impact and the duration cannot be reasonably estimated at this time. Possible effects may include, but are not limited to, disruption to the Center's customers and revenue, absenteeism in the Center's labor workforce, unavailability of products and supplies used in operations, and decline in value of assets held by the Center, including receivables and property and equipment.

Due to these economic uncertainties the Center applied for and received Federal support and aid funding through the Paycheck Protection Program (aka PPP) and the Provider Relief Fund, which was implemented as part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). These proceeds were used to cover payroll costs, certain interest payments, rent, and utility costs. These funds were one-off unanticipated payments and any future relief is uncertain.

On April 1, 2020, the Center successfully petitioned all three managed care organizations to waive the Maintenance of Effort (MOE) provisions in each of the respective provider service agreements. The waiver period is effective only for the period of July 1, 2019 through June 30, 2020, and is thereafter reinstated. An extension to waive the MOE requirements beyond this effective period is also uncertain at this time.

NOTE 15 SUBSEQUENT EVENTS

In accordance with professional accounting standards, the Center has evaluated subsequent events through September 30, 2020 which is the date the financial statement was available to be issued. All events requiring recognition as of June 30, 2020, have been incorporated into the financial statements herein.

SUPPLEMENTARY INFORMATION

The Lakes Region Mental Health Center, Inc.
ANALYSIS OF ACCOUNTS RECEIVABLE
For the Year Ended June 30, 2020

| | Accounts Receivable Beginning of Year | Gross Fees | Contractual Allowances and Other Discounts Given | Cash Receipts | Accounts Receivable End of Year |
|------------------------------------|------------------------------------------------|----------------------|--------------------------------------------------------------|------------------------|------------------------------------------|
| CLIENT FEES | \$ 140,436 | \$ 1,484,529 | \$ (1,334,706) | \$ (134,965) | \$ 155,294 |
| BLUE CROSS / BLUE SHIELD | 158,683 | 718,911 | (472,092) | (128,166) | 277,336 |
| MEDICAID | 990,582 | 15,284,197 | (4,940,903) | (10,377,991) | 955,885 |
| MEDICARE | 245,808 | 1,401,219 | (903,131) | (415,205) | 328,691 |
| OTHER INSURANCE | 335,941 | 1,022,650 | (740,711) | (199,272) | 418,608 |
| ALLOWANCE FOR DOUBTFUL ACCOUNTS | <u>(906,500)</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>(1,676,000)</u> |
| TOTAL | <u>\$ 964,950</u> | <u>\$ 19,911,506</u> | <u>\$ (8,391,543)</u> | <u>\$ (11,255,599)</u> | <u>\$ 459,814</u> |

The Lakes Region Mental Health Center, Inc.
ANALYSIS OF BBH REVENUES, RECEIPTS AND RECEIVABLES
For the Year Ended June 30, 2020

| | Receivable (Deferred Income) From BBH Beginning of Year | BBH Revenues Per Audited Financial Statements | Receipts for Year | Receivable (Deferred Income) From BBH End of Year |
|------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|------------------------------------------------------------------|
| CONTRACT YEAR, June 30, 2020 | \$ 81,102 | \$ 392,488 | \$ (450,460) | \$ 23,130 |

| Analysis of Receipts Date of Receipt Deposit Date | Amount |
|---------------------------------------------------------|-------------------|
| 07/25/19 | \$ 80,898 |
| 07/31/19 | 8,478 |
| 09/04/19 | 310 |
| 09/06/19 | 57,050 |
| 09/10/19 | 7,848 |
| 09/23/19 | 31,917 |
| 09/26/19 | 7,848 |
| 10/02/19 | 12,826 |
| 10/11/19 | 148 |
| 10/31/19 | 73,989 |
| 11/01/19 | 923 |
| 11/05/19 | 26,920 |
| 11/07/19 | 7,848 |
| 11/29/19 | 7,562 |
| 12/10/19 | 61,338 |
| 12/24/19 | 7,511 |
| 01/16/20 | 47,939 |
| 01/09/20 | 10,279 |
| 01/24/20 | 9,441 |
| 01/28/20 | 228 |
| 01/29/20 | 7,552 |
| 02/03/20 | 4,029 |
| 02/14/20 | 12,604 |
| 02/26/20 | 7,848 |
| 03/02/20 | 10,824 |
| 03/04/20 | 7,559 |
| 03/19/20 | 7,848 |
| 03/25/20 | 10,016 |
| 04/01/20 | 4,739 |
| 04/03/20 | 5,000 |
| 04/20/20 | 11,656 |
| 04/30/20 | 8,043 |
| 05/04/20 | 15,082 |
| 05/07/20 | 500 |
| 05/21/20 | 7,538 |
| 05/28/20 | 16,534 |
| 06/15/20 | 5,761 |
| 06/22/20 | 7,848 |
| 06/25/20 | 9,032 |
| 06/29/20 | 7,848 |
| Less: Federal Monies | (178,702) |
| | <u>\$ 450,460</u> |

The Lakes Region Mental Health Center, Inc.
STATEMENT OF FUNCTIONAL PUBLIC SUPPORT AND REVENUES
For the Year Ended June 30, 2020

| | Total Agency | Admin. | Total Programs | Children | Multi -Service | ACT | Emergency Services | Housing Services | | Non Eligible | Non BBH Funded Programs |
|------------------------------------------|----------------------|-------------|----------------------|---------------------|---------------------|-------------------|-----------------------|----------------------|-----------------------|-------------------|-------------------------------|
| | | | | | | | | Apts. S.L. Summer | Apts. S.L. McGrath | | |
| Program Service Fees: | | | | | | | | | | | |
| Net Client Fee | \$ 149,823 | \$ - | \$ 149,823 | \$ 33,548 | \$ 57,703 | \$ 22,240 | \$ (9,003) | \$ - | \$ - | \$ 45,360 | \$ (25) |
| Blue Cross/Blue Shield | 246,819 | - | 246,819 | 96,728 | 74,780 | 2,449 | 27,549 | - | - | 45,313 | - |
| Medicaid | 10,343,294 | - | 10,343,294 | 3,155,219 | 6,170,340 | 629,302 | 301,842 | - | - | 86,591 | - |
| Medicare | 498,088 | - | 498,088 | - | 444,131 | 24,710 | (1,872) | - | - | 31,119 | - |
| Other Insurance | 281,939 | - | 281,939 | 86,081 | 109,757 | 8,481 | 7,172 | - | - | 70,448 | - |
| Program Sales: | | | | | | | | | | | |
| Service | 1,174,100 | - | 1,174,100 | 71,509 | 93,685 | - | 8,855 | - | - | 5,421 | 994,630 |
| Public Support - Other: | | | | | | | | | | | |
| United Way | 525 | 525 | - | - | - | - | - | - | - | - | - |
| Local/County Government | 140,970 | - | 140,970 | - | - | - | 117,970 | - | - | 23,000 | - |
| Donations/Contributions | 51,458 | 49,470 | 1,988 | - | 788 | - | - | 100 | 100 | - | 1,000 |
| Other Public Support | 101,638 | 69,104 | 32,534 | 6,237 | 5,547 | 250 | 225 | 50 | 75 | 20,075 | 75 |
| Federal Funding: | | | | | | | | | | | |
| HUD Grant | 142,876 | - | 142,876 | - | - | - | - | 43,041 | 99,835 | - | - |
| Other Federal Grants | 232,467 | 53,851 | 178,616 | - | - | - | - | - | - | - | 178,616 |
| Rental Income | 85,938 | 1,578 | 84,360 | 1,578 | 1,916 | 282 | - | 36,513 | 43,789 | - | 282 |
| DBH & DS: | | | | | | | | | | | |
| Community Mental Health | 710,331 | 317,991 | 392,340 | 5,294 | 67,876 | 225,000 | 94,170 | - | - | - | - |
| DCYF | 148 | - | 148 | 148 | - | - | - | - | - | - | - |
| Interest Income | 408 | 408 | - | - | - | - | - | - | - | - | - |
| Other Revenues | 491,970 | 255,860 | 236,110 | 4,194 | 52,531 | 85 | 58 | 2,761 | 8,307 | 405 | 167,769 |
| | 14,652,792 | 748,787 | 13,904,005 | 3,460,536 | 7,079,054 | 912,799 | 546,966 | 82,465 | 152,106 | 327,732 | 1,342,347 |
| Administration | - | (748,787) | 748,787 | 186,365 | 381,236 | 49,158 | 29,456 | 4,441 | 8,191 | 17,649 | 72,291 |
| TOTAL PUBLIC SUPPORT AND REVENUES | \$ 14,652,792 | \$ - | \$ 14,652,792 | \$ 3,646,901 | \$ 7,460,290 | \$ 961,957 | \$ 576,422 | \$ 86,906 | \$ 160,297 | \$ 345,381 | \$ 1,414,638 |

The Lakes Region Mental Health Center, Inc.
STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2020

| | Total Agency | Administration | Total Programs | Children | Multi-Service | ACT | Emergency Services | Housing Services | | Non-Eligible | Non BBH Funded Programs |
|-------------------------------------------|----------------------|----------------|----------------------|---------------------|---------------------|---------------------|-----------------------|----------------------|-----------------------|-------------------|-------------------------------|
| | | | | | | | | Apts. S.L. Summer | Apts. S.L. McGrath | | |
| Personnel Costs: | | | | | | | | | | | |
| Salary and wages | \$ 8,947,194 | \$ 713,597 | \$ 8,233,597 | \$ 1,574,505 | \$ 3,622,143 | \$ 791,478 | \$ 746,757 | \$ 173,489 | \$ 196,451 | \$ 308,877 | \$ 819,897 |
| Employee benefits | 1,883,183 | 125,387 | 1,757,796 | 405,044 | 884,543 | 127,202 | 130,730 | 43,584 | 43,532 | 60,655 | 62,506 |
| Payroll Taxes | 643,133 | 64,941 | 578,192 | 119,250 | 253,350 | 52,980 | 54,880 | 12,594 | 14,335 | 22,795 | 48,008 |
| Substitute Staff | 168,153 | 126 | 168,027 | 502 | 69,739 | 18,188 | 22,617 | 42 | 63 | 63 | 56,813 |
| PROFESSIONAL FEES AND CONSULTANTS: | | | | | | | | | | | |
| Accounting/audit fees | 65,617 | 65,617 | - | - | - | - | - | - | - | - | - |
| Legal fees | 25,335 | 25,335 | - | - | - | - | - | - | - | - | - |
| Other professional fees | 300,180 | 79,782 | 220,398 | 8,617 | 14,616 | 3,256 | 2,931 | 70,262 | 70,160 | 977 | 49,579 |
| Staff Devel. & Training: | | | | | | | | | | | |
| Journals & publications | 1,909 | 118 | 1,791 | 346 | 1,132 | 98 | 81 | 19 | 29 | 35 | 51 |
| In-Service training | 4,574 | 2,509 | 2,065 | 485 | 1,021 | 186 | 167 | 38 | 56 | 58 | 56 |
| Conferences & conventions | 55,776 | 10,894 | 44,882 | 6,471 | 29,853 | 2,112 | 2,234 | 928 | 993 | 607 | 1,684 |
| Other staff development | 32,163 | 3,242 | 28,921 | 3,315 | 18,952 | (168) | 4,721 | 274 | 312 | 846 | 669 |
| Occupancy costs: | | | | | | | | | | | |
| Rent | 90,408 | 3,925 | 86,483 | 35,706 | 37,330 | 812 | 722 | 180 | 271 | 3,391 | 8,071 |
| Mortgage (Interest) | 126,857 | 27,617 | 99,240 | 38,593 | 46,863 | 6,892 | - | - | - | - | 6,892 |
| Heating Costs | 27,217 | 2,807 | 24,410 | 4,974 | 5,728 | 484 | 192 | 6,491 | 5,186 | 341 | 1,014 |
| Other Utilities | 72,355 | 10,463 | 61,892 | 14,732 | 16,616 | 1,570 | - | 11,793 | 13,678 | 552 | 2,951 |
| Maintenance & repairs | 171,745 | 38,018 | 133,727 | 43,441 | 50,616 | 7,088 | 1,024 | 13,008 | 10,020 | 999 | 7,531 |
| Taxes | 7,108 | 7,108 | - | - | - | - | - | - | - | - | - |
| Consumable Supplies: | | | | | | | | | | | |
| Office | 29,770 | 7,063 | 22,707 | 7,046 | 9,573 | 1,521 | 1,173 | 978 | 312 | 852 | 1,252 |
| Building/household | 35,152 | 14,846 | 20,306 | 4,359 | 7,139 | 1,449 | 1,180 | 699 | 4,413 | 465 | 602 |
| Medical | 17,689 | 5,814 | 11,875 | 268 | 2,387 | 101 | 90 | 22 | 33 | 33 | 8,941 |
| Other | 146,645 | 8,579 | 138,066 | 35,186 | 61,324 | 13,237 | 11,786 | 2,904 | 4,356 | 4,357 | 4,916 |
| Depreciation-Equipment | 96,093 | 3,595 | 92,498 | 21,369 | 41,093 | 9,782 | 9,220 | 2,305 | 3,292 | 3,126 | 2,311 |
| Depreciation-Building | 206,734 | 49,428 | 157,306 | 45,533 | 55,194 | 8,051 | - | 13,690 | 26,641 | 42 | 8,155 |
| Equipment rental | 32,736 | 6,377 | 26,359 | 8,659 | 12,145 | 2,144 | 1,014 | 254 | 380 | 380 | 1,383 |
| Equipment maintenance | 18,408 | 1,079 | 17,329 | 4,262 | 7,176 | 1,496 | 1,860 | 318 | 603 | 1,057 | 557 |
| Advertising | 92,537 | 2,851 | 89,686 | 11,537 | 20,104 | 4,287 | 3,811 | 952 | 1,428 | 1,438 | 46,129 |
| Printing | 1,972 | 1,902 | 70 | - | 70 | - | - | - | - | - | - |
| Telephone/communications | 273,070 | 35,923 | 237,147 | 71,527 | 90,970 | 12,050 | 25,171 | 10,966 | 2,400 | 10,899 | 13,164 |
| Postage/shipping | 14,529 | 1,112 | 13,417 | 3,642 | 5,974 | 1,166 | 1,037 | 259 | 389 | 438 | 512 |
| Transportation: | | | | | | | | | | | |
| Staff | 194,483 | 2,810 | 191,673 | 41,927 | 107,327 | 33,425 | 1,630 | 1,483 | 1,575 | 3,234 | 1,072 |
| Clients | 13,111 | - | 13,111 | - | 13,111 | - | - | - | - | - | - |
| Assist to Individuals: | | | | | | | | | | | |
| Client services | 26,243 | - | 26,243 | 10,281 | 14,105 | 82 | - | 649 | 1,126 | - | - |
| Insurance: | | | | | | | | | | | |
| Malpractice/bonding | 66,118 | 16,654 | 49,464 | 12,629 | 22,100 | 4,736 | 4,210 | 1,052 | 1,579 | 1,579 | 1,579 |
| Vehicles | 5,271 | - | 5,271 | 355 | 4,507 | 136 | 123 | 27 | 41 | 41 | 41 |
| Comp. Property/liability | 34,767 | 9,755 | 25,012 | 7,086 | 10,012 | 1,717 | 1,164 | 1,587 | 1,678 | 623 | 1,145 |
| Membership Dues | 36,807 | 1,088 | 35,719 | 30 | 53 | 11 | 10 | 3 | 4 | 4 | 35,604 |
| Other Expenditures | 204,207 | 184,247 | 19,960 | 3,830 | 6,666 | 1,390 | 1,236 | 3,550 | 2,165 | 468 | 655 |
| | 14,169,249 | 1,534,609 | 12,634,640 | 2,545,507 | 5,543,532 | 1,108,959 | 1,031,771 | 374,400 | 407,501 | 429,230 | 1,193,740 |
| Admin. Allocation | - | (1,534,609) | 1,534,609 | 309,178 | 673,320 | 134,695 | 125,319 | 45,475 | 49,495 | 52,135 | 144,992 |
| TOTAL PROGRAM EXPENSES | \$ 14,169,249 | \$ - | \$ 14,169,249 | \$ 2,854,685 | \$ 6,216,852 | \$ 1,243,654 | \$ 1,157,090 | \$ 419,875 | \$ 456,996 | \$ 481,365 | \$ 1,338,732 |



**Lakes Region
Mental Health Center**

**Board of Directors Listing
June, 2021**

| POSITON | NAME |
|-----------------|--------------------|
| President | Gail Mears |
| Vice President | Peter J. Minkow |
| Co-Treasurer | Matthew Soza |
| Co-Treasurer | Marsha Bourdon |
| Secretary | Laura LeMein |
| Member-At-Large | William Bolton |
| Member-At-Large | Marlin Collingwood |
| Member-At-Large | Ed McFarland |
| Member-At-Large | Seifu Ragassa |
| Member-At-Large | James Stapp |
| Member-At-Large | Susan Stearns |
| Member-At-Large | Rev. Judith Wright |

Respect

Advocacy

Integrity

Stewardship

Excellence

40 Beacon Street East, Laconia, NH 03246 * Tel 603-524-1100 * Fax 603-528-0760 * www.lrmhc.org

Alison K. O'Neill, MS, LCMHC

State of New Hampshire Licensed Clinical Mental Health Counselor, License #795

Professional Experience:

Lakes Region Mental Health Services, Laconia NH

Director, Long Term Services and Supports, October 2019 to Current

- Oversee and manage four programs:
 - Bridge & Integrated Program, state funded program providing Bridge and Integrated housing vouchers, this team provides support to patients in finding housing, and follow the patient for up to a year after obtaining stable housing. The Integrated Program supports individuals who are recently released from prison finding housing in the entire state of NH.
 - Housing Program, two residential housing units that house 24 residents/patients, this team supports patients with their ADL's, providing case management, and functional support services.
 - Nursing Program, provides nursing services to all the adult patients within the agency, The Nursing Program is the Liaison for our on-site PCP/Integrated Health and our onsite pharmacy for the entire agency.
 - Older Adult and Neurocognitive Program, is a multidisciplinary team providing services to adults with a mental health diagnosis and either a developmental disability, traumatic brain injury or cognitive decline.
- Provide regular supervision with a clinical and administrative focus for the managers of the four programs and for any master level staff within the four programs. Provide supervision for Master's level interns and supervision for therapists working towards their licensure in LCMHC.
- Responsible for recruiting new staff/team members, to include screening candidates, participating in interview sessions, assisting in the hiring decision and am responsible for the in program training of new staff/team members.

Clinical Coordinator, Neurocognitive Program, September 2015 to October 2019

- Oversee an interdisciplinary team that provides services to patients admitted to the Neurocognitive program, which provides services to patients with a mental health diagnosis and a developmental or intellectual disability, or a traumatic brain injury, or cognitive decline. Responsible for recruiting new staff/team members, to include screening candidates, participating in interview sessions and assisting in the hiring decision.
- Provide regular supervision with a clinical and administrative focus for bachelor and master level staff. Provide supervision for Master's level interns and supervision for therapists working towards their licensure in LCMHC.
- Participate in several agency committees such as; Training Committee, Employee Committee, Documentation Ad Hoc Committee. Participate and collaborate with outside agencies, such as; Lakes Region Community Services, START (including Committee, training) NH Elders Meeting.
- Respond to crisis situations as needed. Complete adult assessments. Provide individual and group therapy. Participate in DBT Consult Group. Facilitate Therapist Consult Group.
- Create and facilitate trainings on our electronic medical record (Essentia) and Dialectical Behavioral Therapy.
- Working collaboratively to create a Peer Support Program. Provide group supervision for Peer Support Specialist.

New England College, Henniker NH

Adjunct Professor, Masters Level Clinical Mental Health Program, August 2016 to current

- Clinical Counseling Theories
- Clinical Counseling Techniques

Alison K. O'Neill, MS, LCMHC, PLLC, Private Practice, Concord, NH

Licensed Clinical Mental Health Counselor, January 2013 to October 2015

- Worked with children, adolescents, adults, parents, families, and couples, providing individual, couples, and family therapy, writing psychosocial assessments, treatment plans, and progress notes on all clients.
- Responsible for all aspects of the business management i.e. credentialing, insurance contracting and invoicing, accounts payable, accounts receivable, collections, referrals and any other communications. Responsibilities noted below.

Northbridge Counseling, Bedford and Concord, NH

Licensed Clinical Mental Health Counselor, June 2012 to March 2013

- Worked with children, adolescents, and adults, providing individual, couples, and family therapy, as well as seeing clients through their employer EAP using Solution Focused Therapy, writing psychosocial assessments, treatment plans and progress notes on all clients.

**Riverbend Community Mental Health Center, Children's Intervention Program, Concord, NH
Child and Family Therapist and Family Support Therapist, January 2007 to June 2012**

- For the first 6 months this was an intern position, I was the first master's level intern in the children's program, providing therapy to children and families.
- Provided clinical services to children ages 4 to 18, providing individual, family and group therapy, including DBT Adolescent group, TF-CBT and Helping the Non-Compliant Child.
- Provided school based therapy, collaborated with school staff.

Therapeutic approaches utilized: Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Strength Based Therapy, Solution Focused Therapy, Motivational Interviewing, Play Therapy, and Family Systems Therapy.

Education:

Springfield College of Human Services, St. Johnsbury, VT
Master of Science in Mental Health Counseling, 2007

Springfield College of Human Services, Manchester, NH
Bachelor of Science in Human Services, 2005

Celyne M. Godbout



SUMMARY

Creative, motivated, organized and well spoken, recent advanced degree graduate, with leadership skills, training experience and 5 years of clinical experience, seeking a role to as a leader in the field of Human Services.

TECHNICAL SUMMARY

MS Office Suite (Word, Excel, PowerPoint), Essentia (EMR)

EDUCATION

Walden University

Ph.D. Human Services - May 2021

Walden University

M.S. Psychology - April 2021

GPA - 4.0

Southern NH University

Bachelors of Psychology - July 2017

GPA - 3.5

EXPERIENCE

Lakes Region Mental Health, Laconia NH

2016 - Present

Coordinator of Long Term Supports & Services, May 2021 - Present

Supervise team of 2 housing specialist, housing manager and permanent supportive housing residential program.

Evaluate and manage budgets, payments and monthly expenses for program needs. Maintain harmonious relationships with landlords, community members and tenants.

- Ensure HUD compliance with residential program and funding.
- New Employee Training – Housing Overview, which includes HUD guidance, state contracting, and enrollee eligibility criteria.
- Review, modify, and implement Housing Bridge Program, PSH & Integrative program policies and procedures.
- Monitor and evaluate program quality on behalf of LRMHC.
- Prepare presentations and provide technical assistance on program to all LRMHC staff.
- Conduct research into HUD and New Hampshire Housing Finance Authority rules and guidelines to ensure program integrity is maintained.
- Ensure positive outcomes for bridge, integrative clients and permanent supportive housing residents.

Program Manager Integrative & Bridge, Oct 2019 – May 2021

Supervise team of 2 housing specialists. Evaluate and manage budgets, payments and monthly expenses for program needs. Maintain harmonious relationships with landlords, community members and tenants.

- Schedule and conduct training for CM101, and introductory Case Management training for new hires to cover Ethics, Billing Codes, Boundaries and Hippa Regulations.
- New Employee Training – Bridge Overview, which includes HUD guidance, state contracting, and enrollee eligibility criteria.
- Review, modify, and implement Housing Bridge Program policies and procedures.
- Monitor and evaluate program quality on behalf of LRMHC.
- Prepare presentations and provide technical assistance on program to all LRMHC staff.
- Conduct research into HUD and New Hampshire Housing Finance Authority rules and guidelines to ensure program integrity is maintained.
- Ensure positive outcomes for bridge & integrative clients.

Emergency Services Support, Sept 2019- April 2021

Support clinicians in the emergency department with clinical assessments and paperwork. Provide clinical updates to physicians, nurses and inpatient units regarding patient cases.

- Complete insurance authorization for patients seeking inpatient treatment.
- Evaluate clinical paperwork and ensure completeness.

Case Management Program and Representative Payee Program Facilitator, June 2018 - Oct 2019

Supervised community case managers in their clinical roles. Supervised Peer Support Staff in their roles within the clinical teams. Evaluated and monitored caseloads, and assigned cases as needed.

- Reviewed and evaluated the staff paperwork and deadlines.
- Approved payroll, managed scheduling.
- Coordinated and developed effective case planning for clients and families, ensuring quality standards were met
- Involved in the hiring and onboarding of new staff.
- Researched appropriate program resources to ensure client needs were met.
- Managed Representative Payee Program accounts for clients, ensuring appropriate budgeting and benefits were maintained.

Community Support Program Case Manager, June 2016 - June 2018

Supported and monitored adults with mental illness in the community and in their homes.

- Researched individualized resources and programs for clients based on assessed need.
- Monitored medication, prescriber/nursing services and provided resources.
- Researched and evaluated benefit program eligibility based on client's needs.
- Assessed and enacted safety planning and community based crisis intervention.

Elliot Hospital

Jan 2014 - Jan 2015

Licensed Nursing Assistant

Assisted patients with ADL's. Built a relaxing environment for resident and family members

- Assisted Nurses with care of patients.
- Monitor vital signs, and record efficiently in EMR.
- Float staff, experience working on specialized units such as Intensive Care, Maternity, and the Emergency Department.

VOLUNTEER WORK

CASA Advocate – Central NH Region, March 2021 - Present

Member – NH Disaster Behavioral Health Response Team – Central NH Region, March 2021 - Present

REFERENCES

Furnished Upon Request



KORI CONROY-
HEFLER



PROFESSIONAL SUMMARY

Hardworking and reliable, focused on going above and beyond to support team and serve customers. Trained in supporting and offering top-notch counseling abilities. Motivated to continue to learn and grow as a Mental Health professional.

SKILLS

- Residential support
- Team support
- Generate reports
- Problem-solving
- Account management support
- Direct operations
- Motivation
- Verbal communication

EXPERIENCE

Housing Manager, Lakes Region Mental Health Center, Feb 2021 - Current, Laconia, NH

- Researched and analyzed member needs to determine program goals, offerings, and areas in need of improvement.
- Explained participant eligibility, program requirements, and program benefits to potential clients.
- Implemented improved training programs for staff and volunteers.
- Enforced residential rules to protect patients and maintain readiness for different types of emergencies.
- Maintained and managed residents' medication for short- and long-term treatment requirements.

Residential Therapeutic Support Specialist, Lakes Region Mental Health Center, Jan 2020 - Feb 2021, Laconia, NH

- Helped clients follow treatment plans by setting up appointments, arranging transportation, and offering personalized support.
- Counseled patients alone and with groups to assist through difficult times and improve coping with mental health, medical, or substance abuse issues.
- Coordinated timely meal preparation, cleaning, and other housekeeping requirements.
- Enforced residential rules to protect patients and maintain readiness for different types of emergencies.
- Assisted clients with planning budgets, meeting daily objectives and attending important appointments.
- Worked with clients to identify their specific issues potential support options.

Support Staff, Lakes Region Mental Health Center, Jul 2016 - Jan 2020, Laconia, NH

- Handled administrative functions, including filing, typing, copying, and faxing.
- Answered phones, greeted visitors, and answered basic visitor questions.
- Operated office machinery, including photocopiers, scanners, and telephone systems.
- Conducted research, assembled and analyzed data, and submitted reports and documents.

EDUCATION

High School Diploma

Jun 2011

Inter-Lakes High School - Meredith, NH

Currently Attending

Southern New Hampshire University - Online.

CONTRACTOR NAME: The Lakes Region Mental Health Center

Key Personnel

| Name | Job Title | Salary | % Paid from this Contract | Amount Paid from this Contract |
|--------------------|-----------------------------------------|----------|---------------------------|--------------------------------|
| Alison O'Neill | Director, Long Term Support Services | \$70,000 | 0% | 0 |
| Celyne Godbout | Coordinator, Long Term Support Services | \$57,000 | 0% | 0 |
| Kori Conroy-Hefler | Housing Facilitator | \$46,000 | 0% | 0 |
| | | | | |
| | | | | |



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ECONOMIC & HOUSING STABILITY

Lori A. Shibleyette
 Commissioner

 Christine L. Santaluccio
 Director

129 PLEASANT STREET, CONCORD, NH 03301
 603-271-9474 1-800-852-3345 Ext. 9474
 Fax: 603-271-4230 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

February 17, 2021

His Excellency, Governor Christopher T. Sununu
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Economic and Housing Stability, to enter into a **Retroactive, Sole Source** amendment to an existing contract with The Lakes Region Mental Health Center, Inc. (VC#154480 - B001), Laconia, NH to continue providing a Permanent Housing Program to individuals experiencing homelessness through the Federal Continuum of Care Program, by exercising a renewal option by increasing the price limitation by \$43,489 from \$42,250 to \$85,739 and by extending the completion date from January 31, 2021 to January 31, 2022 effective retroactive to February 1, 2021 upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on January 22, 2020, item #13 and most recently amended with Governor and Council approval on May 6, 2020, item #41.

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-42-423010-7927 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC; HHS: HUMAN SERVICES, HOMELESS & HOUSING, HOUSING- SHELTER PROGRAM

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|-------------------------|--------------|-----------------|------------------------------|-----------------|
| 2020 | 102-500731 | Contracts for Prog Svcs | TBD | \$18,305 | \$0 | \$18,305 |
| 2021 | 102-500731 | Contracts for Prog Svcs | TBD | \$23,945 | \$18,121 | \$42,066 |
| 2022 | 102-500731 | Contracts for Prog Svcs | TBD | \$0 | \$25,368 | \$25,368 |
| | | | Total | \$42,250 | \$43,489 | \$85,739 |

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 2

EXPLANATION

This request is **Retroactive** because the Department did not receive the award determination for additional funding from the U.S. Department of Housing and Urban Development (HUD) in enough time to process the request for renewal prior to the current contract expiration date.

This request is **Sole Source** because federal regulations require the Department to specify each vendor's name during the annual, federal Continuum of Care Program renewal application process, prior to the grant award being issued.

Annually, HUD oversees a Continuum of Care Program competitive application process. As part of this process, the Department is required to provide HUD with each potential vendor, and HUD evaluates vendor applications. Based on that evaluation process, HUD directs the Department to provide grant awards in specific amounts to vendors.

The purpose of this request is to continue delivery of a Permanent Housing Program that provides permanent housing and supportive services, as well as associated administrative services, to individuals facing homelessness. Services provided increase the ability of participants to live more independently.

The Lakes Region Mental Health Center will provide permanent housing and supportive services to seven (7) individuals who are experiencing homelessness or chronic homelessness, at any given time, from February 1, 2021 through January 31, 2022.

The Department ensures contract compliance and vendor by ensuring:

- Annual compliance reviews are performed and include the collection of data relating to compliance with administrative rules and contractual agreements.
- Statistical reports are submitted by the vendor on a semi-annual basis which include various demographic information and income and expense reports, including match dollars.
- Maintenance of timely and accurate data entry in the New Hampshire Homeless Management Information System, which is the primary reporting tool for outcomes and activities of shelter and housing programs funded through these contracts.

As referenced in Exhibit C-1, Subsection 2.1. of the original contract, the parties have the option to extend the agreement for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew for the one (1) available year.

Should the Governor and Council not authorize this request, Permanent Housing and supportive services for homeless individuals may not be available in their communities, and there may be an increase in demand for services placed upon the region's local welfare authorities. Lack of services may also cause individuals to become homeless.

Area served: Laconia

Source of Funds: CFDA# 14.667, FAIN# NH0002L1T002012

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

Respectfully submitted,


Lori A. Shibinette
Commissioner

**State of New Hampshire
Department of Health and Human Services
Amendment #2**

This Amendment to the Continuum of Care, Summer Street Permanent Housing contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Lakes Region Mental Health Center, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 22, 2020 (Item #13), as amended on May 6, 2020 (Item #41), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to Standard Contract Language, Section 2, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
January 31, 2022
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$85,739
3. Exhibit B, Methods and Conditions Precedent to Payment, Section 3, Project Costs: Payment Schedule: Review by the State, Subsection 3.4 Payment of Project Costs, Paragraph 3.4.1, to read:
3.4.1 The State agrees to provide payment on a cost reimbursement basis for actual, eligible expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line items as specified in Exhibit B-2, Budget – Amendment #2 and as defined by HUD under the provisions of Public Law 102-550 and other applicable regulations, subject to the availability of sufficient funds.
4. Modify Exhibit B-1 Budget – Amendment #1 by replacing in its entirety with Exhibit B-1 Budget (2020/2021) – Amendment #2, which is attached hereto and incorporated by reference herein.
5. Add Exhibit B-2, Budget (2022) – Amendment #2 which is attached hereto and incorporated by reference herein.

OS
MLP

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be retroactively effective to February 1, 2021 upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

2/25/2021
Date

DocuSigned by:
Christine Santaniello
Name: Christine Santaniello
Title: Director

The Lakes Region Mental Health Center, Inc.

2/19/2021
Date

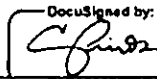
DocuSigned by:
Margaret M. Pritchard
Name: Margaret M. Pritchard
Title: CEO

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2/26/2021

Date

DocuSigned by:


Name: Catherine Pinos

Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Continuum of Care, Summer Street Permanent Housing

Exhibit B-1 Budget (2020/2021) - Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: The Lakes Region Mental Health Center, Inc.

Budget Request for: 83-2020-BHS-04-PERMA-12-A02

Budget Period: SFY 2020 (2/1/20-6/30/20) and 2021 (7/1/20-6/30/21)

CoC Funds

SFY20 - 2/1/20-6/30/20

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
|----------------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | \$ 10,269 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 10,269 | \$ - | \$ - |
| Operations - Property Taxes/Insurance | \$ 842 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 842 | \$ - | \$ - |
| Operations - Building/Security | \$ 824 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 824 | \$ - | \$ - |
| Operations - Electricity, Gas, & Water | \$ 6,833 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 6,833 | \$ - | \$ - |
| Operations - Furniture | \$ 336 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 336 | \$ - | \$ - |
| Administration | \$ 402 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 402 | \$ - | \$ - |
| 25% Required Match | \$ 4,678 | \$ - | \$ - | \$ 4,678 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUND BALANCE | \$ 23,891 | \$ - | \$ - | \$ 4,678 | \$ - | \$ - | \$ 18,309 | \$ - | \$ - |

SFY21 - 7/1/20-6/30/21

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
|----------------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | \$ 18,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 18,000 | \$ - | \$ - |
| Operations - Property Taxes/Insurance | \$ 1,300 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,300 | \$ - | \$ - |
| Operations - Building/Security | \$ 11,174 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 11,174 | \$ - | \$ - |
| Operations - Electricity, Gas, & Water | \$ 12,098 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 12,098 | \$ - | \$ - |
| Operations - Furniture | \$ 488 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 488 | \$ - | \$ - |
| Administration | \$ 887 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 887 | \$ - | \$ - |
| 25% Required Match | \$ 10,618 | \$ - | \$ - | \$ 10,618 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUND BALANCE | \$ 52,884 | \$ - | \$ - | \$ 10,618 | \$ - | \$ - | \$ 42,088 | \$ - | \$ - |

Contractor Initials

Date

mf
 2/19/21

Continuum of Care, Summer Street Permanent Housing

Exhibit B-2 Budget (2022) - Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: The Lakes Region Mental Health Center, Inc.

Budget Request for: SS-2020-BHS-04-PERMA-12-A02

Budget Period: SFY 2022 (7/1/21-3/31/22)

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
|----------------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | \$ 4,713 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 4,713 | \$ - | \$ - |
| Operations - Property Taxes/Insurance | \$ 788 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 788 | \$ - | \$ - |
| Operations - Building/Security | \$ 13,633 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 13,633 | \$ - | \$ - |
| Operations - Electricity, Gas, & Water | \$ 6,501 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 6,501 | \$ - | \$ - |
| Administration | \$ 643 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 643 | \$ - | \$ - |
| 25% Required Match | \$ 6,483 | \$ - | \$ - | \$ 6,483 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUNDED BALANCE | \$ 31,651 | \$ - | \$ - | \$ 6,483 | \$ - | \$ - | \$ 25,168 | \$ - | \$ - |

Contractor Initials: *mp*Date: *2/19/21*

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Lori A. Shilbrette
Commissioner

Christine L. Santacello
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ECONOMIC & HOUSING STABILITY

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9474 1-800-852-3345 Ext. 9474
Fax: 603-271-4230 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

March 25, 2020

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Economic and Housing Stability, to amend an existing **Sole Source** contract with The Lakes Region Mental Health Center, Inc. (VC#154480 - B001), Laconia, NH for to provide a Permanent Housing Program to individuals experiencing homelessness through the Federal Continuum of Care Program, by increasing the price limitation by \$1,202 from \$41,048 to \$42,250 with no change to the contract completion date of January 31, 2021 effective upon Governor and Council approval. The original contract was approved by Governor and Council on January 22, 2020, item #13. 100% Federal Funds.

Funds are available in the following account for State Fiscal Years 2020 and 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-42-423010-7927 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVC, HHS: HUMAN SERVICES, HOMELESS & HOUSING, HOUSING- SHELTER PROGRAM

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|------------------------|--------------|-----------------|------------------------------|-----------------|
| 2020 | 102-500731 | Contracts for Prog Svc | 42305808 | \$17,103 | \$1,202 | \$18,305 |
| 2021 | 102-500731 | Contracts for Prog Svc | 42305808 | \$23,945 | \$0 | \$23,945 |
| | | | Total | \$41,048 | \$1,202 | \$42,250 |

EXPLANATION

Annually, the US Department of Housing and Urban Development (HUD) oversees a Continuum of Care Program competitive application process. As part of this process, the Department is required to provide HUD with each potential vendor, and HUD evaluates vendor applications. Based on that evaluation process, HUD directs the Department to provide grant awards and the specific amounts to vendors. As previously stated, the original contract was approved by Governor and Council on January 22, 2020, Item #13.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 2

The purpose of this request is to provide additional funds, made available by the U.S. Department of Housing and Urban Development, for the continued delivery of a Permanent Housing Program that provides permanent housing and supportive services, as well as associated administrative services, to individuals facing homelessness to increase the ability of participants to live more independently.

The vendor provides permanent housing and supportive services targeted to serve a minimum of seven (7) individuals who are experiencing homelessness, at any given time, from February 1, 2020 through January 31, 2021.

The Department ensures contract compliance and vendor performance in the following ways:

- (1) Annual compliance reviews are performed and include the collection of data relating to compliance with administrative rules and contractual agreements.
- (2) Statistical reports are submitted by the vendor on a semi-annual basis which include various demographic information and income and expense reports, including match dollars.
- (3) The vendor is required to maintain timely and accurate data entry in the New Hampshire Homeless Management Information System, which is the primary reporting tool for outcomes and activities of shelter and housing programs funded through these contracts.

As referenced in Exhibit C-1, Subsection 2.1. of the original contract, the parties have the option to extend the agreement for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.


Should the Governor and Council not authorize this request, Permanent Housing and supportive services for homeless individuals may not be available in their communities, and there may be an increase in demand for services placed upon the region's local welfare authorities. Lack of services may also cause individuals to become homeless.

Area served: Laconia

Source of Funds: CFDA# 14.667/ FAIN# NH0002L1T001810

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

Respectfully submitted,


Associate Commissioner
Lori A. Shibinette
Commissioner



New Hampshire Department of Health and Human Services
Continuum of Care, Summer Street Permanent Housing

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Continuum of Care, Summer Street Permanent Housing

This 1st Amendment to the Continuum of Care, Summer Street Permanent Housing contract (hereinafter referred to as "Amendment #1") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and The Lakes Region Mental Health Center, Inc., (hereinafter referred to as "the Contractor"), a nonprofit with a place of business at 40 Beacon Street East, Laconia, NH, 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 22, 2020, (Item #13), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Paragraph 2.1., the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$42,250.
2. Exhibit B, Methods and Conditions Precedent to Payment, Section 1, Permanent Housing Program Funding, Subsection 1.2., to read:
 - 1.2. This Agreement is funded with federal funds made available under the Catalog of Federal Domestic Assistance (CFDA), as follows:
 - 1.2.1. Federal Funds: 100%-
 - 1.2.2. Program Name: Continuum of Care Program
 - 1.2.3. Award Date: 01/29/2019
 - 1.2.4. Awarding Agency: US Department of Housing and Urban Development
 - 1.2.5. CFDA #: 14.267
 - 1.2.6. FAIN #: NH0002L1T001941 1810-mp 3/25/20
3. Exhibit B, Methods and Conditions Precedent to Payment, Section 3, Project Costs: Payment Schedule, Review by the State, Subsection 3.4 Payment of Project Costs, Paragraph 3.4.1, to read:
 - 3.4.1 The State agrees to provide payment on a cost reimbursement basis for actual, eligible expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line items as specified in Exhibit B-1 Budget - Amendment #1, and as defined by HUD under the provisions of Public Law 102-550 and other applicable regulations, subject to the availability of sufficient funds.
4. Modify Exhibit B-1 Budget, by replacing in its entirety with Exhibit B-1 Budget - Amendment #1, which is attached hereto and incorporated by reference herein.



New Hampshire Department of Health and Human Services
Continuum of Care, Summer Street Permanent Housing

All terms and conditions of the Contract not inconsistent with this Amendment #1 remain in full force and effect. This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below.

State of New Hampshire
Department of Health and Human Services

3/24/20
Date

Christine Santamero
Name: Christine Santamero
Title: Director, DHS

The Lakes Region Mental Health Center, Inc.

March 24, 2020
Date

Margaret H. Pritchard
Name: Margaret H. Pritchard
Title:

Acknowledgement of Contractor's signature:

State of NH, County of Belknap on March 24, 2020, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Dawn H. LeCroy
Name and Title of Notary or Justice of the Peace

My Commission Expires: DAWN H. LECROY
Notary Public - New Hampshire
My Commission Expires March 22, 2022



**New Hampshire Department of Health and Human Services
Continuum of Care, Summer Street Permanent Housing**

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

3/30/2020
Date

Bill Reiter
Name
Title

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Continuum of Care, Summer Street Permanent Housing

Exhibit B-1 Budget - Amendment #1

CoC Needs

SFY20 - 2/1/20-6/30/20

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
|----------------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | \$ 10,250 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 10,250 | \$ - | \$ - |
| Operations - Property Taxes/Insurance | \$ 642 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 642 | \$ - | \$ - |
| Operations - Building Security | \$ 834 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 834 | \$ - | \$ - |
| Operations - Electricity, Gas, & Water | \$ 1,833 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,833 | \$ - | \$ - |
| Operations - Furniture | \$ 333 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 333 | \$ - | \$ - |
| Administration | \$ 432 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 432 | \$ - | \$ - |
| 25% Required Match | \$ 4,070 | \$ - | \$ - | \$ 4,070 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUNDS BALANCE | \$ 22,891 | \$ - | \$ - | \$ 4,870 | \$ - | \$ - | \$ 18,021 | \$ - | \$ - |

\$18,305

SFY21 - 7/1/20-1/31/21

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
|----------------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | \$ 12,500 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 12,500 | \$ - | \$ - |
| Operations - Property Taxes/Insurance | \$ 768 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 768 | \$ - | \$ - |
| Operations - Building Security | \$ 1,294 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,294 | \$ - | \$ - |
| Operations - Electricity, Gas, & Water | \$ 1,187 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,187 | \$ - | \$ - |
| Operations - Furniture | \$ 459 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 459 | \$ - | \$ - |
| Administration | \$ 694 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 694 | \$ - | \$ - |
| 25% Required Match | \$ 6,987 | \$ - | \$ - | \$ 6,987 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUNDS BALANCE | \$ 23,822 | \$ - | \$ - | \$ 6,987 | \$ - | \$ - | \$ 16,835 | \$ - | \$ - |

TOTAL - 2/1/20-1/31/21

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
|----------------------------------------|--------------------|-------------|-------------|------------------|-------------|-------------|------------------|-------------|-------------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | \$ 22,892 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 22,892 | \$ - | \$ - |
| Operations - Property Taxes/Insurance | \$ 1,300 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,300 | \$ - | \$ - |
| Operations - Building Security | \$ 2,218 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 2,218 | \$ - | \$ - |
| Operations - Electricity, Gas, & Water | \$ 14,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 14,000 | \$ - | \$ - |
| Operations - Furniture | \$ 804 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 804 | \$ - | \$ - |
| Administration | \$ 908 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 908 | \$ - | \$ - |
| 25% Required Match | \$ 10,983 | \$ - | \$ - | \$ 10,983 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL HUD FUNDS BALANCE | \$ 52,193 | \$ - | \$ - | \$ 18,983 | \$ - | \$ - | \$ 33,210 | \$ - | \$ - |

Total VCO Match \$ 42,850

Contractor Initials

Date

9/24/20



Kerrin A. Rounds
Acting Commissioner

Christine L. Santacella
Director

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ECONOMIC & HOUSING STABILITY

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9474 1-800-852-3345 Ext. 9474
Fax: 603-271-4230 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 7, 2020

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Economic and Housing Stability, to enter into a sole source agreement with The Lakes Region Mental Health Center, Inc., 40 Beacon Street East, Laconia, NH 03246 (vendor #154480 - B001), to provide a Permanent Housing Program to individuals experiencing homelessness through the Federal Continuum of Care Program, in an amount not to exceed \$41,048, effective February 1, 2020 or upon Governor and Executive Council approval, whichever is later, through January 31, 2021. 100% Federal Funds.

Funds are anticipated to be available in the following account for State Fiscal Years 2020 and 2021, with authority to adjust budget line items within the price limitation and adjust encumbrances between state fiscal years through the Budget Office, if needed and justified. Funding for this request is contingent upon the U.S. Department of Housing and Urban Development funds, which the Department anticipates receiving imminently.

05-95-42-423010-7927 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS.
HHS: HUMAN SERVICES, HOMELESS & HOUSING, HOUSING- SHELTER PROGRAM

| State Fiscal Year | Class/Account | Class Title | Job Number | Amount |
|-------------------|---------------|--------------------------------|------------|----------|
| 2020 | 102-500731 | Contracts for Program Services | TBD | \$17,103 |
| 2021 | 102-500731 | Contracts for Program Services | TBD | \$23,945 |
| | | Total | | \$41,048 |

EXPLANATION

This request is sole source because federal regulations require the Department to identify vendors with whom the Department will contract during the annual federal Continuum of Care Program renewal application process prior to the grant award being issued. The U.S. Department of Housing and Urban Development reviews the applications and subsequently awards funding based on its criteria. The application process and timing of grant terms do not align with state or federal fiscal years. The start date of a grant is based on the month in which each grant's original federal agreement was issued. This results in Continuum of Care Program grant start dates, and subsequent renewal approval requests, occurring in various months throughout the year.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

The purpose of this request is to provide a Permanent Housing Program that delivers permanent housing and supportive services as well as associated administrative services to individuals facing homelessness to increase the ability of participants to live more independently.

The vendor will provide permanent housing and supportive services targeted to serve a minimum of seven (7) individuals who are experiencing homelessness, at any given time, from February 1, 2020 through January 31, 2021.

The attached agreement represents one (1) of thirty (30) total agreements, all of which have renewal dates dispersed throughout the calendar year. The thirty (30) agreements are with vendors who are located throughout the state to ensure statewide delivery of housing services through New Hampshire's Continuum of Care Program.

The U.S. Department of Housing and Urban Development established the Continuum of Care concept to support communities in their efforts to address the problems of housing instability and homelessness in a coordinated, comprehensive, and strategic fashion. The Continuum of Care serves three main purposes:

- (1) A strategic planning process for addressing homelessness in the community.
- (2) A process to engage broad-based, community-wide involvement in addressing homelessness on a year-round basis.
- (3) An opportunity for communities to submit an application to the U.S. Department of Housing and Urban Development for resources targeting housing and support services for individuals and families who face homelessness.

The Department ensures contract compliance and vendor performance in the following ways:

- (1) Annual compliance reviews are performed and include the collection of data relating to compliance with administrative rules and contractual agreements.
- (2) Statistical reports are submitted by the vendor on a semi-annual basis which include various demographic information and income and expense reports, including match dollars.
- (3) The vendor is required to maintain timely and accurate data entry in the New Hampshire Homeless Management Information System, which is the primary reporting tool for outcomes and activities of shelter and housing programs funded through these contracts.

As referenced in Exhibit C-1 of this contract, the parties have the option to extend contract services for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Should the Governor and Executive Council not authorize this request, Permanent Housing and supportive services for homeless individuals may not be available in their communities, and there may be an increase in demand for services placed upon the region's local welfare authorities. Lack of services may also cause individuals to become homeless.

Area served: Statewide

Source of funds: 100% Federal Funds from the U.S. Department of Housing and Urban Development, Office of Community Planning and Development, Catalog of Federal Domestic Assistance Number (CFDA) #14.267. FAIN # TBD.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'KAR', is written over the printed name.

Kerrin A. Rounds
Acting Commissioner

FORM NUMBER P-37 (version 5/8/15)

Subject: Continuum of Care, Summer Street Permanent Housing (SS-2020-BHS-04-PERMA-12)

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**I. 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 The Lakes Region Mental Health Center, Inc. | | 1.4 Contractor Address 40 Beacon Street East Laconia, NH 03246 | |
| 1.5 Contractor Phone Number (603) 524-1100 | 1.6 Account Number 05-95-42-423010-7927-102-500731 | 1.7 Completion Date 01/31/2021 | 1.8 Price Limitation \$41,048 |
| 1.9 Contracting Officer for State Agency Nathan D. White, Director | | 1.10 State Agency Telephone Number 603-271-9631 | |
| 1.11 Contractor Signature <i>Margaret M. Ritchard</i> | | 1.12 Name and Title of Contractor Signatory Margaret M. Ritchard Chief Executive Officer | |
| 1.13 Acknowledgement: State of <u>NH</u> , County of <u>Belknap</u> On <u>January 8, 2020</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12. | | | |
| 1.13.1 Signature of Notary Public or Justice of the Peace <i>Dawn H. LaCroix</i> | | DAWN H. LACROIX Notary Public - New Hampshire My Commission Expires March 22, 2022 | |
| 1.13.2 Name and Title of Notary or Justice of the Peace Dawn H. LaCroix, Notary | | | |
| 1.14 State Agency Signature <i>[Signature]</i> | | 1.15 Name and Title of State Agency Signatory Date: <u>1/10/20</u> <i>Christine Santanelli, Director</i> | |
| 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: <i>CATHERINE PINOS</i> , Attorney On: <u>1/7/20</u> | | | |
| 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.

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SCOPE OF SERVICES

Permanent Housing Program

1. Provisions Applicable to All Services

- 1.1. 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 contract effective date; submitted to:

NH DHHS
Bureau of Housing Supports
105 Pleasant Street
Concord, NH 03301
- 1.2. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the services described herein, the State, through the Bureau of Housing Supports (BHS), has the right to modify service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. For the purposes of this agreement, the Department has identified the Contractor as a subrecipient, in accordance with 2 CFR 200.300.
- 1.4. Notwithstanding the confidentiality procedures established under 24 CFR 578.103(b), US Department of Housing and Urban Development (HUD), the HUD Office of the Inspector General, and the Comptroller General of the United States, or any of their authorized representatives, must have the right of access to all books, documents, papers, or other records of the Contractor that are pertinent to the Continuum of Care (CoC) grant, in order to make audits, examinations, excerpts, and transcripts. These rights of access are not limited to the required retention period, but last as long as the records are retained.
- 1.5. The Contractor shall adhere to federal and state financial and confidentiality laws, and comply with the program narratives, budget detail and narrative, and amendments thereto, as detailed in the applicable Notice of Funding Available (NOFA) CoC Project Application approved by HUD.
- 1.6. The Contractor shall provide services according to HUD regulations outlined in Public Law 102-550 and 24 CFR 578 and other written, appropriate HUD policies and directives.
- 1.7. The Contractor shall ensure all programs are licensed to provide client level data into the New Hampshire Homeless Management Information System (NH HMIS). Programs shall follow NH HMIS policy, including specific information required for data entry, accuracy of data entered, and time required for data entry. Contractor shall comply with Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement and Exhibit K, DHHS Security Requirements, which are attached hereto and incorporated by reference herein.
- 1.8. The Contractor shall cooperate fully with and answer all questions related to this contract from representatives of the State or Federal agencies who may conduct a periodic review of performance or an inspection of records.
- 1.9. The Contractor shall support the primary goal of this program, which is to facilitate the movement of homeless and chronically homeless individuals and families to permanent housing and maximum self-sufficiency.

2. Scope of Work

- 2.1. The Contractor shall implement a Coordinated Entry System for all projects funded by the CoC Program, Emergency Solutions Grants Program, and Housing Opportunities for Persons with AIDS Program, in accordance with CoC interim rule, 24 CFR 578.

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- 2.2. The Contractor shall provide a Permanent Housing program that is targeted to serve seven (7) individuals who are experiencing homelessness or chronic homelessness, and which includes, but is not limited to:
- 2.2.1. Utilizing the Housing First model, ensuring:
 - 2.2.1.1. Barriers to entering housing are not imposed beyond those required by regulation or statute; and
 - 2.2.1.2. Participation will only terminate for the most severe reasons, once available options have been exhausted to help a participant maintain housing; and
 - 2.2.2. Developing of a stabilization plan and crisis management plan with the participant at intake and, at a minimum, annually. An ongoing Assessment of Housing and Supportive Services is required, with the ultimate goal being assistance to the participant in obtaining the skills necessary to live in the community independently.
- 2.3. The Contractor shall establish and maintain standard operating procedures to ensure CoC program funds are used in accordance with 24 CFR 578 and shall establish and maintain sufficient records to enable HUD and BHS to determine Contractor requirement compliance, including:
- 2.3.1. Continuum of Care Records: The Contractor shall maintain the following documentation related to establishing and operating a CoC:
- 2.3.1.1. Records of Homeless Status. The Contractor shall maintain acceptable evidence of homeless status in accordance with 24 CFR 576.500(b);
 - 2.3.1.2. Records of at Risk of Homelessness Status. The Contractor shall maintain records that establish "at risk of homelessness" status of each individual or family who receives CoC homelessness prevention assistance, as identified in 24 CFR 576.500(c); and
 - 2.3.1.3. Records of Reasonable Belief of Imminent Threat of Harm. The Contractor shall maintain documentation of each program participant who moved to a different CoC due to imminent threat of further domestic violence, dating violence, sexual assault, or stalking, as defined in 24 CFR 578.51(c)(3). The Contractor shall retain documentation that includes, but is not limited to:
 - 2.3.1.3.1 The original incidence of domestic violence, dating violence, sexual assault, or stalking, only if the original violence is not already documented in the program participant's case file. This may be written observation of the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; medical or dental records; court records or law enforcement records; or written certification by the program participant to whom the violence occurred or by the head of household; and
 - 2.3.1.3.2 The reasonable belief of imminent threat of further domestic violence, dating violence, or sexual assault or stalking, which would include threats from a third-party, such as a friend or family member of the perpetrator of the violence. This may be written observation by the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider,

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pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; current restraining order; recent court order or other court records; law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts; or a written certification by the program participant to whom the violence occurred or the head of household.

- 2.3.1.4. Records of Annual Income. For each program participant who receives housing assistance where rent or an occupancy charge is paid by the program participant, the Contractor shall keep the following documentation of annual income:
- 2.3.1.4.1. Income evaluation form specified by HUD and completed by the Contractor;
 - 2.3.1.4.2. Source documents, which may include the most recent wage statement, unemployment compensation statement, public benefits statement, and bank statements for the assets held by the program participant and income received before the date of the evaluation; and
 - 2.3.1.4.3. To the extent that source documents are unobtainable, a written statement by a relevant third party, which may include an employer or a government benefits administrator, or the written certification by the Contractor's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period; or
 - 2.3.1.4.4. To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the three (3) month period following the evaluation.
- 2.3.1.5. Program Participant Records. In addition to evidence of homelessness status or at-risk-of-homelessness status, as applicable, the Contractor shall keep records for each program participant that document:
- 2.3.1.5.1. The services and assistance provided to that program participant, including evidence that the Contractor conducted an annual assessment of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services as provided in 24 CFR 578.37(a)(1)(ii)(F); and
 - 2.3.1.5.2. Where applicable, compliance with the termination of assistance requirement in 24 CFR 578.91.
- 2.3.1.6. Housing Standards. The Contractor shall retain documentation of compliance with the housing standards in 24 CFR 578.75(b), including inspection reports.
- 2.3.1.7. Services Provided. The Contractor shall document the types of supportive services provided under the Contractor's program and the amounts spent on those services. The Contractor shall keep documentation that the records were

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reviewed at least annually and that the service package offered to program participants was adjusted as necessary.

- 2.4. The Contractor shall maintain records that document compliance with:
 - 2.4.1. The Organizational conflict-of-interest requirements in 24 CFR 578.95(c);
 - 2.4.2. The Continuum of Care Board conflict-of-interest requirements in 24 CFR 578.95(b); and
 - 2.4.3. The Other Conflicts requirements in 24 CFR 578.95(d).
- 2.5. The Contractor shall develop, implement and retain a copy of the personal conflict-of-interest policy that complies with the requirements in 24 CFR 578.95, including records supporting any exceptions to the personal conflict-of-interest prohibitions.
- 2.6. The Contractor shall comply and retain documentation of compliance with:
 - 2.6.1. The Homeless Participation requirements in accordance with 24 CFR 578.75(g);
 - 2.6.2. The Faith-based Activities requirements in accordance with 24 CFR 578.87(b);
 - 2.6.3. Affirmatively Furthering Fair Housing by maintaining copies of all marketing, outreach, and other materials used to inform eligible persons of the program in accordance with 24 CFR 578.93(c);
 - 2.6.4. Other Federal Requirements in 24 CFR 578.99, as applicable;
 - 2.6.5. Other Records Specified by HUD. The Contractor must keep other records as specified by HUD; and
 - 2.6.6. Procurement Requirements in 24 CFR 85.36 and 24 CFR part 84.
- 2.7. Confidentiality. In addition to meeting specific confidentiality and security requirements for HMIS data (76 FR 76917), the Contractor shall develop and implement written procedures to ensure:
 - 2.7.1. All records containing protected identifying information of any individual or family who applies for and/or receives Continuum of Care assistance shall be kept secure and confidential;
 - 2.7.2. The address or location of any family violence project assisted with Continuum of Care funds are not to be made public, except with written authorization of the person responsible for the operation of the project; and
 - 2.7.3. The address or location of any housing of a program participant will not be made public, except as provided under a preexisting privacy policy of the recipient or subrecipient and consistent with State and local laws regarding privacy and obligations of confidentiality.
- 2.8. Period of Record Retention. The Contractor shall ensure all records, originals or copies made by microfilming, photocopying, or other similar methods, pertaining to Continuum of Care funds are retained for five (5) years following the Contract Completion Date and receipt of final payment by the Contractor unless records are otherwise required to be maintained for a period in excess of the five (5) year period according to state or federal law or regulation.

3. Program Reporting Requirements

- 3.1. The Contractor shall submit the following reports:
 - 3.1.1. Annual Performance Report (APR): Within thirty (30) days after the Contract Completion Date, an APR shall be submitted to BHS that summarizes the aggregate results of the Project Activities, showing in particular how the Contractor is carrying out the project in

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the manner proposed in the application submitted to HUD for the relevant fiscal year NOFA. The APR shall be in the form required or specified by the State, and submitted to the address listed in section 1.1. Exhibit A; and

3.1.2. Other Reports as requested by the State in compliance with NH HMIS policy.

4. Contract Administration

4.1. The Contractor shall have appropriate levels of staff to attend all meetings or trainings requested by BHS, including training in data security and confidentiality, according to state and federal laws. To the extent possible, BHS shall notify the Contractor of the need to attend such meetings five (5) working days in advance of each meeting.

4.2. The Contractor shall inform BHS of any staffing changes within thirty (30) days of the change.

5. Performance Measures

5.1. The Contractor shall adhere to all terms and conditions as set forth in the applicable HUD Project Application #SF-424.

5.1.1. The Contractor shall abide by the performance measures as detailed in all applicable HUD regulations including, but not limited to the following:

5.1.1.1. <https://www.hudexchange.info/programs/coc/system-performance-measures/#guidance>;

5.1.1.2. 24 CFR 578; Continuum of Care Program; and

5.1.1.3. Public Law 102-550.

5.1.2. The Contractor shall be accountable to all performance measures as detailed in Section 3., Program Reporting Requirements, Exhibit A.

5.2. The Bureau Administrator of BHS, or designee, may observe performance, activities and documents under this Agreement.

6. Deliverables

6.1. The Contractor shall implement and participate in the Coordinated Entry System, as detailed in Section 2 Scope of Work, Subsection 2.1., above, in accordance with the CoC Program interim rule, 24 CFR Part 578 and as amended.

6.2. The Contractor shall provide a permanent housing program as outlined in Section 2 Scope of Work, Subsection 2.2., above, and other written HUD policies and directives as appropriate.

6.3. The Contractor shall provide accurate and timely reporting as detailed in Section 3., Program Reporting Requirements, above.

6.4. The Contractor shall be subject to all performance measures as outlined in Section 5, Performance Measures, above.

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METHOD AND CONDITIONS PRECEDENT TO PAYMENT

1. Permanent Housing Program Funding

- 1.1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided pursuant to Exhibit A, Scope of Services.
- 1.2. This Agreement is funded with federal funds made available under the Catalog of Federal Domestic Assistance (CFDA), as follows:
 - 1.2.1. Federal Funds: 100%
 - 1.2.2. CFDA #: 14.267
 - 1.2.3. FAIN #: TBD
- 1.3. The Contractor shall provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the Contractor's current and/or future funding.

2. Financial Reports

- 2.1. As part of the performance of the Project Activities, the Contractor covenants and agrees to submit the following:
 - 2.1.1. Audited Financial Report: The Audited Financial Report shall be prepared in accordance with 2 CFR part 200.
 - 2.1.2. One (1) copy of the Audited Financial Report within thirty (30) days of the completion of said report to the State at the following address:
NH DHHS
Bureau of Housing Supports
105 Pleasant Street
Concord, NH 03301
- 2.2. Conformance with 2 CFR part 200: The Contractor shall use grant funds only, in accordance with procedures, requirements, and principles specified in 2 CFR part 200.
- 2.3. If the Contractor is not subject to the requirements of 2 CFR part 200, the Contractor shall submit one (1) copy of an audited financial report to the Department utilizing the guidelines set forth by the Comptroller General of the United States in "Standards for Audit of Governmental Organizations, Program Activities, and Functions," within ninety (90) days after contract completion date.

3. Project Costs; Payment Schedule; Review by the State

- 3.1. Project Costs: As used in this Agreement, the term "Project Costs" means all expenses directly or indirectly incurred by the Contractor in the performance of the Project Activities, as determined by the State to be eligible and allowable for payment in accordance with Public Law 102-550 as well as allowable cost standards set forth in 2 CFR part 200 as revised from time to time and with the rules, regulations, and guidelines established by the State. Nonprofit subcontractors shall meet the requirements of 2 CFR part 200.
- 3.2. Continuum of Care funds may be used to pay for eligible costs listed in 24 CFR 578.39 through 578.63 when used to establish and operate projects under five program components: permanent housing; transitional housing; supportive services only; HMIS; and, in some cases, homeless prevention. Administrative costs are eligible for all components. All components are subject to the restrictions on combining funds for certain eligible activities in a single project found in 24 CFR 578.87(c).

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3.3. Match Funds:

- 3.3.1. The Contractor shall provide sufficient matching funds, as required by HUD regulations and policies described in 24 CFR 578.73.
- 3.3.2. Match requirements shall be documented with each payment request.
- 3.3.3. The Contractor shall match all grant funds except for leasing funds, with no less than twenty-five (25) percent of funds or in-kind contributions from other sources.
- 3.3.4. The Contractor shall utilize cash match for the cost of activities that are eligible under subpart D of 24 CFR 578. The Contractor shall:
 - 3.3.4.1. Maintain records of the source and use of contributions made to satisfy the match requirement in 24 CFR 578.73.
 - 3.3.4.2. Ensure records indicate the grant and fiscal year for which each matching contribution is counted.
 - 3.3.4.3. Ensure records include methodologies that specify how the values of third party in-kind contributions were derived.
 - 3.3.4.4. Ensure records include, to the extent feasible, volunteer services that are supported by the same methods used to support the allocation of regular personnel costs.

3.4. Payment of Project Costs:

- 3.4.1. The State agrees to provide payment on a cost reimbursement basis for actual, eligible expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line items as specified in Exhibit B-1, Budget, and as defined by HUD under the provisions of Public Law 102-550 and other applicable regulations, subject to the availability of sufficient funds.
- 3.4.2. The Contractor shall only be reimbursed for those costs designated as eligible and allowable costs as stated in Section 4. Expense Eligibility, below. The Contractor must have written approval from the State prior to billing for any other expenses.
- 3.4.3. Payment of Project Costs shall be made through the utilization of funds as provided through the U.S. Department of Housing and Urban Development Title XIV Housing programs under the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), Subtitle A-Housing Assistance (Public Law 102-550), in an amount and time period not to exceed as specified in form P-37, General Provisions.

3.4.4. Schedule of Payments:

- 3.4.4.1. All reimbursement requests for all Project Costs, including the final reimbursement request for this Contract, shall be submitted by the fifteenth (15th) day of each month, for the previous month, and accompanied by an invoice from the Contractor for the amount of each requested disbursement along with a payment request form and any other documentation required, as designated by the State, which shall be completed and signed by the Contractor.
- 3.4.4.2. 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.

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3.4.4.3. The Contractor shall keep records of their activities related to Department programs and services, and shall provide such records and any additional financial information if requested by the State to verify expenses.

3.4.4.4. In lieu of hard copies submitted to the address listed in Paragraph 2.1.2., above., all invoices may be assigned an electronic signature and emailed to: housingsupportsinvoices@dhhs.nh.gov

3.5. Review of the State Disallowance of Costs:

3.5.1. At any time during the performance of the Services, and upon receipt of the Annual Performance Report, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date.

3.5.2. Upon such review, the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, informing the Contractor of any such disallowance.

3.5.3. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs. Any amounts awarded to the Contractor pursuant to this Agreement are subject to recapture.

3.5.4. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services, products, required report submissions, as detailed in Exhibits A and B, or NH-HMIS data entry requirements, have not been satisfactorily completed in accordance with terms and conditions of this Agreement.

4. Expense Eligibility

4.1. Based on the continued receipt/availability of federal funds, the Contractor shall utilize Continuum of Care Program funds specified in this Exhibit B from the HUD Continuum of Care Program, for contract services.

4.2. Operating Expenses:

4.2.1. Eligible operating expenses include:

4.2.1.1. Maintenance and repair of housing.

4.2.1.2. Property taxes and insurance (including property and car).

4.2.1.3. Scheduled payments to reserve for replacement of major systems of the housing (provided that the payments must be based on the useful life of the system and expected replacement cost).

4.2.1.4. Building security for a structure where more than fifty (50) percent of the units or area is paid for with grant funds.

4.2.1.5. Utilities, including electricity, gas and water.

4.2.1.6. Furniture and equipment.

4.2.2. Ineligible costs include:

4.2.2.1. Rental assistance and operating costs in the same project.

4.2.2.2. Operating costs of emergency shelter and supportive service-only facilities.

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4.2.2.3. Maintenance and repair of housing where the costs of maintaining and repairing the housing are included in the lease.

4.3. Supportive Services

4.3.1. Eligible supportive services costs shall comply with all HUD regulations in 24 CFR 578.53, and are available to individuals actively participating in the permanent housing program.

4.3.2. Eligible costs shall include:

4.3.2.1. Annual assessment of Service Needs. The costs of the assessment required by 578.53(e) (2).

4.3.2.2. Assistance with moving costs. Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.

4.3.2.3. Case management. The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs.

4.3.2.4. Child Care. The costs of establishing and operating child care, and providing child-care vouchers, for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities are eligible.

4.3.2.5. Education Services. The costs of improving knowledge and basic educational skills are eligible.

4.3.2.6. Employment assistance and job training. The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost.

4.3.2.7. Food. The cost of providing meals or groceries to program participants is eligible.

4.3.2.8. Housing search and counseling services. Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.

4.3.2.9. Legal services. Eligible costs are the fees charged by licensed attorneys and by person(s) under the supervision of licensed attorneys, for advice and representation in matters that interfere with homeless individual or family's ability to obtain and retain housing.

4.3.2.10. Life Skills training. The costs of teaching critical life management skills that may never have been learned or have been lost during course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

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- 4.3.2.11. Mental Health Services. Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.
- 4.3.2.12. Outpatient health services. Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals.
- 4.3.2.13. Outreach Services. The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.
- 4.3.2.14. Substance abuse treatment services. The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.
- 4.3.2.15. Transportation Services, as described in 24CFR 578(e) (15).
- 4.3.2.16. Utility Deposits. This form of assistance consists of paying for utility deposits. Utility deposits must be one-time, paid directly to utility companies.
- 4.3.2.17. Direct provision of services. If the service described in 24 CFR 578.53(e) (1)-(16) of this section is being directly delivered by the recipient or subrecipient, eligible costs for those services are described in 24 CFR 578(e) (17).
- 4.3.2.18. Ineligible costs. Any cost not described as eligible under this section 4.3.2 is not an eligible cost of providing supportive services using Continuum of Care program funds. Staff training and costs of obtaining professional licensure or certifications needed to provide supportive services are not eligible costs.
- 4.3.2.19. Special populations. All eligible costs are eligible to the same extent for program participants who are unaccompanied homeless youth; persons living with HIV/AIDS; and victims of domestic violence, dating violence, sexual assault, or stalking.

4.4. Rental Assistance

- 4.4.1. Grant funds may be used for rental assistance for homeless individuals and families.
- 4.4.2. Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.
- 4.4.3. Rental assistance shall be administered in accordance with the policies and procedures established by the Continuum as set forth in 24 CFR 578.7(a) (9) and 24 CFR 578.51. and may be:
 - 4.4.3.1. Short term, up to 3 months of rent;
 - 4.4.3.2. Medium term, for 3-24 months; or

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New Hampshire Department of Health and Human Services
Continuum of Care, Summer Street Permanent Housing
Exhibit B



4.4.3.3. Long-term, for longer than 24 months.

- 4.4.4. Grant funds may be used for security deposits in an amount not to exceed 2 months of rent.
- 4.4.5. An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of first month's rent.
- 4.4.6. Rental assistance will only be provided for a unit if the rent is reasonable, as determined by the Contractor, in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit.
- 4.4.7. The Contractor may use grant funds in an amount not to exceed one month's rent to pay for any damage to housing due to the action of a program participant. For Leasing funds only: Property damages may be paid only from funds paid to the landlord from security deposits.
- 4.4.8. Housing shall be in compliance with all State and local housing codes, licensing requirements, the Lead-Based Paint Poisoning Prevention Act, and any other requirements of the jurisdiction in which the housing is located regarding the condition of the structure and operation of the housing or services.
- 4.4.9. The Contractor shall provide one of the following types of rental assistance: Tenant-based, Project-based, or Sponsor-based rental assistance as described by HUD in 24 CFR 578.51.
- 4.4.9.1. Tenant-based rental assistance is rental assistance in which program participants choose housing of an appropriate size in which to reside. When necessary to facilitate the coordination of supportive services, recipients and subrecipients may require program participants to live in a specific area for their entire period of participation, or in a specific structure for the first year and in a specific area for the remainder of their period of participation. Short and medium term rental assistance provided under the Rapid Re-Housing program component must be tenant based rental assistance.
- 4.4.9.2. Sponsor-based rental assistance is provided through contracts between the recipient and sponsor organization. A sponsor may be a private, nonprofit organization, or a community mental health agency established as a public nonprofit organization. Program participants must reside in housing owned or leased by the sponsor.
- 4.4.9.3. Project-based rental assistance is provided through a contract with the owner of an existing structure, where the owner agrees to lease the subsidized units to program participants. Program participants will not retain rental assistance if they move.
- 4.4.9.4. For project-based, sponsor-based, or tenant-based rental assistance, program participants must enter into a lease agreement for a term of at least one year, which is terminable for cause. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

4.5. Administrative Costs:

4.5.1. Eligible administrative costs include:

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Continuum of Care, Summer Street Permanent Housing
Exhibit B**



- 4.5.1.1. The Contractor may use funding awarded under this part, for the payment of project administrative costs related to the planning and execution of Continuum of Care activities. This does not include staff and overhead costs directly related to carrying out activities eligible under 24 CFR 578.43 through 578.57, because those costs are eligible as part of those activities.
- 4.5.1.2. General management, oversight, and coordination. Costs of overall program management, coordination, monitoring and evaluation. These costs include, but are not limited to, necessary expenditures for the following:
 - 4.5.1.2.1. Salaries, wages, and related costs of the Contractor's staff, or other staff engaged in program administration.
 - 4.5.1.2.1.1. In charging costs to this category, the Contractor may include the entire salary, wages, and related costs allocable to the program of each person whose primary responsibilities with regard to the program involve program administration assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any program administration assignments. The Contractor may only use one of these methods for each fiscal year grant. Program administration assignments include the following:
 - 4.5.1.2.1.1.1. Preparing program budgets and schedules, and amendments to those budgets and schedules;
 - 4.5.1.2.1.1.2. Developing systems for ensuring compliance with program requirements;
 - 4.5.1.2.1.1.3. Developing interagency agreements and agreements with subrecipients and Contractors to carry out program activities;
 - 4.5.1.2.1.1.4. Monitoring program activities for progress and compliance with program requirements;
 - 4.5.1.2.1.1.5. Preparing reports and other documents related to the program for submission to HUD;
 - 4.5.1.2.1.1.6. Coordinating the solution of audit and monitoring findings;
 - 4.5.1.2.1.1.7. Preparing reports and other documents directly related to the program submission to HUD;
 - 4.5.1.2.1.1.8. Evaluating program results against stated objectives;
 - 4.5.1.2.1.1.9. Managing or supervising persons whose primary responsibilities with regard to the program include such assignments as those described in sections 4.5.1.2.1.1.1. through 4.5.1.2.1.1.8. above;

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Continuum of Care, Summer Street Permanent Housing
Exhibit B**



- 4.5.1.2.1.1.10. Travel costs incurred for official business in carrying out the program;
- 4.5.1.2.1.1.11. Administrative services performed under third party contracts or agreements, including such services as general legal services, accounting services, and audit services;
- 4.5.1.2.1.1.12. Other costs for goods and services required for administration of the program, including such goods and services as rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance, but not purchase, of office space;
- 4.5.1.2.1.1.13. Training on Continuum of Care requirements. Costs of providing training on Continuum of Care requirements and attending HUD-Sponsored Continuum of Care trainings; and
- 4.5.1.2.1.1.14. Environmental review. Costs of carrying out the environmental review responsibilities under 24 CFR 578.31.

4.6. Leasing:

- 4.6.1. When the Contractor is leasing the structure, or portions thereof, grant funds may be used to pay for 100 percent of the costs of leasing a structure or structures, or portions thereof, to provide housing or supportive services to homeless persons for up to three (3) years. Leasing funds may not be used to lease units or structures owned by the contractor, their parent organization, any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure, unless HUD authorized an exception for good cause.

4.6.2. Requirements:

- 4.6.2.1. Leasing structures. When grants are used to pay rent for all or part of a structure or structures, the rent paid must be reasonable in relation to rents being charged in the area for comparable space. In addition, the rent paid may not exceed rents currently being charged by the same owner for comparable unassisted space.
- 4.6.2.2. Leasing individual units. When the grant funds are used to pay rent for individual housing units, the rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. In addition, the rents may not exceed rents currently being charged for comparable units, and the rent paid may not exceed HUD-determined fair market rents.
- 4.6.2.3. Utilities. If electricity, gas, and water are included in the rent, these utilities may be paid from leasing funds. If utilities are not provided by the landlord, these utility costs are operating costs, except for supportive service facilities. If the structure is being used as a supportive service facility, then these utility costs are a supportive service cost.

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- 4.6.2.4. Security deposits and first and last month's rent. The Contractor may use grant funds to pay security deposits, in an amount not to exceed 2 months of actual rent. An advance payment of last month's rent may be provided to the landlord in addition to security deposit and payment of the first month's rent.
- 4.6.2.5. Occupancy agreements and subleases. Occupancy agreements and subleases are required as specified in 24 CFR 578.77(a).
- 4.6.2.6. Calculation of occupancy charges and rent. Occupancy charges and rent from program participants must be calculated as provided in 24 CFR 578.77.
- 4.6.2.7. Program income. Occupancy charges and rent collected from program participants are program income and may be used as provided under 24 CFR 578.97.
- 4.6.2.8. Transition. Refer to 24CFR 578.49(b)(8).
- 4.6.2.9. Rent paid may only reflect actual costs and must be reasonable in comparison to rents charged in the area for similar housing units. Documentation of rent reasonableness must be kept on file by the Contractor.
- 4.6.2.10. The portion of rent paid with grant funds may not exceed HUD-determined fair market rents.
- 4.6.2.11. The Contractor shall pay individual landlords directly; funds may not be given directly to participants to pay leasing costs.
- 4.6.2.12. Property damages may only be paid from money paid to the landlord for security deposits.
- 4.6.2.13. The Contractor cannot lease a building that it already owns to itself.
- 4.6.2.14. Housing must be in compliance with all State and local housing codes, licensing requirements, the Lead-Based Paint Poisoning Prevention Act, and any other requirements of the jurisdiction in which the housing is located regarding the condition of the structure and operation of the housing or services.
- 4.7. The Contractor may charge program participants rent and utilities (heat, hot water). However, the amount charged may not exceed the maximum amounts specified in HUD regulations (24 CFR 578.77). Other services such as cable, air conditioning, telephone, Internet access, cleaning, parking, pool charges, etc. are at the participant's option.
- 4.8. The Contractor shall have any staff charged in full or part to this contract, or counted as match, complete weekly or bi-weekly timesheets.

5. Contractor Financial Management System

- 5.1. Fiscal Control: The Contractor shall establish fiscal control and fund accounting procedures that ensure proper disbursement of, and accounting for, grant funds and any required nonfederal expenditures. This responsibility applies to funds disbursed in direct operations of the Contractor.
- 5.2. The Contractor shall maintain a financial management system that complies with 2 CFR part 200 or such equivalent system as the State may require.

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Summer Street Permanent Housing

Exhibit B-1

CoC Funds

SFY20 - 2/1/20-6/30/20

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
|----------------------------------------|--------------------|-----------|-----------|------------------|-----------|-----------|------------------|-----------|-----------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | \$ 8,887 | \$ | \$ | \$ | \$ | \$ | \$ 8,887 | \$ | \$ |
| Operations - Property Taxes/Insurance | \$ 342 | \$ | \$ | \$ | \$ | \$ | \$ 342 | \$ | \$ |
| Operations - Building/Security | \$ 874 | \$ | \$ | \$ | \$ | \$ | \$ 874 | \$ | \$ |
| Operations - Electricity, Gas, & Water | \$ 3,433 | \$ | \$ | \$ | \$ | \$ | \$ 3,433 | \$ | \$ |
| Operations - Furniture | \$ 335 | \$ | \$ | \$ | \$ | \$ | \$ 335 | \$ | \$ |
| Administration | \$ 402 | \$ | \$ | \$ | \$ | \$ | \$ 402 | \$ | \$ |
| 25% Required Match | \$ 4,216 | \$ | \$ | \$ 4,216 | \$ | \$ | \$ | \$ | \$ |
| TOTAL HUD FUNDS/BALANCE | \$ 21,319 | \$ | \$ | \$ 4,216 | \$ | \$ | \$ 17,103 | \$ | \$ |

SFY21 - 7/1/20-1/31/21

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
|----------------------------------------|--------------------|-----------|-----------|------------------|-----------|-----------|------------------|-----------|-----------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | \$ 12,883 | \$ | \$ | \$ | \$ | \$ | \$ 12,883 | \$ | \$ |
| Operations - Property Taxes/Insurance | \$ 758 | \$ | \$ | \$ | \$ | \$ | \$ 758 | \$ | \$ |
| Operations - Building/Security | \$ 1,394 | \$ | \$ | \$ | \$ | \$ | \$ 1,394 | \$ | \$ |
| Operations - Electricity, Gas, & Water | \$ 6,187 | \$ | \$ | \$ | \$ | \$ | \$ 6,187 | \$ | \$ |
| Operations - Furniture | \$ 499 | \$ | \$ | \$ | \$ | \$ | \$ 499 | \$ | \$ |
| Administration | \$ 564 | \$ | \$ | \$ | \$ | \$ | \$ 564 | \$ | \$ |
| 25% Required Match | \$ 5,902 | \$ | \$ | \$ 5,902 | \$ | \$ | \$ | \$ | \$ |
| TOTAL HUD FUNDS/BALANCE | \$ 29,547 | \$ | \$ | \$ 5,902 | \$ | \$ | \$ 23,645 | \$ | \$ |

TOTAL - 2/1/20-1/31/21

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
|----------------------------------------|--------------------|-----------|-----------|------------------|-----------|-----------|------------------|-----------|-----------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | \$ 21,780 | \$ | \$ | \$ | \$ | \$ | \$ 21,780 | \$ | \$ |
| Operations - Property Taxes/Insurance | \$ 1,300 | \$ | \$ | \$ | \$ | \$ | \$ 1,300 | \$ | \$ |
| Operations - Building/Security | \$ 2,218 | \$ | \$ | \$ | \$ | \$ | \$ 2,218 | \$ | \$ |
| Operations - Electricity, Gas, & Water | \$ 14,000 | \$ | \$ | \$ | \$ | \$ | \$ 14,000 | \$ | \$ |
| Operations - Furniture | \$ 804 | \$ | \$ | \$ | \$ | \$ | \$ 804 | \$ | \$ |
| Administration | \$ 968 | \$ | \$ | \$ | \$ | \$ | \$ 968 | \$ | \$ |
| 25% Required Match | \$ 18,118 | \$ | \$ | \$ 18,118 | \$ | \$ | \$ | \$ | \$ |
| TOTAL HUD FUNDS/BALANCE | \$ 61,146 | \$ | \$ | \$ 18,118 | \$ | \$ | \$ 43,028 | \$ | \$ |

Total YTD Match \$ 41,848

The Lakes Region Mental Health Center, Inc.
 SS-2020-BHS-04-PERMA-12
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Contractor Initials

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Summer 2021 Permanent Housing

Exhibit B-1

SFY20 - 2/1/20-6/30/20

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BRS SHARE | | |
|----------------------------------------|--------------------|--------|---------|------------------|-------|---------|-----------|--------|---------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | 0 | 0,087 | 0 | 0 | 0 | 0 | 0 | 0,087 | 0 |
| Operations - Property Taxes/Insurance | 0 | 843 | 0 | 0 | 0 | 0 | 0 | 843 | 0 |
| Operations - Building Security | 0 | 824 | 0 | 0 | 0 | 0 | 0 | 824 | 0 |
| Operations - Electricity, Gas, & Water | 0 | 6,633 | 0 | 0 | 0 | 0 | 0 | 6,633 | 0 |
| Operations - Furniture | 0 | 833 | 0 | 0 | 0 | 0 | 0 | 833 | 0 |
| Administration | 0 | 482 | 0 | 0 | 0 | 0 | 0 | 482 | 0 |
| 25% Required Match | 0 | 2,218 | 0 | 0 | 4,218 | 0 | 0 | 0 | 0 |
| TOTAL HUD FUND BALANCE | 0 | 21,287 | 0 | 0 | 4,218 | 0 | 0 | 17,069 | 0 |

17,103
7/1/20

SFY21 - 7/1/20-1/31/21

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BRS SHARE | | |
|----------------------------------------|--------------------|--------|---------|------------------|-------|---------|-----------|--------|---------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | 0 | 12,880 | 0 | 0 | 0 | 0 | 0 | 12,880 | 0 |
| Operations - Property Taxes/Insurance | 0 | 719 | 0 | 0 | 0 | 0 | 0 | 719 | 0 |
| Operations - Building Security | 0 | 1,294 | 0 | 0 | 0 | 0 | 0 | 1,294 | 0 |
| Operations - Electricity, Gas, & Water | 0 | 9,187 | 0 | 0 | 0 | 0 | 0 | 9,187 | 0 |
| Operations - Furniture | 0 | 480 | 0 | 0 | 0 | 0 | 0 | 480 | 0 |
| Administration | 0 | 884 | 0 | 0 | 0 | 0 | 0 | 884 | 0 |
| 25% Required Match | 0 | 6,822 | 0 | 0 | 6,822 | 0 | 0 | 0 | 0 |
| TOTAL HUD FUND BALANCE | 0 | 33,467 | 0 | 0 | 6,822 | 0 | 0 | 26,645 | 0 |

TOTAL - 2/1/20-1/31/21

| Activity Name | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BRS SHARE | | |
|----------------------------------------|--------------------|--------|---------|------------------|--------|---------|-----------|--------|---------|
| | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY | BUDGET | YTD | MONTHLY |
| Operations - Maintenance/Repair | 0 | 21,760 | 0 | 0 | 0 | 0 | 0 | 21,760 | 0 |
| Operations - Property Taxes/Insurance | 0 | 1,562 | 0 | 0 | 0 | 0 | 0 | 1,562 | 0 |
| Operations - Building Security | 0 | 2,118 | 0 | 0 | 0 | 0 | 0 | 2,118 | 0 |
| Operations - Electricity, Gas, & Water | 0 | 14,820 | 0 | 0 | 0 | 0 | 0 | 14,820 | 0 |
| Operations - Furniture | 0 | 880 | 0 | 0 | 0 | 0 | 0 | 880 | 0 |
| Administration | 0 | 884 | 0 | 0 | 0 | 0 | 0 | 884 | 0 |
| 25% Required Match | 0 | 10,118 | 0 | 0 | 10,118 | 0 | 0 | 0 | 0 |
| TOTAL HUD FUND BALANCE | 0 | 64,002 | 0 | 0 | 10,118 | 0 | 0 | 53,884 | 0 |

Total/WFO Match 0 41,043

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 53-2020-045-04-PCDAA-12
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New Hampshire Department of Health and Human Services
Exhibit C



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 Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party 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;

Exhibit C - Special Provisions

Contractor Initials

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New Hampshire Department of Health and Human Services
Exhibit C



- 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.

Exhibit C - Special Provisions

Contractor Initials

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New Hampshire Department of Health and Human Services
Exhibit C



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

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New Hampshire Department of Health and Human Services
Exhibit C



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

[Signature]
1/3/20

**New Hampshire Department of Health and Human Services
Exhibit C**



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- 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.

20. Contract Definitions:

- 20.1. **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.
- 20.2. **DEPARTMENT:** NH Department of Health and Human Services.
- 20.3. **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 and/or goods to be provided 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.
- 20.4. **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.
- 20.5. **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 time to time.
- 20.6. **SUPPLANTING OTHER FEDERAL FUNDS:** Funds provided to the Contractor under this Contract will not supplant any existing federal funds available for these services.

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New Hampshire Department of Health and Human Services
Exhibit C-1



REVISIONS TO STANDARD CONTRACT LANGUAGE

1. Revisions to Form P-37, General Provisions

1.1. Section 4, 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.

1.2. Section 10, 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.

2. Renewal

- 2.1. The Department reserves the right to extend this agreement for up to one (1) additional years, contingent upon satisfactory delivery of services, available funding, written agreement of the parties and approval of the Governor and Executive Council.

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New Hampshire Department of Health and Human Services
Exhibit D



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor 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 GRANTEEES 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

New Hampshire Department of Health and Human Services
Exhibit D



- 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.

Vendor Name: The Lakes Region
Mental Health Center, INC

1/3/20
Date

Margaret M. Pritchard
Name: Margaret M. Pritchard
Title: Chief Executive Officer

New Hampshire Department of Health and Human Services
Exhibit E



CERTIFICATION REGARDING LOBBYING

The Vendor 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.

Vendor Name: The Lakes Region Mental Health Center, Inc

1/3/20
Date

Margaret M. Pritchard
Name: Margaret M. Pritchard
Title: Chief Executive Officer

Exhibit E - Certification Regarding Lobbying

Vendor Initials mp

Date 1/3/20

New Hampshire Department of Health and Human Services
Exhibit F



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

The Vendor 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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1/3/20

New Hampshire Department of Health and Human Services
Exhibit F



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 (11)(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.

Vendor Name: The Lakes Region Mental
Health Center, Inc.

1/3/20
Date

Margaret M. Richard
Name: Margaret M. Richard
Title: Chief Executive Officer

New Hampshire Department of Health and Human Services
Exhibit G



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

The Vendor 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:

Vendor 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

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

Vendor Initials

[Signature]
11/3/20
Date

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 Vendor 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 Vendor agrees to comply with the provisions indicated above.

Vendor Name: *The Lakes Region Mental Health Center, Inc.*

1/3/20
Date

Margaret M. Fitzhugh
Name: *Margaret M. Fitzhugh*
Title: *Chief Executive Officer*

Exhibit G

Vendor Initials *mf*

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

Date 1/3/20

New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

The Vendor 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 Vendor 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.

Vendor Name: The Lakes Region Mental Health Center, Inc.

1/3/20
Date

Margaret M. Fitchard
Name: Margaret M. Fitchard
Title: Chief Executive Officer

New Hampshire Department of Health and Human Services



Exhibit I

**HEALTH INSURANCE PORTABILITY
ACT BUSINESS ASSOCIATE
AGREEMENT**

The Vendor 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 Vendor and subcontractors and agents of the Vendor 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.

3/2014

Exhibit I
Health Insurance Portability Act
Business Associate Agreement
Page 1 of 8

Vendor Initials

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Date 1/3/20

New Hampshire Department of Health and Human Services



Exhibit I

- l. "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

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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

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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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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.

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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) i, 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

Christine Santamaria
Signature of Authorized Representative

Christine Santamaria
Name of Authorized Representative

Director, DEHS
Title of Authorized Representative

1/4/20
Date

The Lakes Region Mental Health Center, Inc.

- Name of the Vendor

Margaret M. Pritchard
Signature of Authorized Representative

Margaret M. Pritchard
Name of Authorized Representative

Chief Executive Officer
Title of Authorized Representative

January 3, 2020
Date

New Hampshire Department of Health and Human Services
Exhibit J



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

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

In accordance with 2 CFR Part 170 (Reporting 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 Vendor 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 Vendor 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.

Vendor Name: The Lakes Region Mental Health Center, Inc.

Margaret M. Pritchard

Name: Margaret H. Pritchard

Title: Chief Executive Officer

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Date

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Exhibit J



FORM A

As the Vendor 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: 101410652
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

☒ NO ☐ YES

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

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

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

☐ NO ☐ YES

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

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

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

| | |
|-------------|---------------|
| Name: _____ | Amount: _____ |
| Name: _____ | Amount: _____ |
| Name: _____ | Amount: _____ |
| Name: _____ | Amount: _____ |
| Name: _____ | Amount: _____ |

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data, and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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DHHS Information Security Requirements



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "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.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

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request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS 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 Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via certified ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

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DHHS Information Security Requirements



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doh/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

- 1. Identify Incidents;
- 2. Determine if personally identifiable information is involved in Incidents;
- 3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
- 4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov.

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1/3/20